

Northeast Michigan Community Mental Health Authority Board July 2021 Meetings



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



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



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

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

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

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

MISSION STATEMENT

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

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

I. Call to Order

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

II. Roll Call and Determination of a Quorum

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

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

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

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

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

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Acknowledgement of Conflict of Interest

No conflicts were identified.

V. Appointment of Evaluator

Judy Jones was appointed as evaluator for this meeting.

VI. Information and/or Comments from the Public

There were no comments presented.

VII. Approval of Minutes

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

VIII. Consent Agenda

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

Terry Larson arrived @ 3:10 p.m.

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

IX. June Monitoring Reports

1. Budgeting 01-004

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

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

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

2. Ends 04-001

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

Eileen Tank arrived at 3:15 p.m.

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

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

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

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

X. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting May 26, 2021

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

2. Community Mental Health Association of Michigan (CMHAM)

a. Spring Conference Update

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

XI. Operational Report

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

XII. Chair's Report

1. Strategic Plan Review

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

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

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

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

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

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

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

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

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

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

XIII. Director's Report

1. Director's Update

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

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

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

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

2. Telephone System Update

Covered in discussion above.

XIV. Information and/or Comments from the Public

There was no information or comments presented.

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

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

XVI. Next Meeting

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

1. Set July Agenda

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

XVII. Evaluation of Meeting

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

XVIII. Adjournment

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

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

NeMCMHA STRATEGIC PLAN PROPOSAL

2021 - 2022

**Educational Session
July 2021**



MISSION STATEMENT

- **CURRENT:**

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

- **PROPOSED: NO CHANGES**

VISION

- **CURRENT:**

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

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

- **PROPOSED: NO CHANGES**

CORE VALUES:

- **A PERSON-CENTERED FOCUS SHALL BE AT THE HEART OF ALL ACTIVITIES.**
- **HONESTY, RESPECT AND TRUST ARE VALUES THAT SHALL BE PRACTICED BY ALL.**
- **RECOGNITION OF PROGRESS AND MOVEMENT TOWARD A CONTINUOUSLY IMPROVING ENVIRONMENT IS A RESPONSIBILITY FOR ALL.**
- **WE PREFER DECISION-BY-CONSENSUS AS A DECISION-MAKING MODEL AND WILL HONOR ALL CONSENSUS DECISIONS.**
- **PROPOSED: NO CHANGES**

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

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

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

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

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

- **WORKFORCE**

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

- **TECHNOLOGY**

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

CURRENT GOAL:

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

☐ **Keep**

☐ **Revise**

☐ **Discard**

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

If proposed for revision, list revision here:

CURRENT GOAL:

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

☐

Keep

☐

Revise

☐

Discard

If proposed for revision, list revision here:

CURRENT GOAL:

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

☐

Keep

☐

Revise

☐

Discard

If proposed for revision, list revision here:

Discussion needed on this goal.

CURRENT GOAL:

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

☐ **Keep**

☐ **Revise**

☐ **Discard**

If proposed for revision, list revision here:

CURRENT GOAL:

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

☐

Keep

☐

Revise

☐

Discard

If proposed for revision, list revision here:

CURRENT GOAL:

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

☐

Keep

☐

Revise

☐

Discard

If proposed for revision, list revision here:

CURRENT GOAL:

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

☐

Keep

☐

Revise

☐

Discard

If proposed for revision, list revision here:

CURRENT GOAL:

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

☐

Keep

☐

Revise

☐

Discard

If proposed for revision, list revision here:

NEW GOAL:?

If proposed, list new goal(s) here:

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

BARRIERS/CHALLENGES:

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

Proposed:

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

Proposed:

Barriers/Challenges: (cont'd):

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

Proposed:

Barriers/Challenges: (cont'd):

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

Proposed:

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

Proposed:

Barriers/Challenges: (cont'd):

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

Proposed:

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

Proposed:

BARRIERS/CHALLENGES: (cont'd)

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

Proposed:

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

Proposed:

Barriers/Challenges: (cont'd):

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

Proposed:

BARRIERS/CHALLENGES (CONT'D):

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

OPPORTUNITIES

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

OPPORTUNITIES (CONT'D.)

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

OPTIONS

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

OPTIONS TO BE CONSIDERED: (CONT'D)

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

PLAN

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

ENDS

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

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

SUB-ENDS SERVICES TO CHILDREN

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

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

HOW THIS WILL BE MEASURED...

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

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

HOW THIS WILL BE MEASURED...

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

SUB-ENDS

SERVICES TO ADULTS WITH CO-OCCURRING DISORDERS

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

HOW THIS WILL BE MEASURED...

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

FINANCIAL OUTCOMES

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

COMMUNITY EDUCATION

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

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

COMMUNITY EDUCATION (CONT'D)

CONCLUSION

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

Northeast Michigan Community Mental Health Authority Monitoring Report

POLICY CATEGORY:

Executive Limitations

POLICY TITLE AND NUMBER:

Asset Protection, 01-007

REPORT FREQUENCY & DUE DATE:

Annual, July 2021

POLICY STATEMENT:

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

Accordingly, he or she may not:

1. Fail to insure against theft and casualty losses at:
 - Actual cash value less any reasonable deductible for vehicles
 - Replacement value less any reasonable deductible for personal and real property; and,
 - Against liability losses to board members, staff or the organization itself in an amount greater than the average for comparable organizations.
- **Interpretation**

A broad program of insurance or self-insurance is to be in place providing protection against these potential losses. Coverage is to be at replacement value. The level of liability coverage is to be “above average.”
- **Status**

Northeast has been a member of Michigan Municipal Risk Management Authority (MMRMA) since 1982. The program provides coverage at or above the prescribed levels. Please see Attachment A - “Coverage Overview.” Presently, personal and real property owned by the Board is insured at replacement value; however, vehicles are covered at actual cash value.
2. Allow unbonded personnel access to material amounts of funds.
- **Interpretation**

Any employee with access to agency funds is to be covered by fidelity bond.
- **Status**

MMRMA provides blanket employee fidelity bond for all employees at the level of \$1,000,000. See attached “Coverage Overview (Attachment A, Page 3, Line 16).”
3. Unnecessarily expose the organization, its board or staff to claims of liability. The Executive Director’s annual report shall include a risk analysis summary.
- **Interpretation**

The organization is to be managed and services are to be provided in ways that reduce exposure to liability.
- **Status**

The agency’s Risk Management Plan is attached; it includes notes evaluating our status relative to each of the six major areas of risk covered by the plan.

Northeast Michigan Community Mental Health Authority Monitoring Report

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

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

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

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

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

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

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

Northeast Michigan Community Mental Health Authority Monitoring Report

7. Invest or hold operating capital in insecure instruments, including uninsured checking accounts and bonds of less than AA rating, or in non-interest bearing accounts except where necessary to facilitate ease in operational transactions.
 - **Interpretation**
Operating funds are to be managed only according to the organization's cash management policy.
 - **Status**
All cash reserves are maintained according to our cash management policies. Since all cash is invested in either CD's or our interest-earning checking account as needed, there is a risk of loss due to maximum insurable FDIC rules. Four local banks are used to spread the FDIC risk.
8. Endanger the organization's public image or credibility, particularly in ways that would hinder its accomplishment of mission, including changing the name of the organization or substantially altering its identity in the community.
 - **Interpretation**
The mission of the organization, as established by the Board, must guide service provision and the interface with the community.
 - **Status**
Over the past several years, we have worked hard to sharpen the focus of the organization to address the mandates of the mental health code and, due to general fund shortages, limit service to the "must serve" populations (versus "may serve"). Recognizing and observing this limitation has been somewhat painful—for individuals receiving services, Board members, staff and community partners. We continue to excel in supporting people with the most severe disabilities in the community and in doing so the staff are very resourceful. We will have to continue to identify appropriate referral sources for people who do not meet our eligibility criteria. Since October 1, 2014 we have been responsible for Access Services locally. That has permitted us to make immediate referrals for individuals who are not eligible for our services.
9. Subject facilities and equipment to improper wear and tear or insufficient maintenance.
 - **Interpretation**
The physical assets of the organization will not be abused and will be regularly maintained both for safety reasons and to extend their useful lives as much as possible.
 - **Status**
The organization's policies require regular inspection and maintenance of all facilities and significant equipment.

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

Northeast Michigan Community Mental Health Authority
Monitoring Report

Board Review/Comments

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

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

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

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

MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY COVERAGE OVERVIEW

Member:	Northeast Michigan C.M.H.S.	Proposal No: M0001074
Date of Original Membership:	July 29, 1982	
Overview Dates:	July 1, 2020 To July 01, 2021	
Member Representative:	Connie Cadarette	Telephone #: (989) 358-7704
Regional Risk Manager:	Michigan Municipal Risk Management Authority	Telephone #: (734) 513-0300

A. Introduction

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

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

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

B. Member Obligations – Deductibles and Self Insured Retentions

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

Table I
Member Deductibles and Self Insured Retention

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

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

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

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

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

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

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

C. MMRMA Obligations – Payments and Limits of Coverage

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

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

TABLE II
Limits of Coverage

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

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

TABLE III

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

Annual Aggregate Limit of Liability

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

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

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

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

TABLE IV
Specialized Emergency Response Expense Recovery Coverage
Limits of Coverage

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

TABLE V
Specialized Emergency Response Recovery Coverage
Deductibles

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

NeMCMH Risk Management Plan FY2021

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

Northeast Michigan CMHA Mission Statement:

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

Risk Reduction Efforts

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

Financial Risk:

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

Environmental Safety Risk:

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

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

Technology Risk:

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

Insurance and Liability Risk:

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

Person Served Risk:

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

Record Review:

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

Potential Risk:

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

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

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

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

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

Northeast Michigan Community Mental Health Authority
Monitoring Report

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

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

- **Interpretation**

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

- **Status**

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

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

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

Northeast Michigan Community Mental Health Authority
Monitoring Report

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

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

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

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

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

Board Review/Comment

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

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

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

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

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

EXECUTIVE LIMITATIONS

(Manual Section)

COMMUNITY RESOURCES

(Subject)

Board Approval of Policy

August 8, 2002

Last Revision of Policy Approved:

July 11, 2019

●1 **POLICY:**

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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

GOVERNANCE PROCESS

(Manual Section)

PUBLIC HEARINGS

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
July 14, 2016

●1 **POLICY:**

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

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

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

The hearings shall adhere to these guidelines:

Annual Submission (PPGs) Hearing:

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

Annual Budget Hearing:

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

Required Notice for Public Hearings:

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

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

Format of Hearings:

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

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

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

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

Fiscal Year: October 1 through September 30

●4 REFERENCES:

●5 FORMS AND EXHIBITS:



June 10, 2021

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

From: PAC Committee

Re: 2021 Annual PAC Campaign

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

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

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

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

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

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

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

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

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

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

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

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

AUGUST AGENDA ITEMS

Policy Review

Policy Review & Self-Evaluation

Chairperson's Role 02-004

Board Member Per Diem 02-009

Board Self-Evaluation 02-012

Monitoring Reports

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

Staff Treatment 01-003 (Turnover Report/Exit)

Budgeting 01-004 (Finance Report)

Financial Condition 01-005 (Quarterly Balance Sheet)

Activity

Begin Self-Evaluation

Old Business

Ownership Linkage

Educational Session

Compliance Audit Presentation

WEEKLY Update

June 25, 2021

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

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CMH Association and Member Activities

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

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

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

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

Seeking Nominations: Nick Filonow Award of Excellence for 2021

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

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

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

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

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

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

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

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

Traveling Art Show

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

State & National Developments and Resources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

State Legislative Update

New! View June's Legislative Video on CMHA's Website

The Capitol Briefing is a monthly resource available to CMHA members providing a high-level overview of the key items impacting the public mental health system at the State Capitol.

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

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

New! House Passes FY22 Budget

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

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

Specific items of interest:

- Direct Care worker wage increase – House includes \$2/hour.
- CCBHC Implementation funding – House includes \$26.5 million gross.
- Local match draw down – House does NOT include \$10.2 million.
- KB vs Lyon – House does NOT include any funding.
- Specialty Medicaid managed care health plan for foster children – House does NOT include any funding.
- FY21 Supplemental – House includes \$450,000 for CCBHC for staffing costs for a Behavioral Health Policy and Operations office to oversee the Certified Community Behavioral Health Clinics Demonstration program.

Link to documents:

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

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

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

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

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

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

Federal Update

Key Legislation Introduced to Expand CCBHC Program

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

If passed, this bill would:

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

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

CCBHCs make a difference by promoting community wellbeing.

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

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

Key resources:

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

Education Opportunities

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

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

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual

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

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

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Dates:

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

Agenda:

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

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

Training details and registration information coming soon.

VIRTUAL Pain Management and Mindfulness Training – New Dates

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS online through Zoom. This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

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

Agenda:

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

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

Training details and registration information coming soon.

Virtual Self-Determination Conference

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

August 25 & 26, 2021

Education Daily from 9:00am – 12:30pm

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

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

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

October 25 & 26, 2021

Grand Traverse Resort

Traverse City, Michigan

Hotel and conference registration currently not available.

Family PsychoEducation Basic Facilitator Training

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

Virtual Motivational Interviewing College Trainings – Registration Open

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

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of



Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

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

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

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

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

\$30 Registration fee includes electronic training materials and CEs

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

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

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

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

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

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

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

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

Behavioral Telehealth Resource Center

Telehealth Resource Center

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

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

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

Additional findings include:

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

State Telehealth Laws and Reimbursement Policies Report, Spring 2021

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

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

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

Emergency Broadband Benefit

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

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

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

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

The Great Lakes MHTTC products and educational offerings can be found at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

News from Our Preferred Corporate Partners

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

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

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



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

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

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

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

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

Abilita: Old phone systems being phased out

Are you aware:

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

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

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

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

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

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

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

President: Joe Stone; Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat19@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231) 392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, (517) 237-3144; abolter@cmham.org
Audrey Daul, Administrative Assistant, (517) 237-3141; adaul@cmham.org
Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; dferguson@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; mfrancis@cmham.org
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@cmham.org
Bethany Rademacher, Training and Meeting Planner, (517) 237-3149; brademacher@cmham.org
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Carly Sanford, Training and Meeting Planner, (517) 237-3151; csanford@cmham.org
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org

WEEKLY Update

June 18, 2021

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

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CMH Association and Member Activities

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

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

Seeking Nominations: Nick Filonow Award of Excellence for 2021

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

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

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

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

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

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

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

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

Traveling Art Show

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

State & National Developments and Resources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

New! Lessenberry Link: Should Michigan Privatize Health Care?

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

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

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

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

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

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

State Legislative Update

View May's Legislative Video on CMHA's Website

The Capitol Briefing is a monthly resource available to CMHA members providing a high-level overview of the key items impacting the public mental health system at the State Capitol.

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

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

New! Budget Extension Bill Moves To House

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

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

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

Federal Update

New! Key Legislation Introduced to Expand CCBHC Program

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

If passed, this bill would:

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

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

CCBHCs make a difference by promoting community wellbeing.

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

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

Key resources:

- [National Council public statement](#)

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

Education Opportunities

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

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

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual

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

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

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Dates:

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

Agenda:

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

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

Training details and registration information coming soon.

New! VIRTUAL Pain Management and Mindfulness Training – New Dates

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS online through Zoom. This course qualifies for 2 CE's and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

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

Agenda:

Log into Zoom: 12:45 pm

Education: 1:00pm – 3:00pm

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

Training details and registration information coming soon.

New! Virtual Self-Determination Conference

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

August 25 & 26, 2021

Education Daily from 9:00am – 12:30pm

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

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

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

October 25 & 26, 2021

Grand Traverse Resort

Traverse City, Michigan

Hotel and conference registration currently not available.

New! Family PsychoEducation Basic Facilitator Training

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

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

Virtual Motivational Interviewing College Trainings – Registration Open

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

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

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

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

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

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

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

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

Training Fees: \$125 per person for all 2-day trainings / \$70 per person for the 1-day Supervisory training. The fee includes electronic training materials and CE's for each day.

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

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

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

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

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

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

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

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

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

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

\$30 Registration fee includes electronic training materials and CE's

Recovery-Based Co-Occurring Treatment Planning and Delivery

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

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

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

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

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

\$30 Registration fee includes electronic training materials and CEs

46th Annual National Association for Rural Mental Health Conference

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



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

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

- From 1:00 to 4:00 pm EST

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

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

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

Live Virtual Classroom

June 23rd, 2021

10:00 a.m. – 12:00 p.m.

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

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

Deadline for Registration is June 22nd, 2021.

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

Training ID: 758-390-300

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

Classroom WISE: Coming this JUNE!!!

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

Recorded Parent Webinars

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

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

Recorded Learning Series

Staying Connected with Students and Youth During COVID-19:

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

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

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

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

The Impact of Mental Health on Students & Youth:

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

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

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

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

Behavioral Telehealth Resource Center

Telehealth Resource Center

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

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

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

Additional findings include:

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

State Telehealth Laws and Reimbursement Policies Report, Spring 2021

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

Upper Midwest Telehealth Resource Center (UMTRC) Podcast

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

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

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

Emergency Broadband Benefit

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

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

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

The Great Lakes MHTTC products and educational offerings can be found at its [Products and Resources](#)



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

News from Our Preferred Corporate Partners

Abilita: Old phone systems being phased out

Are you aware:

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

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

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

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

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

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

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

President: Joe Stone; Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat19@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231) 392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, (517) 237-3144; abolter@cmham.org
Audrey Daul, Administrative Assistant, (517) 237-3141; adaul@cmham.org
Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; dferguson@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; mfrancis@cmham.org
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@cmham.org
Bethany Rademacher, Training and Meeting Planner, (517) 237-3149; brademacher@cmham.org
Alexandra Risher, Training and Meeting Planner, (517) 237-3150; arisher@cmham.org
Carly Sanford, Training and Meeting Planner, (517) 237-3151; csanford@cmham.org
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org

WEEKLY Update

June 11, 2021

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

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CMH Association and Member Activities

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

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

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

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

New! Youth Suicide Prevention Summit III slides and recording available

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

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

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

Seeking Nominations: Nick Filonow Award of Excellence for 2021

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

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

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

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

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

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

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

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



Traveling Art Show

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

State & National Developments and Resources

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

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

State Legislative Update

View May's Legislative Video on CMHA's Website

The Capitol Briefing is a monthly resource available to CMHA members providing a high-level overview of the key items impacting the public mental health system at the State Capitol.

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

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

New! May Revenues Top Forecast By \$1 Billion

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

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

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

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

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

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

Federal Update

Excellence in Recovery Housing Act Introduced

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

Peer Support Legislation Reintroduced

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

Education Opportunities

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

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

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual

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

Virtual Motivational Interviewing College Trainings – Registration Open

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SOLD OUT Integrated Dual Disorder Treatment 101

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

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

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

\$30 Registration fee includes electronic training materials and CEs

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

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

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

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

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

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



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

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

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

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

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

Live Virtual Classroom

June 23rd, 2021

10:00 a.m. – 12:00 p.m.

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

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

Deadline for Registration is June 22nd, 2021.

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

Training ID: 758-390-300

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

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

Recorded Parent Webinars

[Parenting Tips for ADHD: How to Unleash Your Child's Superpowers](#)
[More than Sad: Suicide Prevention for Parents](#)

Recorded Learning Series

Staying Connected with Students and Youth During COVID-19:

[Part 1: Why Social Connection is Important for Mental Health](#)
[Part 2: Maintaining Meaningful Teacher-Student Connections in the time of COVID-19](#)
[Part 3: Tips for Keeping the "Social" in Social Emotional Learning](#)
[Part 4: Cultivating Belonging in the Era of COVID-19](#)

The Impact of Mental Health on Students & Youth:

[Part 1: Assessing Mental Health in Young People](#)
[Part 2: Virtual Signs of Serious Mental Health Problems](#)
[Part 3: Youth, Social Distancing, and Anxiety in the time of COVID-19](#)
[Part 4: How to have Meaningful Conversations with Youth about Mental Health](#)

Behavioral Telehealth Resource Center

Telehealth Resource Center

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

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

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

New! Upper Midwest Telehealth Resource Center (UMTRC) Podcast

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

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

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

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

GAO Reports on Telehealth COVID-19 Flexibility Findings

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

Emergency Broadband Benefit

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

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

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



The Great Lakes MHTTC products and educational offerings can be found at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

New! Great Lakes MHTTC announces Building Wellbeing leadership learning collaborative

Building Staff Well-being: A Leadership Learning Collaborative

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

Hosted By: Great Lakes MHTTC

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

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

LEARNING OBJECTIVES

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

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

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

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

News from Our Preferred Corporate Partners

Abilita: Old phone systems being phased out

Are you aware:

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

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

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

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

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

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

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of

the regular dialogue and decision making that occurs during the meetings of the Association's Board of Directors, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone; Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat19@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231) 392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, (517) 237-3144; abolter@cmham.org
Audrey Daul, Administrative Assistant, (517) 237-3141; adaul@cmham.org
Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; dferguson@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; mfrancis@cmham.org
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@cmham.org
Bethany Rademacher, Training and Meeting Planner, (517) 237-3149; brademacher@cmham.org
Alexandra Risher, Training and Meeting Planner, (517) 237-3150; arisher@cmham.org
Carly Sanford, Training and Meeting Planner, (517) 237-3151; csanford@cmham.org
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org

WEEKLY Update

June 4, 2021

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

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CMH Association New! and Member Activities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

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



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

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

Traveling Art Show

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

State & National Developments and Resources

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

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

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

State Legislative Update

View May's Legislative Video on CMHA's Website

The Capitol Briefing is a monthly resource available to CMHA members providing a high-level overview of the key items impacting the public mental health system at the State Capitol.

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

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

Behavioral Health Package Introduced In The House

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

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

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

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

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

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

Federal Update

Excellence in Recovery Housing Act Introduced

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

Peer Support Legislation Reintroduced

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

Education Opportunities

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



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

June 14 - 17, 2021
Virtual Education Daily from 9:00am – 12:30pm EST

[CLICK HERE TO REGISTER!](#)

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

Live Conference Rates:

Member: \$210 per attendee
Non-Member: \$252 per attendee

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

Member: \$50 per attendee
Non-Member: \$70 per attendee

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

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

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual

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

Virtual Motivational Interviewing College Trainings – Registration Open

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

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

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

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

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

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

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

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

Training Fees: \$125 per person for all 2-day trainings / \$70 per person for the 1-day Supervisory training. The fee includes electronic training materials and CE's for each day.

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

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

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

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

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

Integrated Dual Disorder Treatment 101

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

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

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

\$30 Registration fee includes electronic training materials and CEs

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

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

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

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

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

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

\$30 Registration fee includes electronic training materials and CEs

New! 46th Annual National Association for Rural Mental Health Conference



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

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

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

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

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

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

Live Virtual Classroom

June 23rd, 2021

10:00 a.m. – 12:00 p.m.

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

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

Deadline for Registration is June 22nd, 2021.

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

Training ID: 758-390-300

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

Classroom WISE: Coming this JUNE!!!

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

Recorded Parent Webinars

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

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

Recorded Learning Series

Staying Connected with Students and Youth During COVID-19:

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

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

Behavioral Telehealth Resource Center

Telehealth Resource Center

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

New! GAO Reports on Telehealth COVID-19 Flexibility Findings

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

CONNECT for Health Act

The *Creating Opportunities Now for Necessary and Effective Care Technologies* (CONNECT) for Health

Act of 2021 was recently introduced by Senator Brian Schatz (D-HI). The CONNECT Act was drafted to take into consideration some of the temporary telehealth policy changes installed in response to COVID-19 and some of the issues that have arisen in the past year. For more information, take a look at the Center for Connected Health Policy (CCHP) [CONNECT Act fact sheet](#) or read the bill's [summary](#).

Medicaid Medical Directors Network Report

Have you reviewed the Medicaid Medical Directors Network: [Perspectives on Telehealth Modernization](#)? This report is informed by an environmental scan (see Appendix on P10) and discussions facilitated by the Medicaid Medical Directors Network. The report dives into three topic areas: Equity, Quality and Payment.

Emergency Broadband Benefit

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

Monthly Telehealth Regional Tracker

Check out FAIR Health's Monthly Telehealth Regional [Monthly Telehealth Regional Tracker](#) and [Midwest infographic](#). This tool shows that in the Midwest, the volume of claims fell ~15% from January to February 2021. Another change noted was the disappearance of COVID-19 from the top five telehealth diagnoses. Mental health conditions continued to be the number one telehealth diagnosis nationally and in every region. Within that category, there was one change of note in February 2021: Post-traumatic stress disorder, previously absent from the list of top five mental health diagnoses nationally and in every region, became the fifth most common mental health diagnosis in the Midwest, displacing bipolar disorder.

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

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



The Great Lakes MHTTC products and educational offerings can be found at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

New! Great Lakes MHTTC announces new technical assistance offerings

The Great Lakes ATTC, MHTTC, and PTTC have a great lineup of trainings and technical assistance available to you in June. Next week, you won't want to miss:

Mon., June 7: [Stimulants 101 Training](#): 12–3pm CST. Includes 3 NAADAC CEs!

Tues., June 8: [Fentanyl Test Strips](#): A Grass Roots Harm Reduction Strategy. 9–10:00am CST

Tues., June 8: [Spotlight on Scott County, IN](#): How a Small Community Made a Big Impact. 11–12:30pm CST

Other featured trainings this month include the [Building Well-being Leadership Collaborative](#) and [Pregnant and Parenting Women with SUDs: Understanding and Making a Difference](#) (offered on two dates). [Navigating Ethics in an Ever-Changing World](#) is also offered on two dates and includes CEs. Scroll down to view the complete June calendar—we'll also be sending weekly email calendar updates this month to keep you fully informed of our events.

New! Center of Excellence on LGBTQ+ Behavioral Health Equity

The Great Lakes MHTTC and CMHA are pleased to share information about the newly formed [Center of Excellence on LGBTQ+ Behavioral Health Equity](#). Visit the site to find out about upcoming webinars and resources to support the behavioral health needs of the LGBTQ+ community.

[Center of Excellence on LGBTQ+ Behavioral Health Equity](#) (CoE LGBTQ+ BHE), funded by [SAMHSA](#), seeks to provide behavioral health practitioners with important information on supporting the lesbian, gay, bisexual, transgender, questioning, and queer (LGBTQ+) community.

Research shows that LGBTQ+ populations of all ages disproportionately experience more instances of mental health and substance use disorders, suicidality, and poorer wellbeing outcomes compared to their heterosexual and cisgender peers.

The CoE LGBTQ+ BHE's mission is to bring information and resources to the behavioral health field to enhance culturally responsive care and decrease disparities for this population. [Learn more about the CoE LGBTQ+BHE here. Sign up for twice-monthly webinars here.](#)

News from Our Preferred Corporate Partners

Abilita: Old phone systems being phased out



Are you aware:

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

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

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

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

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

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

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Board of

Directors, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone; Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat19@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231) 392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, (517) 237-3144; abolter@cmham.org
Audrey Daul, Administrative Assistant, (517) 237-3141; adaul@cmham.org
Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; dferguson@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; mfrancis@cmham.org
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@cmham.org
Bethany Rademacher, Training and Meeting Planner, (517) 237-3149; brademacher@cmham.org
Alexandra Risher, Training and Meeting Planner, (517) 237-3150; arisher@cmham.org
Carly Sanford, Training and Meeting Planner, (517) 237-3151; csanford@cmham.org
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org

WEEKLY Update

May 28, 2021

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

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CMH Association New! and Member Activities

New! Livingston CMH guest editorial: Your mental health is important: Helping our children through COVID-19

Below are excerpts from a recent guest editorial by the Livingston CMH CEO on the impact of COVID-19 on children and families:

It has been no secret that the COVID-19 pandemic has had a tremendous impact on everyone's mental health. Our day to day experience of the world stopped abruptly as we knew it. The consequences of this pandemic are continuing to have a significant impact on everyone, but children and youth face unique challenges.

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

New! HealthWest develops video: voices of community partners

Below are excerpts from a recent announcement from HealthWest's CEO on a recently developed video featuring the views of HealthWest's community partners.

We decided to ask some community partners if they would take a few minutes to thank our staff. In 10 days we received enough videos to put together a 30 minute thank you which we shared yesterday. I'm very proud of this video and I can tell you it was really a shot in the arm for my staff. In addition to local providers/ community partners we also got responses from several elected officials including Senator Stabenow, Senator Peters, And Governor Whitmer. Clearly, I am proud of it so wanted to share. ... as I watched it again the theme of what a CCBHC is and the role of a CMH is really described.

The video can be [found here](#).

New! CMHA Associate Director cited as one of the best association lobbyists

Alan Bolter, CMHA's Associate Director and the lead for all of CMHA's government relations efforts, was featured in this year's MIRS survey of Michigan's most effective lobbyists. MIRS is one of the leading Michigan Capitol news services.

Below are excerpts from the summary of this year's MIRS survey. Note that Alan is in good company, with a very strong and effective group of association lobbyists. Congratulations, Alan.

Brian CALLEY, president of SBAM, Dan PAPINEAU and Jim HOLCOMB of the Michigan Chamber and Peter SPADAFORÉ of the Michigan Association of Superintendents & Administrators each received 3%

Receiving 2% of the vote were: **Alan BOLTER, Community Mental Health Association of Michigan**; Adam CARLSON and Chris MITCHELL of the Michigan Health & Hospital Association; Brad WARD, of the Michigan REALTORS; Dominick PALLONE, and Christine SHEARER, of the Michigan Association of Health Plans; Ed NOYOLA, County Road Association of Michigan; Justin WINSLOW and John MCNAMARA Michigan Restaurant and Lodging Association.

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

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

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

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

Traveling Art Show

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

State & National Developments and Resources

New! Michigan Psychiatric Care Improvement Project (MPCIP) May 2021 update

The Michigan Psychiatric Care Improvement Project (MPCIP), the MDHHS-led omnibus effort designed to continue the advances of Michigan's public mental health system across a wide range of settings and treatment modalities. The most recent report on the work of that project can be [found here](#).

New! Detroit News Editorial underscores issues with Senate “Gearing Toward Integration” proposal

Below are excerpts from a recent guest editorial, written by former Detroit Wayne Integrated Health Network (DWIHN)) that recently appeared in the Detroit News.

Once again there is a battle over care and service versus profits taking place in Lansing.

Michigan’s “health plans” — insurance companies — want to get their hands on more than \$3 billion of taxpayer money currently used to serve at least 300,000 people with serious mental illness, developmental disabilities, substance use disorders and children with emotional challenges in Michigan. They currently receive care under the public mental health system.

There ought to be great pause by the Michigan Legislature, the leadership of the Department of Health and Human Services and the governor about this money grab.

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

New! National Group seeking self-advocates and caregivers to guide development of guide for serving young adults with IDD

Below are excerpts from a recent request, by Got Transition and Family Voices, for self-advocates and caregivers to guide their development of a guide for serving young adults with intellectual and developmental disabilities.

Got Transition, in partnership with Family Voices, is putting together a tip sheet for primary care providers (PCPs) to use when caring for young adults with intellectual and developmental disabilities and their caregivers during pandemic and emergency situations. We would like your guidance around what you think would be helpful information for primary care providers to be aware of and offer to better support young adults and their caregivers.

We are looking for self-advocates (18 - 35) and/or their caregivers to participate in a 45 to 60 minute interview. In appreciation of your time and expertise, we will be offering \$100 total per interview. Information used from the interviews will not include your name or identifying information.

If you are interested in participating, please complete following intake form, <https://www.surveymonkey.com/r/QW97GS9> by **6/4/21** and we will be in contact with you for next steps. If you have any questions, please contact Allysa Ware, anware@familyvoices.org

New! Michigan DD Council seeking comments on 5-year state plan

The Michigan Developmental Disabilities Council (MDDC) has drafted its 2022-2026 Five-Year State Plan. Goals and objectives are identified to improve the availability and quality of services and supports, to assure equal rights and opportunities, and to further community integration and inclusion for

individuals with developmental disabilities and their families. The State Plan provides the basic framework for how Council funds will be used and what activities the Council will be involved in.

To access the plan for review go [click here](#).

To provide feedback or comments on the plan [click here](#).

We will be accepting comments online until Saturday, July 10 at 12:00pm.

As an accommodation, arrangements can be made for you to view a hard copy of the plan in-person in the DD Council office by appointment only. In-person appointments must be completed by Friday, June 25, 2021. If you would like schedule an appointment please contact: Tedra Jackson at jacksont7@michigan.gov.

New! Video recording available from May 26 MDHHS webinar: Important Updates on AFCs and HFAs COVID-19 Emergency Response

MDHHS has recently released the recording from the May 12 presentation, by MDHHS, around the Important Updates on AFCs and HFAs COVID-19 Emergency Response. That video can be [found here](#).

Access Passcode: 2pvT8&%c

New! Kennedy Forum calls for expansion of effort to strengthen health care workforce

The Kennedy Forum – the nation’s leader in advocating for health insurance parity (in which mental healthcare would be covered, by health insurance, in the same way that physical healthcare is covered) – is advocating for an expansion in the call by the Congressional Mental Health Caucus and allies for a strengthening of the nation’s public health workforce.

[Congresswoman Napolitano and 18 other members wrote](#) to Secretary Becerra urging HHS to ensure that MH/SUD is integrated into the \$7.6 billion to expand the public health workforce. As the saying could easily be tweaked: "There's no public health without mental health."

The Kennedy Forum is welcoming those who would support this effort and recently tweeted about this letter. The tweet can be [found here](#).

New! Health Affairs blog post: policies to improve implementation and sustainability of behavioral health integration

Below are excerpts from a recent blog post from Health Affairs on steps that can be taken to foster the sustainability of behavioral healthcare integration in primary care settings.

Despite the potential of BHI to improve outcomes, its implementation has faced significant operational and financial impediments. In this blog post, we describe these barriers and propose a number of potential policy solutions that may address these challenges.

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

New! No vacancy: How a shortage of mental health beds keeps kids trapped inside ERs

Below are excerpts from recent story on the lack of access for children and adolescents to inpatient psychiatric care across the country. The conditions and dynamics described in this article mirror those in Michigan.

What's known as emergency room boarding has been up between 200% and 400% in Massachusetts throughout the pandemic. The Baker administration says the rate of increase has varied each month since last June, but each month the numbers are significantly higher compared to the same month of the prior year.

"We've been doing this a long time, and this is really unlike anything we've ever seen before," says Lisa Lambert, executive director of the Parent/Professional Advocacy League. "And it doesn't show any signs of abating."

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

State Legislative Update

View May's Legislative Video on CMHA's Website

The Capitol Briefing is a monthly resource available to CMHA members providing a high-level overview of the key items impacting the public mental health system at the State Capitol.

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

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

Behavioral Health Package Introduced In The House

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

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

Representative Whiteford did not state a timeline for when the bills will be taken up in the House Health Policy Committee.

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

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

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

Federal Update

Excellence in Recovery Housing Act Introduced

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

Peer Support Legislation Reintroduced

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

Education Opportunities

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



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

June 14 - 17, 2021

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

[CLICK HERE TO REGISTER!](#)

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

Live Conference Rates:

Member: \$210 per attendee

Non-Member: \$252 per attendee

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

Member: \$50 per attendee

Non-Member: \$70 per attendee

Sponsorship Opportunities for CMHA VIRTUAL Annual Summer Conference

The Community Mental Health Association of Michigan is pleased to announce **sponsorship opportunities** for the 2021 Annual Summer conference taking place each morning June 14-17, 2021. As a conference sponsor, you will gain visibility throughout the day to promote your company's brand, products, and services directly to the 500 CMHA conference attendees. The virtual platform has a dedicated Sponsors Hall, which will allow participants to enter and view sponsor's logos with a direct link to their website. Only a limited number of each sponsorship opportunities are available. For more information email Monique Francis at mfrancis@cmham.org.

DEADLINE: Wednesday, June 2, 2021

Conference Attendance is NOT included. You must register separately to attend the conference.

[CLICK HERE TO SIGN UP FOR CONFERENCE SPONSORSHIP!](#)

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

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

Health Equity: Transforming to Meet the Challenge



Conference Date: September 13-16, 2021

Conference Location: Virtual

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

Virtual Motivational Interviewing College Trainings – Registration Open

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Integrated Dual Disorder Treatment 101

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

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

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

\$30 Registration fee includes electronic training materials and CEs

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

Treatment planning for adults with complex mental health, substance use, and physical health needs involved understanding of stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate. Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. It is now

the #1 cause of accidental death for people under 50. Michigan is one of 31 states with laws allowing medicinal or recreational marijuana use. Opioids and cannabis have become our new legal drugs.

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Diversion Council announces next in Interdisciplinary Partnership Series

The MDHHS Mental Health Diversion Council, in partnership with MCOLES, MSA, CMHA, MACP and PAAM, is proud to announce the 2nd webinar in our Interdisciplinary Partnership Series on:

Tuesday, June 1st, 2021 - 10:00 am to 12:00 pm

Moderated by Chief Robert Stevenson (MACP), panelists from Calhoun, Muskegon and Washtenaw will discuss strategies that they have implemented to improve partnership and collaboration between first responders and mental health professionals.

Register now by [clicking here](#).

Additional training opportunities can be found here: [Managing Mental Health Crisis](#).

Classroom WISE: Coming this JUNE!!!

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

Recorded Parent Webinars

[Parenting Tips for ADHD: How to Unleash Your Child's Superpowers](#)
[More than Sad: Suicide Prevention for Parents](#)

Recorded Learning Series

Staying Connected with Students and Youth During COVID-19:

[Part 1: Why Social Connection is Important for Mental Health](#)
[Part 2: Maintaining Meaningful Teacher-Student Connections in the time of COVID-19](#)
[Part 3: Tips for Keeping the "Social" in Social Emotional Learning](#)
[Part 4: Cultivating Belonging in the Era of COVID-19](#)

The Impact of Mental Health on Students & Youth:

[Part 1: Assessing Mental Health in Young People](#)
[Part 2: Virtual Signs of Serious Mental Health Problems](#)
[Part 3: Youth, Social Distancing, and Anxiety in the time of COVID-19](#)
[Part 4: How to have Meaningful Conversations with Youth about Mental Health](#)

Behavioral Telehealth Resource Center

Telehealth Resource Center

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

New! CONNECT for Health Act

The *Creating Opportunities Now for Necessary and Effective Care Technologies* (CONNECT) for Health

Act of 2021 was recently introduced by Senator Brian Schatz (D-HI). The CONNECT Act was drafted to take into consideration some of the temporary telehealth policy changes installed in response to COVID-19 and some of the issues that have arisen in the past year. For more information, take a look at the Center for Connected Health Policy (CCHP) [CONNECT Act fact sheet](#) or read the bill's [summary](#).

New! Medicaid Medical Directors Network Report

Have you reviewed the Medicaid Medical Directors Network: [Perspectives on Telehealth Modernization?](#) This report is informed by an environmental scan (see Appendix on P10) and discussions facilitated by the Medicaid Medical Directors Network. The report dives into three topic areas: Equity, Quality and Payment.

New! Emergency Broadband Benefit

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

Monthly Telehealth Regional Tracker

Check out FAIR Health's Monthly Telehealth Regional [Monthly Telehealth Regional Tracker](#) and [Midwest infographic](#). This tool shows that in the Midwest, the volume of claims fell ~15% from January to February 2021. Another change noted was the disappearance of COVID-19 from the top five telehealth diagnoses. Mental health conditions continued to be the number one telehealth diagnosis nationally and in every region. Within that category, there was one change of note in February 2021: Post-traumatic stress disorder, previously absent from the list of top five mental health diagnoses nationally and in every region, became the fifth most common mental health diagnosis in the Midwest, displacing bipolar disorder.

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



CMHA's partnership with SAMHSA funded Great Lakes MHTTC

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

The Great Lakes MHTTC products and educational offerings can be found at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

May is Mental Health Awareness Month

This year, we continue to see the impact of COVID-19 on mental health and well-being. The *Kaiser Family Foundation* reports that during the pandemic, 4 in 10 adults report increased anxiety and depression. [Rates of anxiety, depression, and thoughts of suicide have also increased significantly among young people.](#)

As SAMHSA reports in the brief, [Double Jeopardy Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.](#), communities of color are also experiencing higher rates of anxiety or depressive disorders, compounded by limited access to culturally appropriate services.

The Great Lakes ATTC, MHTTC, and PTTC offer a variety of trainings this month to support your vital work with vulnerable populations in the COVID-19 environment. Please scroll down to our events calendars. We hope you will join us for upcoming trainings.

News from Our Preferred Corporate Partners

New! Abilita: Old phone systems being phased out

Are you aware:

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

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

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

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

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

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

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

President: Joe Stone; Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat19@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231) 392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063



CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, (517) 237-3144; abolter@cmham.org
Audrey Daul, Administrative Assistant, (517) 237-3141; adaul@cmham.org
Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; dferguson@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; mfrancis@cmham.org
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@cmham.org
Bethany Rademacher, Training and Meeting Planner, (517) 237-3149; brademacher@cmham.org
Alexandra Risher, Training and Meeting Planner, (517) 237-3150; arisher@cmham.org
Carly Sanford, Training and Meeting Planner, (517) 237-3151; csanford@cmham.org
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org