



WEEKLY Update

September 25, 2020

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

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CMHA Association and Member Activities

New! CMHA & advocacy partners applaud extension of direct support professional pay increase



Below is a recent press release from the coalition of which CMHA has been a long time partner, celebrating the recent extension of the \$2/hour wage increase to Michigan's Direct Support Professionals.

Michigan's Direct Care Workers Receive Continuing Legislative Support *Budget Bills Continue \$2.00 Hourly Wage Increase Through December 2020, Helping Address Critical Worker Shortage*

More than 100,000 Michigan residents experiencing developmental disabilities or mental illness were supported yesterday, thanks to the Legislature's decision to continue a \$2.00/hour wage increase for their Direct Care Workers.

Residential and vocational Direct Care Workers provide much-needed personal care, training, emotional support and respite to vulnerable people and their families.

"While this continuation is not the ultimate solution we need for Michigan, it is an important step along the journey," said Robert Stein, general counsel for the Michigan Assisted Living Association. "We are incredibly pleased that, even during these uncertain budget times, our state's leaders have chosen to continue their support for essential Direct Care Workers and the individuals and families they serve." To support the continuation funding, a total of \$40 million in state general fund/general purpose dollars are being added to \$110 million in federal spending.

"This essential budget solution means we can retain essential staff, who have historically been paid around the same amount as fast-food workers," said Tracey Hamlet, executive director of west Michigan-based MOKA. "This is unconscionable, given the dedication, skill and support they demonstrate each and every day. While we know this is a temporary fix, it gives us hope that more lasting solutions can be found with the help of Governor Whitmer and the state Legislature."

Nearly a million Michigan residents rely directly or indirectly on the value Direct Care Workers provide.

"As we work to bring new people into this much-needed profession, the support of our state leaders remains essential," said Ann Meldrum, director at Muskegon-based Samaritas. "Once we get some of these basic wage issues met, we can begin to take a longer view toward building robust career pathways in this important sector."

State & National Developments and Resources

New! You are Invited to Stakeholder Forums on Health IT and Behavioral Health Connecting and Innovating for Better Health

Michigan Department of Health and Human Services (MDHHS) and the Health Information Technology Commission (HITC) encourage extensive participation in the **Connecting and Innovating for Better Health** series of online stakeholder engagement forums. With generous support from [Michigan Health Endowment Fund](#), MDHHS and the HITC are hosting a series of **virtual, online stakeholder forums** to collect input on what should be included in a 5-Year Health IT Roadmap for Michigan.

MDHHS wants to hear from:

- Persons served by Michigan's public mental health, intellectual and developmental disability, and substance use disorder services and supports system (CMHs, PIHPs, and providers)
- Providers and organizations working within Michigan's public mental health intellectual and developmental disability, and substance use disorder services and supports system (CMHs, PIHPs, and providers within the CMH and PIHP networks)

To learn more about the development process of the 5-Year Health IT Roadmap for Michigan, visit the Michigan Health Information Technology Commission's [website](#), or contact the Michigan Health IT Roadmap consulting team, CedarBridge Group at miroadmap@cedarbridgegroup.com

Forum Topics and Schedule

1. Connecting All Points of Care: Information Technology Needs and Gaps for Behavioral Health Services

Regional Focus Forum with Online Breakout Room Discussions

October 22, 2020 1:00 PM – 3:00 PM Eastern Daylight Time

Registration: https://zoom.us/webinar/register/WN_WACJTlaZQLGdBO3YT3_Qtg

- Interoperability of behavioral health data across settings for care coordination
- Alerts and notifications; access to national interoperability networks
- Access to the Prescription Drug Monitoring Program (PDMP)
- Consent management
- Availability of mental health services/inpatient/rehab beds
- Performance measurement reporting

2. Bridging the Digital Divide: Information Technology Needs and Gaps to address Racial Disparities and Social Determinants of Health

Regional Focus Forum with Online Breakout Room Discussions

October 28, 2020 1:00 PM – 3:00 PM Eastern Daylight Time

Registration: https://zoom.us/webinar/register/WN_1Ku_2f31QgK6bjXUYc5pzg

- Resource directories and referral management
- Event notifications
- Interoperability between healthcare and social service organizations for coordination of care, services, benefits
- Reporting requirements and analytics for population health, risk adjustment, outcomes

3. Coordinating Care for the Vulnerable Information Technology Needs and Gaps for Disability Services

Statewide Discovery Forum

September 29, 2020 1:00 PM – 3:00 PM Eastern Daylight Time

Registration: https://zoom.us/webinar/register/WN_NGvV8SlS52JyIXzMBHQow

Regional Focus Forum with Online Breakout Room Discussions

November 2, 2020 1:00 PM – 3:00 PM Eastern Daylight Time

Registration: https://zoom.us/webinar/register/WN_Ataj-TsgQqaMzR9kdP7fcg

- Access to information for agency professionals, clients, and caregivers for care coordination
- Alerts, notifications, and bidirectional communication
- Analytics (predictive, risk adjustment, oversight, evaluation)

4. Resident and Advocate Perspectives on Health IT for Person-Centered Care

Regional Focus Forum with Online Breakout Room Discussions

October 29, 2020 1:00 PM – 3:00 PM Eastern Daylight Time

Registration: https://zoom.us/webinar/register/WN_3fAw2R9Q-qSJl1j3yQ3TA

- Telehealth, remote patient monitoring
- Access to health information from care providers, care team, hospitals, caregivers
- Consent management
- Access to state benefit eligibility systems

New! Fact sheet: 988 and suicide prevention hotline

During National Suicide Prevention Month, the Federal Communications Commission is highlighting 988, which will be the nationwide, 3-digit phone number for suicide prevention and mental health crisis services starting on July 16, 2022.

In July 2020, the FCC [adopted rules](#) designating this new phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. The transition, which will take place over the next two years, will result in phone service providers directing all 988 calls to the existing National Suicide Prevention Lifeline by July 16, 2022.

Topline Takeaways on 988:

Suicide prevention is a critical need. Since 2008, suicide has ranked as the tenth leading cause of death in the United States. Suicide claimed the lives of more than 48,000 Americans in 2018, resulting in about one death every 11 minutes.

Americans who need help today can find it by calling the National Suicide Prevention Lifeline. The National Suicide Prevention Lifeline can be reached by calling 1-800-273-8255 (1-800-273-TALK) and through [online chats](#). Veterans and Service members may reach the [Veterans Crisis Line](#) by pressing 1 after dialing, as well as by chatting online at www.veteranscrisisline.net or texting 838255.

The National Suicide Prevention Lifeline is a national network of approximately 170 local- and state-funded crisis centers. The Department of Health and Human Services' Substance Abuse and Mental Health Services Administration administers the National Suicide Prevention Lifeline, in partnership with the Department of Veterans Affairs, which manages the Veterans Crisis Line.

Under the new rules, calls to 988 will be directed to 1-800-273-TALK, which will remain operational during and after the 988 transition.

The requirement to transition to 988 as the National Suicide Prevention Hotline will take effect on July 16, 2022. The transition time gives phone companies time to make necessary network changes. It additionally provides time for the National Suicide Prevention Lifeline to prepare for a likely increase in the volume of calls following the switch.

The adoption of the new rules reflects a commitment to delivering Americans necessary intervention services. Switching to an easy-to-remember 988 as the '911' for suicide prevention and mental health crisis services will make it easier for Americans in crisis to access the help they need and decrease the stigma surrounding suicide and mental health issues. FCC staff first proposed 988 as a three-digit, nationwide number in a [report](#) submitted to Congress in 2019.

New! Lansing office building named after Cass now named after former Reps. Elliott, Larsen

Below are excerpts from a recent press release announcing the renaming of what was formerly the Lewis Cass Building – where BHDDA, the state agency with whom Michigan's public mental health system works most often, is housed.

Governor Whitmer spoke to reporters today after a press event commemorating the official renaming of the Lewis CASS state office building as the Elliott-Larsen Building, after former Republican Rep. Melvin LARSEN and the late Democratic Rep. Daisy ELLIOTT, who were the sponsors of the state's civil rights law.

The Governor announced the renaming of the building earlier this summer in the wake of the death of George FLOYD that spurred anti-racism protests across the country. The protests raised questions about buildings and statutes named after or honoring Confederate leaders or slaveholders, among other figures.

Whitmer said today she asked her staff to do a survey of state properties to see if any should be renamed, and they came back with the one named after Cass, who was a slaveholder as well as Michigan's territorial governor, a president pro tem of the U.S. Senate and the Democratic Party nominee for president in 1848 (See "Lewis Cass Building Renamed To Celebrate The Elliott-Larsen Civil Rights Act," 6/30/20).

Among the speakers at the event that unveiled the new name on the building included Larsen himself along with Elliott's granddaughter Badriyyah SABREE.

New! To design equitable value-based payment systems, we must adjust for social risk

Below are excerpts from a recent blog from Health Affairs.

Using social risk adjustment in value-based payment programs would not mask poor quality of care nor would it disincentivize quality improvement. The absence of such adjustment does nothing to address racial inequities in health and health care; if anything, it makes the problems worse.

Read the full blog post [here](#).

State Legislative Update

FY21 Conference Committee Report

On Wednesday, September 23, the legislature wrapped up its work on the Fiscal Year 2020-2021 budget in an expeditious and largely conflict-free fashion. The overall state budget totaled \$62.7 billion in level funding, including \$28 billion for the Michigan Department of Health and Human Services.

The final conference reports -- SB 927 (education omnibus) and House Bill 5396 (general omnibus budget) – as adopted by the House and Senate today are available [here](#).

The budget bills now head to Governor Whitmer’s desk for her signature. She plans to review and sign the bills prior to the start of the next fiscal year on October 1.

Below is a summary of the various items of importance to the public mental health system, below also is a link to the actual bill, the DHHS portion begins on roughly page 400.

https://www.house.mi.gov/hfa/PDF/Summaries/19s5396s1cr1_general_omnibus_bill.pdf

Specific Mental Health/Substance Abuse Services Line items

	FY'19 (Final)	FY'20 (Final)	FY'21 (Final)
-CMH Non-Medicaid Services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$2,386,669,800	\$2,487,345,800	\$2,653,305,500
-Medicaid Substance Abuse Services	\$67,640,500	\$68,281,100	\$87,663,200

-State Disability Assistance Program	\$2,018,800	\$0	\$2,018,800
-Community Substance Abuse (Prevention, education, and treatment programs)	\$76,956,200	\$108,754,700	\$108,333,400
-Health Homes Program			\$26,769,700
-Autism Services	\$192,890,700	\$230,679,600	\$271,721,000
-Healthy MI Plan (Behavioral health)	\$299,439,000	\$371,843,300	\$589,941,900

FY21 Conference Report Decisions:

- Estimated 2% actuarial soundness increase for Medicaid and HMP behavioral health services and a 6% increase for autism services
- K.B. v. Lyon Includes \$19.1 million Gross (\$2.7 million GF/GP) and authorization for 9.0 FTE positions for behavioral health services and supports monitoring, system improvement, and performance monitoring for children related to the legal settlement K.B. v. Lyon. Amount includes \$17.7 million Gross (\$1.8 million GF/GP) for IT system upgrades.
- Behavioral Health Homes – Includes \$23.4 million Gross (\$2.5 million GF/GP) to expand the number of behavioral health homes, including opioid health homes, by a prospective 9,245 enrollees.
- Behavioral Health Program Reductions – Includes reductions totaling \$3.3 million GF/GP for various behavioral health programs including in-sourcing Children's Transition Support Team, court-ordered assisted treatment, jail diversion, applied behavioral treatment, and psychiatric bed database.
- Direct Care Worker Wage Increase – One-Time Funding Adds \$150.0 million Gross (\$40.0 million GF/GP) to provide a temporary \$2.00 per hour wage increase for direct care workers for 3 months. Funding would be available for the same direct care workers that were eligible for COVID-19 direct care worker hazard pay included in 2020 PA 123, including Medicaid-eligible behavioral health direct care workers, skilled nursing facility employees, and area agency on aging direct care employees.
- \$1.0 million GF/GP for autism navigators and adds \$144,800 GF/GP to Autism
- \$8.4 million local funds for expanded child and adolescent health center care and emotional health services in schools
- Includes \$5.4 million Gross (\$1.4 million GF/GP) to support the MiDocs class during the current fiscal the course of 5 years.

Conference Report Boilerplate Sections:

- NOT INCLUDED – **Sec. 293. Savings from Behavioral Health Integration Pilot Projects** – Deleted language requiring that any savings from pilots to integrate Medicaid behavioral health and Medicaid physical health services systems shall only be used for reinvestment in the pilot sites where savings occurred; authorizes shared savings between a PIHP or CMHSP and a Medicaid health plan shall be carried forward for expenditures in future years;
- NOT INCLUDED – **Section 294** – Adds a new Care Coordination Pilot. (1) Allows the department to work with PIHPs and CMHSPs to create a service level integration pilot. (2) Contracts under this pilot shall require the use of the department's Care Connect 360 platform to achieve shared care coordination between PIHPs and Medicaid HMOs.
- NOT INCLUDED – **Sec. 298**
- **Sec. 928. CMH Funding Using Local Funds as State Match.** The Governor modified language directing the use of local funds as State match for Medicaid mental health funding to remove language stating legislative intent that local funding used to pull down match be phased out over five years and replaced with GF/GP. Conference maintained current year language with clarification on the source of funds used for local match. Full budget language below:

Sec. 928. (1) Each PIHP shall provide, from internal resources, local funds to be used as a part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.

(2) It is the intent of the legislature that any funds that lapse from the funds appropriated in part 1 for Medicaid mental health services shall be redistributed to individual CMHSPs as a reimbursement of local funds on a proportional basis to those CMHSPs whose local funds were used as state Medicaid match. By April 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on the lapse by PIHP from the previous fiscal year and the projected lapse by PIHP in the current fiscal year.

(3) It is the intent of the legislature that the amount of local funds used in subsection (1) be phased out and offset with state general fund/general purpose revenue in equal amounts over a 5-year period.

(4) Until the local funds are phased out as described in subsection (3), each PIHP shall not be required to provide local funds, used as part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs, at an amount greater than what each PIHP received from local units of government, either directly or indirectly, during the fiscal year ending September 30, 2018 for this purpose.

- **Sec. 974. Intellectual or Developmental Disability Service Delivery** – REVISED Allows an individual with an intellectual or developmental disability who receives supports and services from a CMHSP to choose to instead receive supports and services from another provider. Revises to require instead of allow.
- **Sec. 1006. Intellectual or Developmental Disability Health Homes** – NEW Requires DHHS to explore implementing Medicaid health homes for individuals with intellectual or developmental disabilities, and requires a report.
- **Sec. 1007. Standalone Intellectual or Developmental Disability Medicaid Delivery System** – NEW Requires DHHS to explore the feasibility of implementing a standalone Medicaid delivery system for individuals with intellectual or developmental disabilities, and requires a report.
- **Section 1513 Medicaid Inpatient Psychiatric Hospital Workgroup** – Requires DHHS to create a workgroup to determine an equitable and adequate reimbursement methodology for Medicaid inpatient psychiatric hospital care, lists participating workgroup members, requires a report from the workgroup.
- **Section 1696 – Traditional Medicaid to HMP Migration Restriction** – It is the intent of the legislature that, beginning in the fiscal year beginning October 1, 2019, if an applicant for Medicaid coverage through the Healthy Michigan Plan received medical coverage in the previous fiscal year through traditional Medicaid, and is still eligible for coverage through traditional Medicaid, the applicant is not eligible to receive coverage through the Healthy Michigan Plan.

Executive Orders Signed

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

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

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

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

Federal Update

National Council Launches CCBHC Success Center

The Certified Community Behavioral Health Center (CCBHC) movement is transforming health care with new approaches to service delivery while expanding community members' access to care.

To help organizations and states make the most of these opportunities, the National Council is excited to announce the launch of our [CCBHC Success Center](#) – a hub for information, implementation support and advocacy on the CCBHC model.

Whether you are a current or prospective CCBHC, a policymaker, association representative or just personally invested in the CCBHC model, the CCBHC Success Center is your one-stop shop for support from the National Council and our network of partners.

We offer training, educational opportunities, data, and resources for CCBHCs and other stakeholders. Visit our site to:

- Kick-start your CCBHC grant or strengthen your existing CCBHC activities.
- Connect with peer CCBHCs to share ideas, innovations, and solutions.
- Get help with becoming CCBHC-ready for the next round of expansion grants.
- Explore how states can implement and tailor the CCBHC model to meet their goals for quality, scope of services and value.
- Learn how non-CCBHCs—like primary care clinics, children's providers, and others—can partner with CCBHCs to improve clients' access to the full spectrum of care.
- See a compilation of the latest data on CCBHCs' activities, outcomes and geographic reach.
- Get engaged in advocacy to advance the CCBHC model.
- And more...

Need one-on-one attention to support your unique needs and goals? Our expert staff have worked with states and clinics since 2014 to provide implementation support, financing guidance, and Medicaid design expertise. We are here to help meet any need.

The CCBHC Success Center is open for business. [Check us out today!](#) Make sure to check back often, as additional resources will be added in the weeks and months ahead.

Education Opportunities

CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through January 1, 2021 – we’re moving to a virtual setting when possible.** The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

Please check our website [by clicking here](#) for updated information!

New! Virtual CMHA Annual Fall Conference

Save the Dates: This year’s CMH Fall Conference, “*Resilience & Reinvention,*” will be held virtually each morning from October 26-30, 2020. More details next week!

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

Dates:

- October 5, 2020 (*training full*)
- November 2, 2020 (*training full*)
- November 20, 2020 (*training full*)
- December 7, 2020 (*training full*)
- January 11, 2021 (*Registration Opening Soon*)
- February 22, 2021 (*Registration Opening Soon*)
- March 22, 2021 (*Registration Opening Soon*)
- April 5, 2021 (*Registration Opening Soon*)
- April 26, 2021 (*Registration Opening Soon*)

Agenda:

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

VIRTUAL Pain Management and Mindfulness Trainings – Registration Open Soon for New Dates

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

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

Dates:

- October 15, 2020 (*training full*)
- November 5, 2020 [REGISTER HERE!](#) (*2 spots left*)
- January 21, 2021 (*Registration Opening Soon*)
- March 8, 2021 (*Registration Opening Soon*)

Agenda:

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

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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

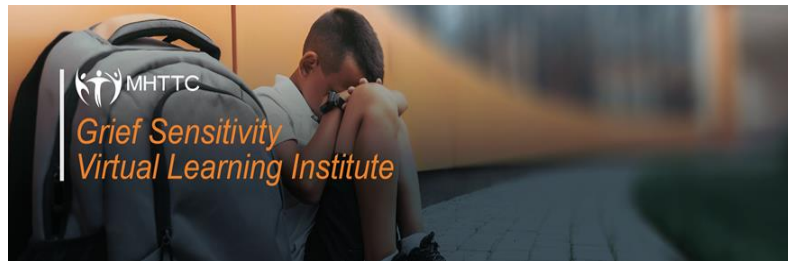
Catalog of MHTTC resources

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

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

Grief Sensitivity Virtual Learning Institute

The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental Health Practitioners, Social



Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.) with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.

The Institute includes:

Tracked Learning- Each Institute has four sessions with three learning tracks (you are open to attend any session in any track):

Grief Sensitivity

Evidence-Based Practices for Clinicians, and
School Mental Health.

Reflective Discussion- On both days of each Institute, we'll host optional breakout discussions for participants to join, listen and learn from each other's expertise and experience.

November 12 & 13th:

[Grief Sensitivity Institute Part 2: Applying concepts to practice](#)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

A recording of the learning institutes will be made available in the MHTTC Products and Resource Catalog. Certificates of completion will be available. CEUs are not available for these Learning Institutes.

A flyer with more information about this event is attached. Questions? Contact NetworkOffice@MHTTCNetwork.org

News from Our Preferred Corporate Partners

Genoa Healthcare: Staying Connected to Consumers in a Virtual World: How an Integrated Pharmacy Can Help

Access to mental health care is more important than ever, but the COVID-19 pandemic has forced many mental health centers to focus on providing critical services only, delivering much of that care via

telehealth. As centers settle into the telehealth world, many may be searching for new ways to connect with consumers and maintain and improve consumer outcomes.

An integrated pharmacy can help by providing:

A crucial touchpoint for consumers: An integrated pharmacy can act as a bridge between providers and their patients, providing additional consumer touchpoints in a virtual world.

A resource for center staff: When center staff and providers have any medication-related needs or questions, an integrated pharmacy is there, on-site to answer them.

A dedicated team: Focused on serving one center, an on-site pharmacy can get to know each consumer, providing personal, customized services.

Services to keep consumers on their treatment plans: Reduced face time with consumers can make it hard to keep them on their medications. An integrated pharmacy builds relationships with each person, understanding their needs and providing personalized services like packaging and free medication mailing to make sure they get and stay on their medications.

Genoa Healthcare offers on-site pharmacy services dedicated to those in the behavioral health and addiction communities. Genoa also provides telepharmacy services and consumer medication coordinators, depending on each center's needs. All Genoa Healthcare pharmacy models can:

- Fill and synchronize all medications (behavioral and primary care)
- Mail prescriptions at no additional cost
- Conduct outreach calls to keep consumers on track
- Help with prior authorizations, medication and insurance questions
- Provide customized pill organizers to consumers with medications sorted by date and time

All of this results in industry-leading medication adherence and satisfaction ratings:

- People who use Genoa have medication adherence rates over 90%, compared to 50% at traditional retail pharmacy
- Consumers report over 90% satisfaction when using Genoa's pharmacy
- Partner centers report over 80% satisfaction with their partnerships with Genoa

To learn more about how an integrated pharmacy can help your center maximize your telehealth program, [CLICK HERE](#) to check out our webinar.

For more information about Genoa Healthcare [click here](#) or please reach out to Katrina Miller at **(608) 345-4078** or kmiller@genoahealthcare.com.

Abilita: Controlling Increasing Phone Costs

Beginning July 1st, your telecommunication costs increased by almost 7%! Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been. Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be “high cost”.

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users.

Beginning July 1 that charge went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#). Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.

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.](#)

New! Relias: Addressing the Growing Rate of Suicide

Mental health disorders and suicidal ideation are topics not typically discussed in communities of color. However, research now shows that suicide rates among Black youth, adolescents, and adults are rising faster than other racial or ethnic groups. Now, with the COVID-19 pandemic and racial injustice protests further affecting Black mental health, it's critically important that clinicians and organizations learn how to identify, assess, and prevent suicide.

Join us Wednesday, September 30, 2020 at 3 PM ET to hear Ifeanyi Olele, DO, MBA, MS, share statistics on the growing rate of suicide in the Black community and what clinicians and organizations can do to improve suicide prevention and treatment. Click here to [Register Now](#). In the webinar, Dr. Olele will:

- Address the growing rate of suicide in the Black community
- Discuss stigmas associated with suicide, mental health disorders, and accessing care
- Provide risks and protective factors that can lead to suicidal ideation
- Share strategies to improve suicide prevention and treatment

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Hammond, Training and Meeting Planner, jhammond@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org
Dana Ferguson, Senior Accounting Specialist, dferguson@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org