



WEEKLY Update

October 9, 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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CMH Association and Member Activities

New! CMH of St. Joseph County receives CARF accreditation and accolades

Recently, Community Mental Health and Substance Abuse Services of St. Joseph County received full accreditation from CARF – the well-recognized accrediting body for behavioral health organizations across the country. Below are excerpts from St. Joseph’s CARF accreditation letter.

The leadership team is well connected with other service providers in the area and the team members’ outreach, collaborative approach and positive relationships have allowed the organization to provide a wraparound approach to services provision.

Over the past three years, the organization has implemented new programs and services to better meet the needs of the clients. Examples of this include significant changes to increase accessibility, safety, and comfort in the main location in Centreville; improvement to language diversity using I Speak posters and Stratus Video interpreting; a very worthwhile partnership with New Horizons Computer Learning Centers to enhance IT delivery; a community partnership to reduce stigma; a YouTube channel called Between Sessions; and a prevention program that

includes a QR code anyone can scan with a smartphone to be directed to the closest nearby recovery center.

Staff members report high satisfaction working for this organization. They all speak of how all members of management team are available to support the staff members and help manage tough decisions when needed. They speak highly of management team's commitment to the organization and to the clients.

Clients report high satisfaction with the many services provided by CMHSAS-SJC. Those interviewed reported success in recovery or managing their mental illnesses, many for the first time. The clients attributed this success to dedicated personnel who care.

Congratulations to CMHSAS of St. Joseph County.

New! Network 180 and partners publish paper on telehealth transition



Below are excerpts from the description of a recent article, "Rapid Transition to Telehealth in a Community Mental Health Service Provider During the COVID-19 Pandemic", carried in the most recent edition of *The Primary Care Companion for CNS Disorders*, outlining the telehealth work of Network 180.

Network180 recently released a report analyzed Network180's swift pivot into telehealth from 5% to 84% of services delivered during the period of March 13 – May 28, 2020.

Dr. Eric Achtyes, Network180's Medical Director states, "The COVID-19 pandemic has presented challenges both to providers and the people we serve. Many healthcare providers moved very quickly to transition care to telehealth, including Network180. This transition was supported by regulatory changes allowing payment for telehealth services. We were grateful for these changes and hope this modality of treatment will allow improved access to care for those with transportation or other barriers to receiving in-office care post-pandemic."

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

New! MSHN publishes Impact Report

Below are excerpts from the recent announcement by the Mid-State Health Network (MSHN) regarding its release of Impact Report.

The impact report is a multi-year look at MSHNs organizational and regional accomplishments. It is a small list drawn from among many important and positive impacts we have made in our six years as a Regional Entity/Pre-Paid Inpatient Health Plan (PIHP). Our intention was to be brief, but also to highlight who we are, how we do things, and the positive benefits we have been a part of achieving.

Since our inception in 2014, the Mid-State Health Network PIHP – and the MSHN region - has been at the forefront of creating a highly efficient and very effective regional entity based on

effective regional partnerships. We've had many struggles, but far more successes – and a bit of good fortune. Many tens of thousands of beneficiaries have been effectively and efficiently served – in large part due to our partnerships, collaborations, and advocacy. And in very large part, due to the partnerships with our regional CMHSP Participants, our Substance Abuse Prevention, Treatment and Recovery Providers, our Regional Entity/PIHP colleagues across the State of Michigan, and the Community Mental Health Association of Michigan. We also owe a lot to the dedication and effectiveness of our staff, the staff of our regional partners, our PIHP/RE colleagues, as well the CMHAM staff.

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

State & National Developments and Resources

New! MC3 releases parent youth engagement video

The Michigan Child Natiare Collaborative (MC3) is a nationally recognized initiative to link psychiatrists to primary care providers to improve the provision of behavioral health care, in primary care settings, to children, youth, and their families. MC3 recently released a brief video that identifies engagement strategies that primary care providers and others who serve children, youth, and families can use when discussing youth mental health concerns with youth and their caregivers.

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

New! During pandemic, virtual care broke ground for counseling

Below are excerpts from a recent article in Crain's Detroit Business on the widespread and effective use of behavioral telehealth, across Michigan, as a response to the pandemic.

Growing use of telemedicine resources during the pandemic may pay dividends down the road, say mental health experts.

Online, telephone and telemedicine resources are available for people experiencing mental health or substance abuse problems, said Debra Pinals, M.D., medical director of behavioral health and forensic programs with the state Department of Health and Human Services.

People with anxiety, depression or suffering trauma can go to the Michigan Stay Well website or call a COVID-19 crisis "warmline" to find counselors and local crisis services, Pinals said. Established in April, Pinals said more than 11,000 people have used the service, which is staffed every day from 10 a.m. to 2 a.m. Call 888-PEER-753 (888-733-7753).

In June, Gov. Gretchen Whitmer signed an executive order that expanded telemedicine to mental health services. Medicare offers coverage and many private and Medicaid payers are waiving copayments this year.

John Greden, director of the University of Michigan Comprehensive Depression Center in Ann Arbor, said telemedicine is a tool that can be used to help people and identify undiagnosed depression, which has been a longstanding health care access and stigma issue.

"There is a profound shift to virtual care. We helped start it and the 26 other (depression) centers around the country have cranked it up," he said. "Some people have access for the first time, and they don't have to worry about being exposed to coronavirus."

The full article (with a Crain's subscription) can be found [here](#).

New! COVID-19 and racial/ethnic disparities in health risk, employment, and household composition

Below are excerpts from a recent article in Health Affairs on the intersection of the COVID-19 pandemic and health disparities.

We (the researchers) used data from the Medical Expenditure Panel Survey to explore potential explanations for racial/ethnic disparities in coronavirus disease 2019 (COVID-19) hospitalizations and mortality. Black adults in every age group were more likely than White adults to have health risks associated with severe COVID-19 illness. However, Whites were older, on average, than Blacks. Thus, when all factors were considered, Whites tended to be at higher overall risk compared with Blacks, with Asians and Hispanics having much lower overall levels of risk compared with either Whites or Blacks. We explored additional explanations for COVID-19 disparities—namely, differences in job characteristics and how they interact with household composition. Blacks at high risk for severe illness were 1.6 times as likely as Whites to live in households containing health-sector workers. Among Hispanic adults at high risk for severe illness, 64.5 percent lived in households with at least one worker who was unable to work from home, versus 56.5 percent among Black adults and only 46.6 percent among White adults.

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

State Legislative Update

New! Michigan Supreme Court Rules Against Governor Whitmer

The Michigan Supreme Court (MSC) ruled late last Friday evening that Governor Gretchen Whitmer lacks "the authority to declare a 'state of emergency' or a 'state of disaster'" under the 1976 Emergency Management Act (EMA) after April 30, and that the 1945 Emergency Powers of Governor Act (EPGA) is in violation of the Constitution because it "purports to delegate to the executive branch the legislative powers of state government." The MSC voted 4-3 against Governor Whitmer. Governor Whitmer has been issuing Executive Orders to address the COVID-19 pandemic under the EPGA for months.

The MSC stated in their conclusion that, “We conclude that the Governor lacked the authority to declare a “state of emergency” or a “state of disaster” under the EMA after April 30, 2020, on the basis of the COVID-19 pandemic. Furthermore, we conclude that the EPGA is in violation of the Constitution of our state because it purports to delegate to the executive branch the legislative powers of state government - including its plenary police powers-- and to allow the exercise of such powers indefinitely. As a consequence, the EPGA cannot continue to provide a basis for the Governor to exercise emergency powers. To view the full opinion, with the conclusion of the opinion on page 52, please click [here](#).

New! Senate Takes Up Bills That Will Codify Gov Whitmer’s Executive Orders

The Senate held session on Thursday and moved legislation that will codify several Executive Order’s (EO) Governor Whitmer issued during the peak of the COVID-19 pandemic. Friday’s State Supreme Court ruling on the 1945 Emergency Powers of the Governors Act (EPGA) has seemingly rendered all EO’s issued after August 30th as unenforceable, subsequently creating the urgent need for expeditious codification of certain orders.

Included in the Senate action yesterday was SB 1108, which would amend the Open Meetings Act (OMA) to allow a public body to meet electronically under certain circumstances, with protections to ensure notice and public participation.

Under current law, a public body can accommodate, by allowing remote participation, the absence of a member of the body due to military duty. SB 1108 would extend this provision to accommodate a member due to a medical condition or due to a state or local emergency declaration. The bill requires an electronic meeting to have notice posted at least 18 hours before the meeting begins and must explain why the public body is holding the meeting electronically and how the public may participate. For a copy of the Senate passed bill, click on the link below:

<https://www.legislature.mi.gov/documents/2019-2020/billengrossed/Senate/pdf/2020-SEBS-1108.pdf>

The House will be returning next week to discuss and debate the items the Senate passed this week.

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! Registration Open: Virtual CMHA Annual Fall Conference

This year’s CMH Fall Conference, “*Resilience & Reinvention,*” will be held virtually each morning from October 26-30, 2020.

Registration Type:

Live Conference: You are NOT required to attend the entire conference – you can attend 2 sessions or 8 or more! You receive credit for each session you log in, view live at the scheduled time and participate fully (90% of advertised time). Viewing the sessions live is the only way to receive CE Credits. You also have access to session recordings for 1 month after the conference (no CEs).

View Recordings – 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 1 month to view the recordings. You can view as many sessions as you like.

CMHA Member: Live Conference	\$140
Non-Member: Live Conference	\$160
CMHA Member: View Recordings After the Live Conf – No CE Credits	\$50
Non-Member: View Recordings After the Live Conf – No CE Credits	\$60

[CLICK HERE TO REGISTER!](#)

KEYNOTE ADDRESSES:

Update from the Michigan Department of Health and Human Services

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

Embedding Cultural and Linguistic Competence Every Day

- *Vivian Jackson, BA, MSW, PhD, Adjunct Assistant Professor, Georgetown University National Center for Cultural Competence, Center for Child and Human Development*

Racism - A Public Health Crisis

- Grenae Dudley, PhD, LP, President and CEO, The Youth Connection

Behavioral Health and Coronavirus: Challenges and Opportunities

- Charles Ingoglia, MSW, President and CEO, National Council for Behavioral Health

WORKSHOPS:

- Targeting Health Disparity Populations Using the Strategic Prevention Framework
- Understanding Moral Injury
- Autism Services: Challenges and Future Directions
- Teaching Older Adults Self-Management Approaches to Manage Chronic Pain or Chronic Conditions
- LOCUS Implementation: Understanding the Challenges, Defining the Solutions
- Treatment Foster Care Oregon (TFCO): Community-based Mental Health Treatment for Hospital Level-of-Care Children
- Creating Your Best Life in Recovery - The Continuum of Care in SUD Treatment
- Collaboration is Key: Assessing and Treating Sexual Self-Regulation with Consumers of CMH Services
- Implementing an FASD System of Care Within Michigan CMHSP System
- Applying Value-Based Purchasing to Employment and Day Services Purchased by CMH's: Stories of the Michigan Employment First Rate Restructuring Initiative
- Transforming Youth Suicide Prevention in Michigan
- Telehealth: Lessons Learned and Current Initiatives
- Complex Trauma, Addiction & Brain Injury: From Surviving to Thriving
- Recipient Rights Protection System
- Charting the Course to a Good Life
- Michigan Psychiatric Care Improvement Project: Enhancing Michigan's Publicly Funded Crisis Services System
- Opportunities for Occupational Therapy to Support Residential Behavioral Health
- Best Practice Strategies for Implementing a Full in Jail MAT Program
- Working with Children's Special Health Care Services to Maximize Benefits for Families
- Self-Management Mobile Health Apps for Bipolar Disorder: The Life Goals and *priori* Apps
- Enhancing Social-Emotional Regulation Skills Using the Accept. Identify. Move. (AIM) Curriculum
- Corrections Based Addiction Treatment and Community Re-entry
- Expanding Moral Injury
- Multiple Pathways to Recovery: How to Walk the Walk with Mutual Aid Groups
- Evidence-Based Behavioral Tools to Treat Chronic Pain
- What's Going on in Lansing
- CCBHC – What Are They?
- Improving Community Access for Individuals on the Autism Spectrum
- Motivational Interviewing for Comorbid Bi-polar and Substance Use Disorders

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

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE

credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Dates:

- January 11, 2021 ([Register Here](#))
- February 22, 2021 ([Register Here](#))
- March 22, 2021 ([Register Here](#))
- April 5, 2021 ([Register Here](#))
- April 26, 2021 ([Register Here](#))

Agenda:

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

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

New! VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

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

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

Dates:

- January 21, 2021 ([Register Here](#))
- March 8, 2021 ([Register Here](#))

Agenda:

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

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

New! CCBHCs: What, How, Why Webinar

Health Management Associates offers complimentary webinar intended to present an overview of what is required to become a CCBHC. Michigan has been selected as a "CCBHC State" which provides great opportunities. While the Michigan Department of Health and Human Services develops its plans, CMHSPs and non-CMH providers have an opportunity to ensure they are well prepared to meet the requirements of CCBHCs. Specific learning objectives include:

- Participants will learn how fellow CMHSPs in Michigan have implemented CCMHC requirements and the benefits and challenges they have seen
- Participants will gain an understanding of what is required to be a CCBHC
- Participants will gain an understanding of the role and importance of Designated Collaborating Organizations (DCO)
- Participants will have greater familiarity with CCBHC reporting requirements and payment options.

Date: Tuesday, October 20, 2020

Time: 11:00 AM to 12:30 PM EDT

Cost: Free!

Registration is Required: [CLICK HERE TO REGISTER!](#)

HMA Speakers

Dave Schneider, Principal
Rich VandenHeuvel, Principal
Kristan McIntosh, Senior Consultant
Kara Suter, Principal – Burns & Associates

Special Guest Speakers

Rebecca David Farley, National Council for Behavioral Health
Jeff Patton, Integrated Services of Kalamazoo
Lisa Williams, West Michigan Community Mental Health

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.

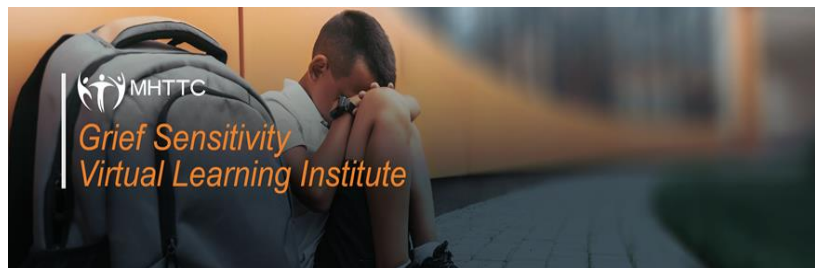
Catalog of MHTTC resources

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.

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.](#)

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
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