



Update

November 20, 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! Michigan's mental health system, law enforcement agencies, call on policymakers to invest in existing mental health and public safety partnerships













Below is a recent press release announcing a statement jointly written by the major state-wide law enforcement organizations and CMHA. This joint statement underscores the longstanding and evergrowing number of partnerships of CMHA members with local law enforcement professionals in communities across the state.



Amid continued conversations on racial justice and meaningful support for minority communities, Michigan's law enforcement and mental health organizations are calling on policymakers to invest in existing, proven state public health and safety programs. In a joint statement issued today to all of Michigan's elected officials and policy makers, the organizations highlighted best-practices and longstanding partnerships that merit more attention and more funding.

The letter is signed by the Michigan Sheriffs' Association, the Michigan Association of Chiefs of Police, the Michigan Commission on Law Enforcement Standards, the Prosecuting Attorneys Association of Michigan, the Michigan State Lodge Fraternal Order of Police, and the Community Mental Health Association of Michigan. It outlines the vital and productive partnerships between mental health professionals and law enforcement—partnerships that have existed for years but without truly sufficient policy engagement and funding from lawmakers and other leaders.

The mission of law enforcement officers is to preserve peace, address criminal activity and protect the constitutional rights of all citizens while ensuring safe communities. However, law enforcement has been called to address several growing mental health challenges—homelessness, engaging and assessing persons with mental health challenges, resolving domestic disputes, and assisting persons with substance use disorders—that go far beyond law enforcement capacity and training.

"Today's extensive range of community needs burdens law enforcement with an ever-growing and unfair list of expectations. These expectations far exceed their core responsibilities," said Robert Sheehan, CEO of the CMHA. "By recognizing and fully funding the partnerships of local mental health and law enforcement professionals in communities across the state, Michigan has the ability to lead the nation in addressing these fundamental issues. We have an opportunity to build on critical partnerships and programs whose promise has been repeatedly undercut by underfunding. It's time for leaders to take a closer look at what is working and invest in proven approaches to public safety and mental health services."

Existing initiatives between mental health professionals, law enforcement professionals, prosecuting attorneys and community mental health systems throughout Michigan include: More than 50 mobile mental health crisis teams with skilled clinicians, or persons with lived mental health experiences, working in tandem with law enforcement agencies

- Co-responder initiatives—skilled clinicians from the community mental health system participating in local road patrols for immediate and community crises response
- Advanced training for law enforcement and medical personnel on how to recognize and interact with persons facing mental health challenges (tactics covering verbal deescalation, crisis intervention training for adults and youth, responding to mental health emergencies)—endorsed by the Michigan Mental Health Diversion Council
- Mental health and substance use disorder courts, sobriety courts, in-jail mental health and reentry programs



These initiatives use nationally recognized evidence-based practices and aim to build effective community partnerships while encouraging public safety, mental health support and crisis prevention.

The intersection of law enforcement and mental health is now at the forefront of public discussion. The joint statement can be found here or by visiting the CMHA website: cmham.org/newsroom/.

State & National Developments and Resources

New! School Based Mental Health Providers Coalition announces virtual youth suicide prevention summit

The School Based Mental Health Providers Coalition, made up of members from the Michigan Association of School Psychologists, Michigan Association of School Social Workers, and Michigan School Counselor Association, is inviting CMHA members and Weekly Update readers the Youth Suicide Prevention Summit taking place on December 9, 2020.

At the request of State Representative Luke Meerman, a virtual summit has been scheduled to focus on developing a framework for a recommended comprehensive school suicide prevention and intervention program. This framework would then be used to drive future suicide prevention/intervention legislation.

If you or your organization will be able to participate, please fill out this brief <u>form</u> so we know who is coming and can place you and/or your representatives in a desired workgroup. Additionally, here is a <u>link</u> to the agenda for the day and the activity each workgroup will be completing. This virtual Youth Suicide Prevention summit will take place on:

8:30 am – 3:30 pm December 9, 2020

Join from PC, Mac, Linux, iOS or Android:

https://us02web.zoom.us/j/81430757296?pwd=WDMvdDF4ekVleVBUWXpYSHYvSERHUT09

Password: 1234

Or Telephone:

Dial:

USA 636 651 3181

USA 8778738017 (US Toll Free)

Conference code: 936598 Find local AT&T Numbers:

 $\frac{https://www.teleconference.att.com/servlet/glbAccess?process=1\&accessNumber=636651318}{1\&accessCode=936598}$



New! With One Voice announces statewide suicide prevention coalition meeting



On December 10, 2020 at 11:30am-1:00pm, With One Voice is holding a Statewide Suicide Prevention Meeting/With One Voice dialogue. With One Voice (WOV) is a statewide coalition, newly forming, with the aim of supporting – through linking and promoting policy - the wide range of suicide prevention efforts taking place in Michigan. CMHA is a member of the WOV Advisory Council.

With One Voice is holding a discussion session on the work of With One Voice on:

December 10, 2020 11:30 AM Eastern Time (US and Canada)

Zoom Meeting via internet: https://healthwest.zoom.us/j/96094134355 Call in option: +1 929 205 6099 US (New York) Meeting ID: 960 9413 4355

New! Report to Congress on innovative state initiatives for services and supports to individuals with substance use disorder who are experiencing or at risk of experiencing homelessness

Recently, the Centers for Medicare & Medicaid Services (CMS) released a Report to Congress entitled: "Innovative State Initiatives and Strategies for Providing Housing-Related Services and Supports under a State Medicaid Program to Individuals with Substance Use Disorder who are Experiencing or at Risk of Experiencing Homelessness" as required by section 1017(a) of the SUPPORT Act.

This report shows how five selected states (Arizona, California, Maryland, Pennsylvania, and Washington) and other state and local programs tested and implemented a variety of approaches to address housing stability needs and improve treatment outcomes.

These initiatives and strategies primarily focused on:

- Providing housing-related supports that facilitate access to community resources;
- Sharing data across systems to identify and target those most in need for those resources; and
- Partnership building across state and local health and housing systems and providers.

This report is available here.

New! Blog: rising stimulant deaths show that we face more than just an opioid crisis

The blog, Rising Stimulant Deaths Show that We Face More than Just an Opioid Crisis, is available here.

New! New AMA policy recognizes racism as a public health threat

The American Medical Association (AMA) has recently issued a policy that recognizes racism as a public health threat. Excerpts from the press release around that policy are provided below:



New policy adopted by physicians at the American Medical Association's (AMA) Special Meeting of its House of Delegates (HOD) recognizes racism as a public health threat and commits to actively work on dismantling racist policies and practices across all of health care.

In June 2020, the AMA Board of Trustees acknowledged the health consequences of violent police interactions and denounced racism as an urgent threat to public health, pledging action to confront systemic racism, racial injustice and police brutality.

The new policy approved by the AMA, representing physicians and medical students from every state and medical specialty, opposes all forms of racism as a threat to public health and calls on AMA to take prescribed steps to combat racism, including: (1) acknowledging the harm caused by racism and unconscious bias within medical research and health care; (2) identifying tactics to counter racism and mitigate its health effects; (3) encouraging medical education curricula to promote a greater understanding of the topic; (4) supporting external policy development and funding for researching racism's health risks and damages; and (5) working to prevent influences of racism and bias in health technology innovation.

The full press release can be found here.

New! CHCS blog: impact of COVID-19 on dually eligible individuals with intellectual and developmental disabilities

The Center for Health Care Strategies (CSHS) recently issued a blog CHCS blog: impact of COVID-19 on dually eligible individuals with intellectual and developmental disabilities

Many people with intellectual and developmental disabilities (I/DD) also have co-occurring physical or behavioral health conditions, which put them at greater risk for contracting COVID-19 and experiencing complications if they become infected. This is especially problematic when individuals in this population are also dually eligible for Medicare and Medicaid and rely on a fragmented network of supports and services to meet their needs. The COVID-19 pandemic has made providing quality care to this population even more difficult and created additional access barriers to needed supports.



This blog post explores how the pandemic has exacerbated existing challenges for this population and how integrated plans can address these challenges, informed by the expertise of Stephan Deutsch, MD, chief medical officer, and Lila Benayoun, senior vice president of operations at Partners Health Plan.

The blog can be found here.

New! Kennedy Forum: implications of the Wit v. United Behavioral Health Ruling

The Kennedy Forum is hosting a free webinar on the *Wit* ruling Monday, November 23 at 12 p.m. ET. Details below.



You can register here: https://www.thekennedyforum.org/events/game-changer-implications-of-the-wit-v-united-behavioral-health-ruling/



State Legislative Update

New! House Announces Key Committee Assignments for 2021-22

This week, House Speaker-elect Jason Wentworth (R-Farwell) has announced some top committee posts for the upcoming 2021-22 legislative session. Rep. Thomas Albert (R-Lowell), who currently chairs the House Appropriations Subcommittee on Corrections, will serve as the chairman of the House Appropriations Committee. It was also announced that were will be a new committee – the Rules and Competitiveness Committee – which will replace the existing House Ways and Means Committee, and be chaired by Rep. Jim Lilly (R-Park Township).

Additionally, House Speaker-elect Wentworth has appointed two temporary committees: the Committee on Committees and the Policy Action Plan Committee. The Committee on Committees will determine committee assignments at the beginning of 2021 and will be co-chaired by Rep. Mike Mueller (R-Linden) and Rep. Mary Whiteford (R-Casco Township). The Policy Action Plan Committee will be chaired by Rep. Graham Filler (R-DeWitt) and Rep. Steven Johnson (R-Wyland) and will meet with incoming House Republicans to shape the majority's 2021-2022 policy platform. The makeup of the committees are as follows:

The Committee on Committees

- Rep. Thomas Albert (R-Lowell)
- Rep. Matt Hall (R-Emmett Twp.)



- Rep. Jim Lilly (R-Park Twp.)
- Rep. Sue Allor (R-Wolverine)
- Rep. Roger Hauck (R-Union Twp.)
- Rep. Luke Meerman (R-Polkton Twp.)
- Rep. Ann Bollin (R-Brighton Twp.)
- Rep. Pamela Hornberger (R-Chesterfield Twp.)
- Rep. Greg VanWoerkom (R-Norton Shores)
- Rep. Ben Frederick (R-Owosso)

The Policy Action Plan Committee

- Rep. Julie Alexander (R-Hanover)
- Rep. Scott VanSingel (R-Grant)
- Rep. Phil Green (R-Millington)
- Rep. Jeff Yaroch (R-Richmond)
- Rep.-elect Bob Bezotte (Marion Twp.)
- Rep.-elect Andrew Fink (Hillsdale)
- Rep.-elect Steve Carra (Three Rivers)
- Rep.-elect John Roth (Traverse City)

New! DHHS EMERGENCY ORDERS

Currently, there are active *DHHS* emergency orders. Please find a list of the active emergency orders with the topic, date it was signed and a hyper link accessing the emergency order below. For clients still interested, or in need of referencing previous *Executive Orders*, please click <u>here</u>.

- Reporting of Confirmed and Probable Cases of COVID-19 at Schools Signed October 6, 2020, please click <u>here</u> to access the emergency order.
- Temporary Restrictions on Entry into Congregate Care and Juvenile Justice Facilities Signed October 6, 2020, please click here to access the emergency order.
- **Requirements for Residential Care Facilities** Signed October 21, 2020, please click <u>here</u> to access the emergency order.
- Testing Requirements for Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care
 Facilities Signed October 29, 2020, please click here to access the emergency order.
- *Gathering Prohibition and Mask Order* Signed October 29, 2020, please click <u>here</u> to access the emergency order.

The recent (11/18/20) **DHHS Emergency Order** does the following:

- Requires high schools, colleges and universities to move to distance learning. Elementary and middle schools can remain open for in-person learning if the district wishes to do so. All K-12 sports are suspended;
- Theaters, movie theaters, conference centers, concert halls, performance venues, sporting venues, stadiums, casinos, arcades, bowling centers, ice skating rinks and indoor water parks, amusement parks, bingo halls, night clubs, and trampoline parks are closed;



- Group fitness classes are prohibited. Gyms and fitness centers can remain open for individual
 workouts with a continued capacity limit of 25 percent but now must assure 12 feet, up from
 six, of distance between stations;
- Retailers, libraries and museums are now limited to 30 percent occupancy, down from 50
 percent in the previous order, though retailers can allow one additional customer at a time to
 enter if adhering to the 30 percent limit would result in closure; and
- Indoor gatherings remain limited to 10 people but now include a limit of two households;
- Outdoor gatherings, previously limited to 100 in residential settings and approximately 1,000 in nonresidential settings, are limited to 25 people at all outdoor settings; and
- Funerals are limited to 25 people.

To view the **DHHS Emergency Order**, please click <u>here</u>. To view the PowerPoint from the **Governor's** press conference, please click <u>here</u>. To view the infographic created by **DHHS** on what is open, and what is not, under the **Emergency Order**, please click <u>here</u>.

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

The Invisible COVID Workforce: Direct Care Workers for Those with Disabilities



The response to the COVID-19 pandemic has not recognized the importance of the 4.5 million direct care workers in the United States who care for the elderly and people with disabilities.

There are steps policymakers could take to protect direct care workers and help people who depend on their services to stay in their homes



Nancy, a single woman with cerebral palsy, experienced a decline in functioning in middle age. By using a personal care aide (PCA) a few hours each day to help her bathe, dress, cook, and clean, Nancy was able to live on her own for many years.

As her needs increased, she reached limits on what Medicaid would pay. Nancy made the difficult decision to move to assisted living with onsite 24/7 personal care support.

Then COVID-19 hit. Nancy knows the advantages of social distancing, but her care requires close physical contact. Her PCAs take public transportation and care for others besides Nancy. They do not have regular access to personal protective equipment (PPE) because of shortages and lack of priority status to obtain such equipment. The facility attempts to compensate by screening staff members' temperatures and symptoms upon arrival and through reliance on handwashing, but Nancy worries this is not enough. She hears that in some states up to 50 percent of deaths from COVID-19 are people who reside in Long-term-care facilities.

Who Are Direct Care Workers?

Nancy's PCAs are one example of direct care workers — people who assist older adults and others with disabilities with daily tasks and long-term-care activities. Half of PCAs work in home-based settings. There are 4.5 million direct care workers in the United States. They are overwhelmingly women (86%), most are people of color (59%), and about a quarter are immigrants. About 18 percent live in poverty and another 44 percent have low incomes. More than half (53%) rely on some form of public assistance; a quarter have Medicaid (26%) or use supplemental nutrition (SNAP) benefits (24%). About one in five lack health insurance. More than half are middle-aged or older (30% over age 55), placing them at higher risk for infection with COVID-19. They are unlikely to have sick leave if they become ill. Given the aging American population, the direct care workforce is projected to be the fastest-growing segment in the U.S. labor market in the next decade.

Who Needs Direct Care Workers?

Twenty million older adults and people with disability need assistance with activities of daily living (e.g., bathing, dressing) and routine daily tasks (e.g., cooking, shopping). The overwhelming majority (17 million) live in the community, rather than in facilities. Most receive assistance from unpaid caregivers — family or friends — but many require support from paid direct care workers. Someone turning 65 today has a 70 percent chance of needing long-term care; 20 percent over 65 will need this support for five years or longer. More than 4 million people receiving personal care in the community have low incomes and qualify for home- and community-based services through Medicaid. Recipients of home-and community-based services are disproportionately older adults, people of color, have chronic illnesses, and are at high risk for serious illness and death if they contract COVID-19. If their in-home care system falls apart, they could easily end up with worsening health, hospitalized, or in a nursing home.

The full article can be found here.



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!

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) (47 spots left)
- February 22, 2021 (Register Here) (63 spots left)
- March 22, 2021 (Register Here) (65 spots left)
- April 5, 2021 (Register Here) (65 spots left)
- April 26, 2021 (Register Here) (66 spots left)

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

VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

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

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

Dates:

• January 21, 2021 (Register Here) (53 spots left)

Agenda:

Log into Zoom: 8:45 am



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

New! Registration Now Open! - FY21 Virtual Motivational Interviewing College Trainings

Education: 9:00am - 11:00am

Registration is now 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 <u>adults only</u> through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

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

<u>Dates</u>	Training	Registration Link
Jan. 11-12, 2021	M.I. Basic	CLICK HERE
Jan. 14-15, 2021	M.I. Advanced	CLICK HERE
Jan. 21, 2021	M.I. Supervisory	CLICK HERE
April 19-20, 2021	M.I. Basic	CLICK HERE
April 22-23, 2021	M.I. Advanced	CLICK HERE
April 29, 2021	M.I. Supervisory	CLICK HERE
July 26-27, 2021	M.I. Basic	CLICK HERE
July 29-30, 2021	M.I. Advanced	CLICK HERE
Aug. 2-3, 2021	M.I. for Leadership & Organizations	CLICK HERE
Aug. 5, 2021	M.I. Supervisory	CLICK HERE

Times:

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

Training Fees:

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



Education & Training Resources from Great Lakes MHTTC



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 <u>Products and Resources</u> 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: webinar on fighting effects of racial trauma

Leveraging Protective Factors to Help Mitigate the Effects of Racial Trauma in 2021

Date: Thursday December 3rd, 2020

Time: 2:00pm EST

As we approach a new year, how can organizations help both their staff and clients of color mitigate the impacts of racial trauma and racism?

Jamila Holcomb, Ph.D., LMFT joins us on Thursday, December 3, 2020 at 2 PM ET to discuss the use of protective factors to help mitigate racial trauma and racism in 2021 and beyond. During the webinar, she'll share:

- An overview of how the current climate contributes to sustained racial trauma
- What protective factors are and why they're important to people of color



- A deep dive into three important protective factors, including family, community, and culture
- How organizations can enhance protective factors at their offices

Register for the webinar here.

Abilita: Are you ready for E-911?

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

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

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284

First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124

Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451

Secretary: Cathy Kellerman; <u>balcat3@live.com</u>; (231) 924-3972 Treasurer: Randy Kamps; <u>randyk@4iam.com</u>; (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:

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