



WEEKLY Update

December 4, 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! CMHA and partners issue press statement: health and safety of persons with disabilities at risk without continuing \$2 increase for Direct Care Workers

The coalition of organizations working to ensure stronger wages for direct care workers/direct support professionals, of which CMHA is a partner, recently issued a press statement on that issue. That press release is provided below:

As Michigan commemorates International Day of Persons with Disabilities, the health and safety of this vulnerable population remain at risk as the \$2 increase for Direct Care Workers is set to expire this month.



Without extending the increase for Direct Care Workers, individuals with disabilities may lose the help and support they rely on. Lower wages will result in higher turnover and vacant positions within service providers, compromising the needs of individuals with disabilities.



Governor Gretchen Whitmer declared Dec.

3 as Persons with Disabilities Day in Michigan, stating that “we must continue working around the clock to protect people with disabilities and compromised immune systems. Today is a time to recommit ourselves to creating a state where persons with disabilities have equal rights and freedom, and to dismantle the barriers Michiganders with disabilities face every day.”

Michigan is home to more than 50,000 Direct Care Workers, caring for people with mental illnesses and developmental disabilities every day. Direct Care Workers provide much-needed personal care, training, practical and emotional support and respite to an estimated 100,000 of Michigan’s most vulnerable residents. Nearly a million Michigan residents rely directly or indirectly on the value Direct Care Workers provide.

There is currently a 37 percent turnover rate and an average starting wage of \$11.44 per hour for Direct Care Workers in Michigan. These skilled workers are woefully underpaid and further reduction will drive them to seek other employment.

To protect the well-being of Michiganders, policymakers must make the wage increase permanent before time runs out.

New! CMHA advocacy partners - Incompass-Michigan and MALA – release press statement and study findings in support of direct care workers/direct support professionals

Opinion | Michigan direct care workers, families headed for choppy waters: Incompass-Michigan and Michigan Assisted Living Association (MALA) – partners with CMHA in advocacy around the wages of direct care workers/direct support professionals - recently co-authored a powerful editorial on the importance of a strong direct care/direct support workforce. Excerpts of that editorial are provided below.



Many people are approaching the end of 2020 with a sense of relief and hope for a better new year. But for those Michigan families who care for someone with a mental illness or developmental disability, Jan. 1, 2021 is a day fraught with dread.

That's the date Michigan's budget will no longer provide its \$2 hourly pay increase for the direct care workers these families rely upon. As a result, they may lose the help and support they need to manage their busy households, continue their employment and ensure the best possible help for their loved ones.

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

State-wide study of wages of direct care workers/direct support professionals: Incompass Michigan and Michigan Assisted Living Association (MALA) conducted a statewide workforce survey in November 2020. The purpose of the survey is to obtain data on wage levels, turnover rates, open positions and other important workforce data related to direct support staff providing behavioral health services. Our organizations are particularly concerned with the staffing crisis which currently exists in the recruitment and retention of direct support staff throughout the state.

A summary of the findings of this study can be [found here](#).

New! CMHA partnering with Michigan Oral Health Coalition in seeking CMHs, PIHPs, and providers to join effort to develop State Oral Health Plan

The mission of the Michigan Oral Health Coalition is to mobilize stakeholders and advocate for policies and resources that connect Michiganders to optimal oral health. The MOHC works to create a large, interconnected network of national, state, and local advocates dedicated to working collaboratively to on advocacy, education, and awareness of oral health.

MOHC is working on the development of the State Oral Health Plan (SOHP), a five-year plan to optimize the oral health of Michiganders by providing a roadmap for identifying barriers to oral health and key activities to address those barriers over the next 5 years.

For this plan, MOHS is focusing on populations who experience the greatest disparities in accessing oral health: black, indigenous, and other people of color, people who are poor, people with disabilities, people who are aging, children, and pregnant women).

OPPORTUNITY: CMHA has partnered with MOHS to recruit representatives from Community Mental Health centers, PIHPs, and providers in the CMH and PIHP networks, who are interested in or working on oral health issues for people with intellectual and developmental disabilities, serious mental illness, and substance use disorder. MOHS is seeking participants for their Collaborators group (two 2-hour meetings—one in January and one in late Spring) and for smaller focus groups.

If you or a staff member are interested in joining this effort or if you would like more information on this initiative, please contact Ellen Sugrue Hyman, Executive Director of the Michigan Oral Health Coalition, hyman@mohc.org.

New! Film, Coming up for Air, continues to draw praise

Coming Up For Air, a film created here in Michigan with the support of CMHA has just won its fifth film festival best feature award. The film, which focuses on mental illness's impact on families won the grand prize at the Culver City Film Festival in Los Angeles as well as similar awards in Michigan, West Virginia and India. In addition the film's principals, Deborah Staples and Chase Yi have won four best actor awards and Robert Cicchini has won three best director awards. To date the film has been selected for 31 festivals and won 18 awards in North and South America, Europe and Asia.

Coming Up For Air has been featured at mental health town hall style events in more than two dozen cities including Detroit, Ann Arbor, Port Huron, Sandusky, Bad Axe, Kalamazoo, Ludington, Frankfort, Houghton, Lansing, Muskegon, Grand Haven and Memphis with many more in the works nationwide. The movie was filmed in West Michigan and Ann Arbor. For more information on Coming Up For Air virtual and (post-pandemic) live events please contact Jacqui Bernhardt at jacquibernhardt@gmail.com or (616) 415-1520. You can also stream the film on Vimeo [with this special discount code: https://vimeo.com/r/30co/SGFySWZ6V1](https://vimeo.com/r/30co/SGFySWZ6V1)

"We are very grateful to the CMHA staff and members for their insights on the film's script," says Muskegon based producer Roger Rapoport. "So many families have thanked us for sharing this important story that gives them hope." For more information on Coming Up For Air please visit comingupforairmovie.com

State & National Developments and Resources

New! Office of National Drug Control Policy announces Rural Faith Leaders Workshop Series: Empowering Faith Leaders to Help Persons with Substance Use Disorder

The substance use issue is an all-hands-on-deck emergency, so we need to harness and empower the powerful resources of everyone who has a stake in health, including the special talents of the faith community. Churches, synagogues, mosques, and other houses of worship are positioned in communities to be both first responders and communities of hope for people struggling with addiction.

A healthy, safe community is essential to healing and long-term results and this is already part of the local churches' DNA. As the nation begins to recover from the COVID-19 pandemic, Faith leaders need information and resources now more than ever to help rural leaders build strong, healthy, drug-free communities. The Rural Faith Leaders Workshop Series: ***Empowering Faith Leaders to Help Persons with Substance Use Disorder*** is a series of four workshops for rural Faith Leaders. Each of the workshops will contain valuable information for Faith Leaders and provide updated information and resources. The workshops will be recorded and made available on the Rural Community Toolbox site www.ruralcommunitytoolbox.org.

The series overview:

Workshop 1 (12.8.20; 1:00 – 2:30 pm ET):	Substance Use Disorder and the Pandemic in Rural Communities
Workshop 2:	Prevention Education and Connecting Faith to Prevention
Workshop 3:	Understanding Treatment and Connecting Faith to Treatment
Workshop 4:	Supporting Recovery and Connecting Faith to Recovery

Registration:

If you would like to attend the event, please RSVP to Betty-Ann Bryce at this email MBX.ONDCP.RuralAffairs@ondcp.eop.gov. Please include your name, title, organization and contact information. Registered participants will receive the details to join the event closer to the event date.

New! Behavioral Health Populations Should Receive High Priority for COVID-19 Vaccination

Both of the national associations of which CMHA is a member (and through CMHA, all of the CMHA members) have recently issued calls for behavioral healthcare populations – clients and providers – to receive high priority for COVID-19 vaccinations. Excerpts of those calls, by the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) and the National Council for Behavioral Health, are provided below, as are the links to their full message.

NACBHDD in Behavioral Healthcare Executive: Behavioral Health Populations Should Receive High Priority for COVID-19 Vaccination (Ron Manderscheid, President and CEO, NACBHDD and NARMH)

The devastation being wrought by COVID-19 now is reaching levels not ever experienced in the United States—over 1 million new cases per week, and more than 2,000 deaths per day. At-risk populations—persons who are elderly, those with health conditions, those who are poor, and those who are minorities—especially are being impacted. At the same time, we are arriving at the cusp of effective vaccinations from Pfizer, Moderna, Astrazenica, and soon, several others. It is time for us to take stock and consider next steps for persons who have a mental illness or a substance use condition.

Very recently, we have learned that those who contract COVID-19 are at increased risk of developing a mental disorder in the subsequent 90 days. Also, those who have a mental disorder are at increased risk of contracting COVID-19. Specifically, the Lancet has reported a meta-study demonstrating that those who experience COVID-19 have almost a 20% chance of developing a mental condition in the subsequent 90 days.

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

National Council to CDC: Include Behavioral Health Organizations in Phase 1 Vaccine Distribution

Yesterday, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices released their COVID-19 vaccine distribution [recommendations](#). As

written, the CDC’s vaccine distribution recommendations leave open-ended if behavioral health providers and organizations are included under the Phase 1 vaccination category.

Failing to specify whether behavioral health providers and organizations will have immediate vaccine access is unacceptable, given the essential work done every day during the pandemic to provide life-saving mental health and substance use disorder treatment and services in communities across the country. However, the panel’s recommendations are not yet final and must be approved by the CDC Director before becoming official CDC state guidance.

To emphasize our point, we recruited partners and [sent a letter](#) this morning to U.S. Department of Health and Human Services (HHS) Secretary Alex Azar; CDC Director Robert Redfield, MD; and Advisory Committee on Immunization Practices Chair José Romero, MD, FAAP, calling for mental health and substance use providers to be included as essential frontline providers (for the purposes of Phase 1 vaccine distribution).

We also [released a public statement](#) in response to the initial vaccine recommendations, citing the need for behavioral health providers and organizations to have uninhibited access to testing support, the funding necessary to meet increased demand and Phase 1 vaccine distribution.

New! Health Affairs: bridging the black mental health access gap

Below are excerpts from a recent blog from Health Affairs on an approach to meeting the needs of black Americans.

Daniel Prude’s death at the hands of Rochester, New York, police in early 2020 represents a microcosm of the realities of mental health care access within the Black community. Law enforcement is often the first point of “care” for those in mental health emergencies, with most Americans reflexively calling 911 for assistance. This in part is why in 44 states, jails and prisons treat more serious mental illness than their largest remaining psychiatric hospitals.

Law enforcement’s function as a stopgap for mental health care access has deadly consequences: Approximately 25 percent of fatal police shootings involve signs of mental illness. Furthermore, according to the Federal Bureau of Investigation’s National Use of Force Data Collection, in 2019, 54 percent of people who died as a result of harm from police and whose race was identified were people of color—including Asian, Black, Hispanic, Native American, and Pacific Islander individuals. When Daniel Prude’s family called 911 for help during his mental health emergency, they tragically realized this fatal distinction.

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

New! Trump Administration Finalizes Permanent Expansion of Medicare Telehealth Services and Improved Payment for Time Doctors Spend with Patients

Below are excerpts from a recent announcement by the federal Centers for Medicare and Medicaid Services on strengthening Medicare’s support for chronic care and telehealth system.

... the Centers for Medicare & Medicaid Services (CMS) released the annual Physician Fee Schedule (PFS) final rule, prioritizing CMS' investment in primary care and chronic disease management by increasing payments to physicians and other practitioners for the additional time they spend with patients, especially those with chronic conditions. The rule allows non-physician practitioners to provide the care they were trained and licensed to give, cutting red tape so healthcare professionals can practice at the top of their license and spend more time with patients instead of on unnecessary paperwork. This final rule takes steps to further implement President Trump's Executive Order on Protecting and Improving Medicare for Our Nation's Seniors including prioritizing the expansion of proven alternatives like telehealth.

"During the COVID-19 pandemic, actions by the Trump Administration have unleashed an explosion in telehealth innovation, and we're now moving to make many of these changes permanent," said HHS Secretary Alex Azar. "Medicare beneficiaries will now be able to receive dozens of new services via telehealth, and we'll keep exploring ways to deliver Americans access to healthcare in the setting that they and their doctor decide makes sense for them."

The fact sheet on the CY 2021 Physician Fee Schedule Final rule can be [found here](#).

State Legislative Update

New! Legislative Video Update added to CMHA's Website

The Capitol Briefing is a monthly resource available to CMHA members providing a high level overview of the key items impacting the public mental health system that (or each) month at the State Capitol. Our first November Briefing features CMHA Associate Director, Alan Bolter, provides a 2020 election recap and gives a quick preview of the upcoming legislative lame duck session which will start in early December.

[Click Here for November Capitol Briefing.](#)

New! Extension on 'No Reason' Remote Board Sessions Awaits House Action

A bill to expand "no reason" remote sessions for local boards cleared a House committee this week but did not get an expected vote in the full House chamber.

House Bill 6207, by Rep. Luke Meerman (R-Ottawa), which would change the state's Open Meetings Act, cleared the House Ways and Means Committee, but the full House adjourned without getting to it this week.

The bill would extend the ability for local boards to meet remotely, for any reason, through March 31, 2021. It would also allow a local ordinance declaring a local emergency approved by a "local chief administrative officer," sufficient to allow for remote meetings. MAC, the Michigan Municipal League and Michigan Townships Association need modifications to the changes approved in October to ensure

all jurisdictions, governing bodies and administrative officers would have the ability to declare local emergencies.

MAC is seeking a technical change to the most current version of the bill to reinsert “local governing body” to ensure boards that have already declared local emergencies are not affected and can be continued.

The bill is expected to move next week to the Senate and get to the governor’s desk before the end of the year.

New! Governor’s Administration Seeks a Continuation of \$2 Direct Care Wage Increase

Earlier this week State Budget Director Chris Kolb sent a Coronavirus supplemental budget request on behalf of the Governor to the legislature, included in that request is an extension of the direct care wage increase through the second quarter of the ’21 Fiscal Year. Below is a link to the request:

https://www.michigan.gov/documents/budget/2021-2_Supplemental_Request_709539_7.pdf

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 [here](#).

- **Reporting of Confirmed and Probable Cases of COVID-19 at Schools** – Signed October 6, 2020, please click [here](#) 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 [here](#) 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 [here](#) 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 [here](#). To view the PowerPoint from the **Governor's** press conference, please click [here](#). To view the infographic created by **DHHS** on what is open, and what is not, under the **Emergency Order**, please click [here](#).

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!

New! Call for Presentations: 2021 Virtual Annual Winter Conference – Deadline December 16, 2020

CMHAM 2021 Virtual Annual Winter Conference, “Focus on Wellness: Refresh · Renew · Refocus,” will be held in the mornings from February 9-12, 2021.

Download the Workshop Submission Proposal Form by [CLICKING HERE](#).

Deadline: Tuesday, December 16, 2020

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](#)) (13 spots left)
- February 22, 2021 ([Register Here](#)) (45 spots left)
- March 22, 2021 ([Register Here](#)) (63 spots left)
- April 5, 2021 ([Register Here](#)) (64 spots left)
- April 26, 2021 ([Register Here](#)) (64 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 CE's and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- January 21, 2021 ([Register Here](#)) (20 spots left)
- March 8, 2021 ([Register Here](#)) (58 spots left)

Agenda:

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

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

Registration Now Open! – FY21 Virtual Motivational Interviewing College Trainings

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

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

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
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



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.

News from Our Preferred Corporate Partners

Abilita: Are you ready for E-911?

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

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

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

Alan Bolter, Associate Director, (517) 237-3144; abolter@cmham.org
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