



WEEKLY Update

January 8, 2021

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

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CMH Association and Member Activities

New! Leadership changes at Lakeshore Regional Entity

Below are excerpts from the recent announcement, by the Lakeshore Regional Entity (LRE; the PIHP serving a segment of western Michigan) of changes in the LRE leadership.

In September LRE CEO Greg Hofman announced to the LRE Board of Directors his intention to retire in February of 2021. Mr. Hofman began working for the LRE at its inception in 2013 as Chief Operating Officer. In September of 2018 he began serving in the role of Interim CEO. In March 2019 he accepted the permanent CEO position at LRE. Prior to working for the LRE he worked for CMH of Ottawa County for over 28 years, providing leadership in a variety of functions such as quality, compliance, training, and support for information systems. The LRE would like to thank Mr. Hofman for his contributions to the LRE and congratulate him on his upcoming retirement.

The timing of the announcement has allowed the LRE to develop a leadership transition process. In October, LRE began contracting with Bill Riley in the role of Transition Manager. Mr. Riley brings a wealth of experience from his experience working with health plans, PIHPs in Michigan, as well as CMHs in the State of Michigan. Mr. Riley also held the position of Interim CEO at Network180 in 2018 and 2019, which gives him a unique knowledge and perspective about our Region.

Mr. Hofman and Mr. Riley are working closely during this transition process to address PIHP transition issues over the next several months.

Mr. Riley has assumed the LRE Interim CEO position as of December 19, 2020 by LRE Board approval until a permanent CEO has been selected. Mr. Hofman, by LRE Board approval has changed position to Transition Manager until his retirement in February. A committee appointed by the LRE Board has begun the process of finding a replacement CEO.

CMHA wishes the best to both Greg Hofman and Bill Riley.

CMH and provider crisis lines now posted on CMHA web

While the access numbers for all the state's CMHs have been posted on the CMHA website, for years, the 24/7 crisis lines numbers have not. Now those crisis numbers are a part of the CMH listing section, searchable via an interactive map. (Acknowledgement to our partners at BHDDA/MDHHS who developed this map and keep it updated). The CMH maps, access numbers, websites and crisis numbers are [found here](#).

State & National Developments and Resources

New! Latest schedule of Q&A sessions and other resources for AFCs and HFAs on COVID-19 Emergency Response

A. AFC and HFA COVID Q&A series: The Q&A sessions for AFCs/HFAs are held from 2:00 to 3:00 pm every Wednesday at the Zoom link: AFC/HFA COVID Q&A Link . Note that if the link changes for a given Q&A session, MDHHS will reflect that change in the electronic invitation being sent, by MDHHS, to all of AFCs and HFAs in the state.

Please email any questions to fuel the AFC/HFA Q&A sessions to: MDHHS-COVID-AFC-HFA-Response@michigan.gov

B. Additionally, below are links to a number of resources on COVID responses of value to AFC and HFA operations:

[Epidemic Order](#): On December 8, 2020, MDHHS Director Gordon issued a new "Requirements for residential care facilities" Epidemic Order. The order was effective the same day and rescinded the order effective October 26th that had the same title. This information, along with two supporting infographics, is published on the MDHHS Epidemic Orders webpage, found [here](#).

[AFC & HFA COVID Response Decision Tool 12-08-2020](#)

[AFC & HFA QA Presentation 12-09-2020](#)

[AFC HFA COVID 19 Emergency Response Decision Tool Guidance Document 12-10-2020](#)

[MIOSHA COVID-related workplace safety guidance](#)

[The Michigan Health Alert Network \(MIHAN\)](#) is a secure, web-based communication system that was established by the Michigan Department of Health and Human Services, Bureau of EMS, Trauma & Preparedness with guidance and funding from the Centers for Disease Control and Prevention. The MIHAN serves to alert key public health, healthcare and public safety personnel of conditions that could adversely impact the health and safety of Michigan's citizens. The system also provides situational awareness about important but non-emergency health-related information

New! Michigan releases COVID-19 Vaccination Interim Prioritization Guidance

In case Weekly Update readers did not see this, CMHA wanted to get something out as quickly as The Michigan COVID-19 Vaccination Interim Prioritization Guidance has been recently updated and can be [found here](#).

New! Our Health Care System Wasn't Designed To Support Telehealth. Now It's Time For A Makeover

Below are excerpts from a recent Health Affairs blog on the need to recast the nation's health care system to make telehealth modalities a central part of the clinician's toolkit.

Today, a lot of people in health care are asking: What is the future for telehealth? By examining its initial design, we can find clues as to the best path forward for virtual care.

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

New! SAMHSA accepting 2021 applications for expansion CCBHC grants

SAMHSA has announced that applications for [FY21 CCBHC grants](#) are now being accepted. The grants are available to community treatment providers in every state. Qualified applicants must be a CCBHC or be able to meet the requirements of a CCBHC within four months of receiving a grant. Applicants must be either a nonprofit or local government behavioral health authority. CCBHC Expansion grant recipients that received funding under CCBHCs Expansion FOA (SM-20-012, with funding announcements made in 2020) are not eligible to apply for funding under this FOA.

When these CCBHCs are funded, there will be more than 300 CCBHCs in the US. Once all the recent omnibus-related funds are released, we may surpass 400 CCBHCs.

- SAMHSA is accepting 74 applications meaning that competition will be strong.
- The amount of the grants will be \$2 million per year for 2 years.
- Applications are due March 1.

Word has it that SAMHSA has approached unfunded applicants from the 2020 FOA to determine whether they remain interested in and capable of fulfilling the activities in their applications. Although this is not a guarantee that any particular applicant will be funded, we believe it is likely that SAMHSA may fund some of those applications "off the shelf" with additional CCBHC monies that were appropriated in the omnibus package.

Organizations interested in applying can obtain more information at the SAMHSA announcement site. <https://www.samhsa.gov/grants/grant-announcements/sm-21-013> and for CMHA members at the National Council's [CCBHC Success Center website](#).

New! Resources – valuable to persons served and staff - available to CMHA members - Michigan's Stay Well program (COVID-related crisis response system)

In an effort to provide CMHA members with an opportunity to learn more about the Stay Well line, MDHHS and CMHA co-hosted a webinar earlier this week. During this web-based discussion, MDHHS and their Stay Well partners outlined a number of resources available to CMHA members as you work to help your staff and communities understand and make wise use of the Stay Well initiative. Those resources are outlined below:

1. Stay Well website: https://www.michigan.gov/coronavirus/0,9753,7-406-98178_99557---,00.html

At this site, you will find:

- Mental health webinars
- Registration for on-line live support groups
- The full set of mental health and related crisis lines in the state -including the link to the CMH crisis line listing: https://www.michigan.gov/coronavirus/0,9753,7-406-98178_99557---,00.html
- A set of very sound video resources
- A large set of behavioral health guides – **designed around specific populations in your communities and the community-at-large** (many in languages other than English)

- A sound set of guides for **supporting your colleagues/staff** during the pandemic:
- [Supporting Emotional Health of the Health Care Workforce](#)
- [Supporting First Responders During COVID-19](#)
- [Supporting Emotional Health of the Behavioral Health Workforce During COVID-19](#)

2. MDHHS's Stay Well Outreach Workers can provide a broad range of Stay Well resources tailored to your organization and community. Those resources include:

- Webinars/live dialogues with and for your organization's staff
- Webinars/live dialogues with your local community

If you are interested in these locally-tailored resources, please contact Jody Lewis lewisj@michigan.gov

New! Resignation of federal Assistant Secretary for Mental Health and Substance Use (SAMHSA)

Below is the recently issued announcement, by Dr. Elinore F. McCance-Katz, the Assistant Secretary of Mental Health and Substance Use – the Director of the federal Substance Abuse and Mental Health Administration (SAMHSA) of her resignation from her position – the result of her response to the recent developments in and around the United State Capitol.

I have chosen to resign today as the Assistant Secretary for Mental Health and Substance Use. I am, and will be, forever grateful to have had the opportunity to lead SAMHSA and to contribute to improving prevention, treatment and recovery resources to those with mental and substance use disorders and their families. I have traveled our nation extensively over the last nearly 4 years and have been honored to be able to see Americans helping Americans—caring for those who suffer with these illnesses. I want to express my gratitude to all SAMHSA staff and to my colleagues in the Department of Health and Human Services for their support and sharing of their expertise with the common goal of meeting the mental health needs of our nation. It had been my plan to stay until the change in administration occurred, but my plans abruptly changed last evening when, on my way back from visiting an excellent residential treatment program in New York, I saw the violent takeover of the Capitol building. I believe that this behavior was totally unacceptable and, in my own heart, I simply am not able to continue. I believe that we are given certain life situations where we must make the difficult decisions and we get one chance to do it the right way. Because I believe that the mental health of our people has suffered so greatly under the stresses of COVID-19, the social justice issues that have been so painful for so many, and now with the rending of our nation over questions raised about the presidential election, I cannot support language that results in incitement of violence and risks our very existence. I very much hope that we will all take a step back and work through this painful time together—listening to each other, respecting each other, and bringing us together again as the great nation we are.

I want to thank all for your help and support of the mission of SAMHSA over these last few years. I firmly believe that we can, with a united national will, meet the needs of those living with mental and substance use disorders—some of the most vulnerable among us. In doing so, we elevate our society and our nation.

Elinore F. McCance-Katz, MD, PhD

New! 31n Legislative Report issued

The report on the progress of the state's most recent school-based mental health financing initiative, known as 31n (after the section of the Michigan School Act that provided the dollars for this effort) has recently been issued.

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

New! McKinsey: Rebuilding clinician mental health and well-being after COVID-19

Below are excerpts from a recent McKinsey article regarding the need, seen by all of us but well outlined by McKinsey, of the need to restore, now and post-pandemic the mental health and resilience of our nation's and the world's health care workforce. (McKinsey is one of the nation's leading consultant firms examining healthcare and a range of other areas in which they have expertise)

The pandemic has exacerbated existing issues around the mental health of healthcare workers. Providers can learn from other industries to develop an integrated framework promoting overall well-being.

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

New! 14 top CEOs warn of looming mental health crisis and offer a holistic 'roadmap to recovery'

Below are excerpts from a recent Forbes magazine article on the mental health crisis that they, as business leaders, see coming to communities and workplaces across the country.

Even as the speedy approval of two coronavirus vaccines prompts optimism that the end of the pandemic may be in sight, experts warn that a parallel mental health crisis will be with us for years to come. Mental health disorders and related substance abuse issues can be just as deadly as the virus. A coalition of the nation's leading mental health advocacy organizations and professional associations says this often hidden epidemic deserves urgent and unified action.

"The mental health crisis that has evolved along with the COVID pandemic is unprecedented," the executives declared in a [joint statement](#). "The levies have broken on an overwhelmed system of care and state leadership must move to address mental health care as an integral aspect of their pandemic response."

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

New! CHCS webinar — Maximizing Medicaid’s potential to close the disparities gap and improve health equity



Date and Time: January 19, 2021, 3-4:15 pm ET

COVID-19 has exposed long-held disparities in the U.S. health care system, igniting renewed momentum in states across the country to eliminate inequities in health outcomes. Medicaid is the source of health care coverage for more than 75 million people in the U.S., including many in Black, Latino, and other racially and ethnically diverse communities, and has a key role to play in advancing health equity nationally.

This Center for Health Care Strategies (CHCS) **25th anniversary panel discussion** will examine how systemic racism plays out in our nation’s health care system and explore crucial opportunities for Medicaid to take a more proactive role to identify, address, and reduce health disparities and contribute to broader societal efforts to address racism. Experts and leaders representing federal, state, and provider perspectives will share their insights on how Medicaid can use its policy and program levers to address the social drivers of health and improve the long-term prospects for healthier communities.

[Register here.](#)

State Legislative Update

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. *We are working to upload Decembers video update and will notify when it is available for viewing.*

New! Senate Fiscal Agency Projects Big Budget Balance to Carry State Through COVID-19

The once-feared Michigan state budget crunch feared due to the COVID-19 business shutdowns is not materializing, based on Senate Fiscal Agency (SFA) projections released this week. The SFA believes a

hefty \$2.52 billion left on the General Fund balance sheet at the close of this past fiscal year and \$1.08 billion left in School Aid Fund could carry Michigan government through dicey revenue projections for the current year and next.

Presuming no additional spending and no additional federal money, the state's General Fund and School Aid Fund is sitting on projected current year (FY '21) balance of \$1.08 billion and \$830 million, respectively, for a combined \$1.91 billion surplus. Going into the FY '22 budget negotiations, SFA sees the General Fund with a \$296.5 million balance and the School Aid Fund with a \$748.5 million balance.

On their face, the big balances look a look better than the feared \$1 billion-plus holes expected when early projections had the state and country going through a depression.

SFA Director Chris Harkins agrees that it's better to be in the black than the red, but he warns not to read the numbers the wrong way. "It looks better than it probably is," he said. "These numbers do not show some large resurgence."

Instead, the SFA is projecting the current FY '21 revenue will be down \$1.18 billion (4.8%) from the preliminary final revenue for FY '20 as taxes from all major sources -- sales, use and income, in particular -- are expected to go down as the full economic challenges from the COVID shutdowns hit state government.

Harkins said the SFA is projecting Michigan is "going to slowly come out of this," but the current budget situation "is certainly not ideal."

These numbers come in preparation for the January Consensus Revenue Estimating Conference scheduled for next Friday. At that time, SFA, the House Fiscal Agency and Treasury will discuss all of their estimates and land on consensus numbers from which the Governor will craft a 2021 budget proposal.

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](#).

Department of Health and Human Services (DHHS) Director Robert Gordon signed a new Emergency Order on mask wearing and gathering restrictions. This DHHS Emergency Order updates the order signed on December 8, 2020 and allows certain indoor activities to resume. The Emergency Order signed today goes into effect Monday, December 21, and remains in effect until January 15, 2021.

Multiple changes are being made under today's DHHS Emergency Order from the December 8 order, mainly allowing indoor activities where Michiganders can remain masked to re-open. Specific changes under the new Emergency Order includes the following: high schools are able to return to in-person learning, which is up to the discretion of local school districts; casinos, theaters, bowling alleys, stadiums/arenas, bingo halls and arcades are all able to re-open with certain safety protocols in place; and outdoor, non-contact sports are able to resume. All indoor settings that are able to re-open must limit their capacity to 100 individuals, food and drink concessions must be closed, and social distancing must be followed/enforced.

Governor Whitmer and DHHS have created multiple infographics to provide further details on the DHHS Emergency Order and COVID-19 in Michigan. These infographics can be viewed below:

- [Social Gathering Guidance](#)
- [Dec. 18 Gatherings Order Infographic](#)
- [Dec. 18 Capacity Limits Flyer](#)
- [Safe Social Pods Guidance](#)
- [Key Metrics Infographic](#)
- [Outdoor Seating Guidance](#)

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

House Passes Short-Term Federal Funding

This week, the House of Representatives passed a short-term continuing resolution (CR) through December 18 to provide appropriators with additional time to reach a spending agreement for fiscal year (FY) 2021. The CR also includes provisions that would extend several expiring health care policies, including Certified Community Behavioral Health Clinics (CCBHCs). The Senate now has until midnight tonight to vote on the CR to avert a shutdown.

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?

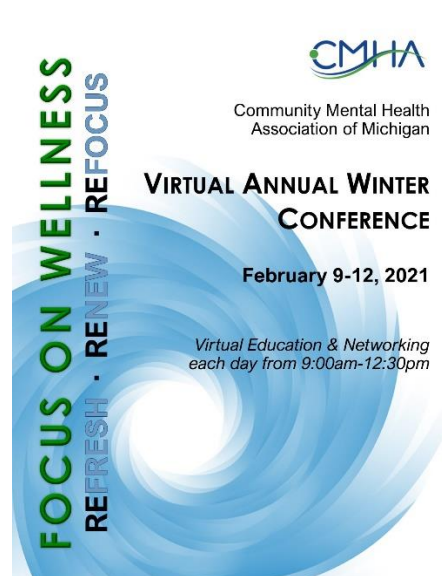
[Twenty million](#) older adults and people with disability need assistance with activities of daily living (e.g., bathing, dressing) and routine daily tasks (e.g., cooking, shopping). The overwhelming majority (17 million) live in the community, rather than in facilities. Most receive assistance from 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

New! Registration Open - CMHA 2021 Virtual Annual Winter Conference



CMHA 2021 Virtual Annual Winter Conference
“Focus on Wellness: Refresh · Renew · Refocus”

February 9-12, 2021
Educational Sessions Each Morning

[CLICK HERE TO REGISTER!](#)

Here’s some key benefits on why you should register for this virtual conference series!

Reduced Registration Fee: Eliminating the cost of food, meeting room rental, audio-visual rental and materials allows us to lower our conference fee.

Save on Travel Costs: The extra costs such as mileage reimbursement, hotel overnight costs and meal per diems *substantially increase* the cost of each person attending the conference.

Group Agency Discounts: For the first time, we’ll be offering discounted tiers for sending multiple paying-attendees from the same agency (*“recording only” attendees do not qualify towards group discount*).

Volume discounts will only be offered until *MONDAY, JANUARY 18, 2021*.

Volume discount is applied to those registered on the SAME ORDER. To take advantage of the deepest discount, please determine everyone from your agency who will be participating in the conference and register them at the same time.

After January 18, 2021, additional attendees from the same agency will be charged the full rate of \$210 Members and \$252 for Non-Members.

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 90 days after the conference (no CEs).

Recording Only– No Continuing Education Credits: For those who do not need CEs take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 90 days to view the recordings. You can view as many sessions as you like.

	1-4 attendees	5-9 attendees	10-19 attendees	20 or more	Recording Only (no CEs)
Member	\$210 per attendee	\$190 per attendee	\$170 per attendee	\$150 per attendee	\$50 per attendee
Non-Member	\$252 per attendee	\$228 per attendee	\$204 per attendee	\$180 per attendee	\$70 per attendee

Increase your Purchase Power - the Savings Add Up!

Average cost for In-person conference: \$980/attendee (includes registration fee, overnight, travel and meals)

Average cost for virtual conference: \$190/attendee

Average savings: \$790/attendee

How Far Does \$3,000 Go? Invest in your staff and board members by making sure they are up to date on the latest evidence-based practices and hot topics in our industry. Traditionally, for \$3,000 a member organization could only send 3 attendees to an in-person conference. *Virtual conferences allow you to stretch that \$3,000 to send 20 attendees!*

Time Efficient: The conference takes place in the mornings only - so your afternoons are available for meetings, emails and projects.

Location: You can attend from anywhere that has internet access: office, home, coffee shop, out of state, the beach....the possibilities are endless!

More Accessibility: Virtual conferences are more accessible to a larger and more diverse audience. Traveling long distances and prolonged time away from home, office, personal commitments are no longer barriers with a virtual environment.

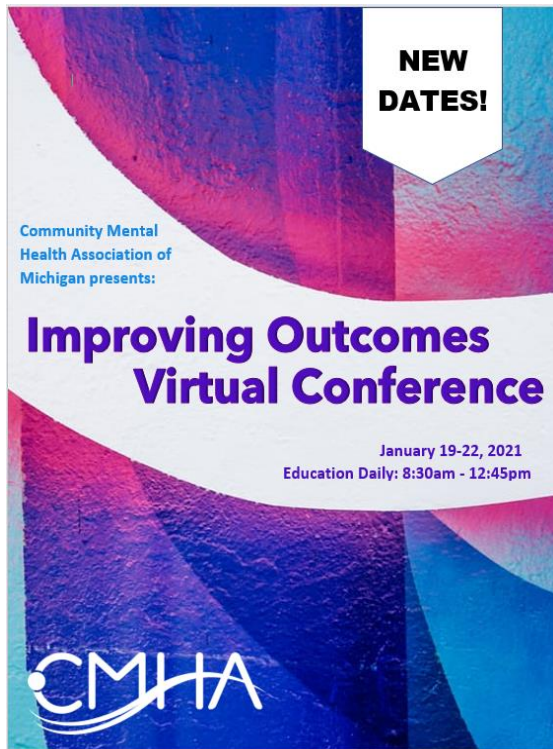
The Education Never Ends – Don’t Miss Any Sessions: Usually during in-person conferences, there are so many sessions taking place at the same time – but you can only select 1 per timeslot. With virtual conferences, you’ll have access to view ALL the educational sessions for up to 3 months after the conference concludes (no continuing education credits for viewing the recordings).

Questions? Contact Chris Ward at cward@cmham.org or 517-237-3143.

[CLICK HERE TO REGISTER FOR THE CONFERENCE!](#)



Improving Outcomes Virtual Conference – Registration Open



January 19-22, 2021

Educational sessions will be held daily from 8:30am – 12:45pm

Conference highlights include:

Keynote Addresses:

Updates from MDHHS

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

CMHA Perspectives on Michigan’s Public Behavioral Healthcare System

Robert Sheehan, MSW, MBA, Chief Executive Officer, Community Mental Health Association of Michigan

How to Manage Disruptive Change: Managing Changes in the Age of Disruption

Adam White, CEO, Adam White Speaks and Adam Empowers

Workshops:

- MSHN Dashboard
- Pathways Residential Module in PCE EMR
- EDIT Session
- Integrating ADTs into Clinical Processes
- What to do Before, During and After an IT Security Breach?
- Using Cloud-Based Contract Software to Reduce Administrative Time and Increase Compliance in CMH Provider Contracting
- Get Ready for 2021 Changes to Evaluation and Management Documentation and Coding Rules

Conference Fees:

CMHA Member: \$70 per person
Non-Member: \$84 per person

The conference registration fee includes access to all keynote sessions, all workshops and electronic handouts.

There will be *NO continuing education credits* for this conference.

Registration Deadline: Registration closes 3 business days prior to the conference.



Payment Due: Payment must be received 3 business days prior to the conference. Conference links will only be sent to paid registrants. Purchase orders are not considered payment. All no shows will be invoiced the full registration amount.

[CLICK HERE TO REGISTER FOR THE CONFERENCE!](#)

Congratulations to Thomas Cole, System Administrator at Macomb County CMH Services, the recipient of the 2020 Nick Filonow Award of Excellence

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 *(SOLD OUT)*
- February 22, 2021 [\(Register Here\)](#) *(26 spots left)*
- March 22, 2021 [\(Register Here\)](#) *(58 spots left)*
- April 5, 2021 [\(Register Here\)](#) *(64 spots left)*
- April 26, 2021 [\(Register Here\)](#) *(63 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 *(SOLD OUT)*
- March 8, 2021 [\(Register Here\)](#) *(21 spots left)*

Agenda:

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

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

FY21 Virtual Motivational Interviewing College Trainings – Registration Open

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.

Practicing Effective Management Virtual Training



Practicing Effective Management

A Comprehensive Virtual Training to Improve Relationships & Results

4 Half-Day Sessions
January 14, 15, 21 & 22
\$379

REGISTER NOW
at EventBrite
or
Email
MollyR@TBDSolutions.com
www.TBDSolutions.com

TBD Solutions is hosting its next Practicing Effective Management Training online on January 14, 15, 21, and 22. This virtual training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.

Since 2016, TBD Solutions has proudly trained more than 300 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, while maintaining a 98% satisfaction rate. To learn more or register for the training, visit <https://www.eventbrite.com/x/practicing-effective-management-tickets-129950135353> or email Molly at MollyR@TBDSolutions.com.

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

Audrey Daul, Administrative Assistant, (517) 237-3141; adaul@cmham.org

Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; dferguson@cmham.org

Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; mfrancis@cmham.org

Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org

Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org

Bethany Rademacher, Training and Meeting Planner, (517) 237-3149; brademacher@cmham.org

Alexandra Risher, Training and Meeting Planner, (517) 237-3150; arisher@cmham.org

Carly Sanford, Training and Meeting Planner, (517) 237-3151; csanford@cmham.org

Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org

Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org

Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org