



WEEKLY Update

April 23, 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! Pine Rest opens adult foster care COVID-19 unit

Below are excerpts from a recent news story on the opening of a COVID foster care residential site by Pine Rest.

Pine Rest Christian Mental Health Services has opened a 10-bed unit for people living in and adult foster care home and have been diagnosed with COVID-19.

The behavioral health care provider says the unit addresses a gap in care and treats both psychiatric and COVID-19 concerns. The unit was created in partnership with the state of Michigan, and comes online at time when coronavirus cases in Michigan are surging.

The full news story is [found here](#).

Traveling Art Show

Traveling Art Show VI features pieces from Consumer Art Contests across Michigan. Anyone interested in any of the pieces shown may contact Monique at mfrancis@cmham.org. Those NOT sold by October 1, 2021, will be auctioned off at the 2021 Fall Conference in Traverse City, Michigan. Art may be available for viewing locally or on the [CMHA website](#). Check with your local CMH for more information or email Monique at mfrancis@cmham.org.

State & National Developments and Resources

New! MDHHS issues RFP for youth suicide prevention programming

The Michigan Department of Health and Human Services (MDHHS) has issued a Request for Proposals (RFP) to provide services aimed at reducing suicides among young adults.

The purpose of the Transforming Youth Suicide Prevention program is to decrease the rates of suicide in young adults aged 18–24 years old, not in a traditional college/university setting, by carrying out identification and early intervention projects, particularly for areas where the 2015-2019 suicide rate for the designated age group exceeds the national rate of 15.66 per 100,000 people.

The RFP seeks competitive plans for local projects that will expand services, prioritizing proposals that focus on suicide prevention among young adults, service counties that exceed the national rate of suicide, serve high-risk populations and incorporate health equity into their approach and outreach. Funded applicants will receive ongoing technical assistance from the MDHHS project coordinator which include help with program start-up, reporting requirements and removing barriers to program implementation.

The award period begins Oct. 1, 2021 and ends Sept. 30, 2022. MDHHS expects to award approximately \$180,000 to up to three applicants, with a maximum of \$60,000 per applicant.

Grant applications must be submitted electronically through the EGrAMS program by 3 p.m. on May 12, 2021.

For more information or to apply, visit the [EGrAMS website](#) and select "About EGrAMS" link in the left panel to access the "Competitive Application Instructions" training manual. The complete RFP can be

accessed under the 'Current Grants' section under the "Public Health Administration" link and selecting the "TYSP-2022" grant program.

New! SAMHSA announces Community Mental Health Centers (CMHC) Grant Program

Below is a recent announcement from SAMHSA on a grant program that fits will with Michigan's CMH system. The executive summary is below with the full Funding Opportunity Announcement (FOA) found at: [fy-2021-cmhc-foa.pdf \(samhsa.gov\)](#)

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2021 Community Mental Health Centers (CMHC) Grant Program (Short Title: CMHC) (Initial Announcement)
Funding Opportunity Announcement (FOA) No. SM-21-014
Catalogue of Federal Domestic Assistance (CFDA) No.: 93.958

EXECUTIVE SUMMARY The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2021 Community Mental Health Centers (Short Title: CMHC) grant program. The purpose of this program is to enable community mental health centers to support and restore the delivery of clinical services that were impacted by the COVID-19 pandemic and effectively address the needs of individuals with serious emotional disturbance (SED), serious mental illness (SMI), and individuals with SMI or SED and substance use disorders, referred to as co-occurring disorder (COD). SAMHSA recognizes the needs of individuals with behavioral health conditions, including minority populations and economically disadvantaged communities, have not been met during the pandemic and that CMHC staff and other caregivers have been impacted.

Funding Opportunity Title: Community Mental Health Centers Grant Program (Short Title: CMHC Grants) Funding Opportunity Number: SM-21-014

Due Date for Applications: May 21, 2021 Estimated
Total Available Funding: \$825,000,000
Estimated Number of Awards: 165 to 825
Estimated Award Amount: From \$500,000 to \$2,500,000 per year
Cost Sharing/Match Required: No Anticipated
Project Start Date: 9/30/2021
Length of Project Period: Up to 2 years
Eligible Applicants: Community Mental Health Centers, including state and local government-operated Community Mental Health Centers, as defined by Section 1913(c) of the Public Health Services Act. [See Section III-1 for complete eligibility information.]

New! Michigan Suicide Prevention Commission report makes lowering suicide rate a priority

Below are excerpts from a press release on the Michigan Suicide Prevention Commission's recently issued report.

With someone dying by suicide every six hours in the state, the Michigan Department of Health and Human Services (MDHHS) is releasing a report that makes recommendations on how to reduce the suicide rate.

The Michigan Suicide Prevention Commission Initial Report is from a group appointed by Gov. Gretchen Whitmer in March 2020.

The recommendations address the commission priorities of:

- Minimizing risk for suicidal behavior by promoting safe environments, resiliency and connectedness.
- Increasing and expanding access to care to support Michiganders who are at-risk.
- Improving suicide prevention training and education.
- Implementing best practices in suicide prevention for health care systems.
- Enhancing suicide-specific data collection and systems.

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

New! Hogg Foundation issues short videos on mental health

Did you know there are even more ways to connect with the work of the Hogg Foundation and our mission of improving mental health in everyday life? It's true!

The Hogg Foundation's YouTube page is full of short, informative videos that take complex concepts influencing community mental health and distill them into frank, straightforward explanations.

3TK videos feature never-before-seen content from experts in mental health.

Watch experts from the intersecting fields of [policy](#), [psychiatry](#), [criminal justice](#), and [media studies](#) talk candidly about improving mental health systems and services for all Texans through advocacy and collaboration.

[Watch and subscribe here](#).

State Legislative Update

View March's Legislative Video on 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 March Briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the confirmation of Elizabeth Hertel as Director of the Michigan Department of Health and Human Services and the passage of a FY21 COVID Supplemental budget.

To view the latest video, [CLICK HERE!](#)

New! FY22 House and Senate Budget Proposals

Specific Mental Health/Substance Abuse Services Line items

	<u>FY'22 (Exec Rec)</u>	<u>FY'22 (House)</u>	<u>FY'22 (Senate)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$3,011,525,500	\$2,775,817,800	\$3,005,348,100
-Medicaid Substance Abuse services	\$80,988,900	\$80,988,900	\$80,988,900
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$78,005,200	\$19,501,200 (1/4 funding)	\$78,005,200
-Health Homes Program	\$33,005,400	\$33,005,400	\$33,005,400
-Autism services	\$356,875,800	\$356,875,800	\$356,875,800
-Healthy MI Plan (Behavioral health)	\$540,551,700	\$540,551,700	\$540,551,700
-CCBHC	\$25,597,300	\$25,597,300	\$25,597,300

Other Highlights of the FY22 House Budget:

Direct Care Worker Wage Increase

- House budget includes a \$100 placeholder

CCBHC Implementation

House concurs with the FY22 Executive Budget and includes \$26.5million gross, \$5.0million general fund(6.0FTEs) to support a two-year implementation of the Centers for Medicare and Medicaid (CMS) Certified Community Behavioral Health Clinic (CCBHC) Demonstration program. Proposed funding will be used to:

- **Establish 14 CCBHC sites**, through 11 Community Mental Health Programs and 3 non-profit behavioral health entities, to provide comprehensive access to behavioral health services to vulnerable individuals.
- Create a new Behavioral Health Policy and Operations Office to oversee the implementation of the CCBHC demonstration, Medicaid Health Homes, and other behavioral health integration initiatives. The new office will comprise 6 new FTE positions and 9 reassigned FTE positions responsible for policy, operations, technical assistance, and quality monitoring support.

KB vs. Lyon lawsuit

The House does not include funding for the KB v. Lyon lawsuit. (The FY22 Executive Budget includes \$90 million gross (\$30 million general fund) to recognize new costs related to the implementation of policy changes associated with the KB v. Lyon lawsuit settlement.)

Specialty Medicaid Managed Care Health Plan for Foster Children

House includes \$500,000 Gross (\$250,000 GF/GP) to complete an actuarial analysis and any necessary federal approvals to create a specialty Medicaid managed care health plan for children in foster care to provide comprehensive medical, behavioral, and dental services

Other items

- Concurs with the executive budget and includes \$1 million for Autism Service Navigation (general fund)
- House concurs with the executive budget and includes \$36.4 million in federal SOR grant funding to increase access to medication-assisted treatments, addressing unmet treatment needs, and reducing opioid overdose deaths.
- House adds \$750,000 GF/GP for development and operation of a resiliency Center for Families and Children to provide services to families and children experiencing trauma, toxic stress, chronic disability, neurodevelopmental disorders or addictions (Boilerplate sec 1919)
- House adds \$300,000 GF/GP for the St. Louis Center, a residential community for children and adults with intellectual and developmental disabilities;
- Enhanced FMAP redetermination – placeholder (the Governor’s recommendation included \$23.2 million Gross for additional admin costs for Medicaid eligibility redeterminations once the enhanced FMAP expires)
- House adds one-time funding for special Olympics capital improvements (\$1 million)
- House adds \$19.1 million for MI Choice waiver program to add 1,000 slots by end of FY 21-22

Other Highlights of the FY22 Senate Budget:

Direct Care Worker Wage Increase

The Senate budget reflects a full year implementation of a \$2.35/hour direct care worker wage increase on an ongoing basis - \$460,007,800 (Gross) / \$159,775,100 GF/GP

CCBHC Implementation

Senate budget concurs with the FY22 Executive Budget and includes \$26.5million gross, \$5.0million general fund(6.0FTEs) to support a two-year implementation of the Centers for Medicare and Medicaid (CMS) Certified Community Behavioral Health Clinic (CCBHC) Demonstration program.

Proposed funding will be used to:

- **Establish 14 CCBHC sites**, through 11 Community Mental Health Programs and 3 non-profit behavioral health entities, to provide comprehensive access to behavioral health services to vulnerable individuals.
- Create a new Behavioral Health Policy and Operations Office to oversee the implementation of the CCBHC demonstration, Medicaid Health Homes, and other behavioral health integration initiatives The new office will comprise 6 new FTE positions and 9 reassigned FTE positions responsible for policy, operations, technical assistance, and quality monitoring support.

KB vs. Lyon lawsuit

The Senate budget includes \$45 million (Gross) / \$15 million GF/GP funding for the KB v. Lyon lawsuit.

(The FY22 Executive Budget includes \$90 million gross (\$30 million general fund) to recognize new costs related to the implementation of policy changes associated with the KB v. Lyon lawsuit settlement.)

Local Match Draw Down

The Senate bill includes funding for the second and third year of a five-year phase-out of the use of Local CMH Local Match funding to support the Medicaid Restricted Mental Health Services line. **\$10,190,200 GF/GP**

Other items

- Senate concurs with the executive budget and includes \$1 million for Autism Service Navigation (general fund)
- Senate concurs with the executive budget and includes \$36.4 million in federal SOR grant funding to increase access to medication-assisted treatments, addressing unmet treatment needs, and reducing opioid overdose deaths.
- Senate adds \$1.3 million increase for the MI Docs program
- Senate adds \$100 placeholder for crisis stabilization units
- Senate increases in Medicaid funding for mental health and SUD services (\$35 million increase)
- Senate adds \$3 million for McLaren Greenlawn project
- Senate adds Families Against Narcotics placeholder

House & Senate Key Boilerplate Sections:

Sec. 236 NEW Senate – language to require the same level of reimbursement for services provided through telemedicine as for services provided through face-to-face contact in the Medicaid program

Sec. 908. NEW Senate – Uniform credentialing , As a condition of their contracts with the department, PIHPs and CMHSPs, in consultation with the Community Mental Health Association of Michigan, shall work with the department to implement section 206b of the mental health code, MCL 330.1206b, to establish a uniform community mental health services credentialing program.

Sec. 912. Salvation Army Harbor Light Program – executive deleted but House and Senate retained language to contract with the Salvation Army Harbor Light Program to providing Non-Medicaid substance use disorder services if program meets standard of care. Executive deletes; House & Senate retains.

Sec. 927. Uniform Behavioral Health Service Provider Audit. Existing boilerplate requires DHHS to create a uniform community mental health services auditing process for CMHPs and PIHPs, outlines auditing process requirements, and requires a report. Executive deletes; House & Senate retains.

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

- House budget did not include 5-year phase out language
- Senate includes 5-year phase out language and years 2 & 3 of funding.

Sec. 940. Transferring and Withdrawing CMHSP Allocations - Requires DHHS to review CMHSP expenditures to identify projected lapses and surpluses, to encourage the board of the CMHSP with a projected lapse to concur with the recommendation to reallocate the lapse to other CMHSPs, and to withdraw funds from a CMHSP if those funds were not expended in a manner approved by DHHS, including for services and programs provided to individuals residing outside of the CMHSP's geographic region; prohibits a CMHSP from receiving additional funding if the CMHSP transferred out or withdrew funds during current fiscal year; requires CMHSPs to report any proposed reallocations prior to going into effect; requires legislative notification and report. Executive and House revise by removing the requirement to withdraw unspent funds if funds were not expended in a manner approved by DHHS

Sec. 964. Behavioral Health Fee Schedule. Requires the department to provide a report with the standardized fee schedule for Medicaid behavioral health services and supports to the Legislature by July 1 and must include the adequacy standards to be used in all contracts with PIHPs and CMHSPs. In developing the fee schedule the Department must prioritize and support essential service providers and develop a standardized fee schedule for revenue code 0204.

Sec. 965. Medication Assisted Treatment - Requires DHHS to explore requiring CMHSPs to reimburse medication assisted treatment at not less than \$12.00 per dose and drug screen collection at not less than \$12.00 per screen. Executive deletes. House revises to require the Medicaid behavioral health fee schedule to offer bundled medication assisted treatment billing and prioritizes federal state opioid response funds to assist in providing efficient and effective billing

Sec. 974. The department and PIHPs shall allow an individual with an intellectual or developmental disability who receives supports and services from a CMHSP to instead receive supports and services

from another provider if the individual shows that he or she is eligible and qualified to receive supports and services from another provider. Other providers may include, but are not limited to, MIChoice and program of all-inclusive care for the elderly (PACE).

Sec. 1005. Health Home Program – current boilerplate requires DHHS to maintain and expand the number of behavioral health homes in PIHP regions 1, 2, and 8 and to expand the number of opioid health homes in PIHP regions 1, 2, 4, and 9. Executive deletes. House revises to maintain the current behavioral health and substance use disorder health homes and permits DHHS to expand into 2 additional PIHP regions.

Sec. 1151. Opioid Addiction Treatment Education Collaboration – current boilerplate requires DHHS to coordinate with other departments, law enforcement, and Medicaid health plans to work with substance use disorder providers to inform Medicaid beneficiaries of medically appropriate opioid addiction treatment options when an opioid prescription is ended, and address other opioid abuse issues; requires report. Executive deletes. House & Senate retain.

Sec. 1846. Graduate Medical Education Priorities - Requires DHHS to distribute GME funds with an emphasis on encouragement of the training of physicians in specialties, including primary care, that are necessary to meet future needs of this state, and training of physicians in settings that include ambulatory sites and rural locations. House revises to also emphasize training of pediatric psychiatrists.

Federal Update

Congress Passed 2021 COVID Relief Legislation

Congress just passed the [American Rescue Plan Act of 2021](#), a \$1.9 trillion COVID-19 relief bill aimed at boosting the availability of vaccinations, providing funding for small businesses and schools and giving relief to families through new stimulus checks, extended unemployment benefits and an expanded child tax credit, among other provisions.

The legislation, which President Biden will sign this week, also includes billions in new relief to address rising demand for mental health and addiction services, workforce shortages and pandemic-related layoffs and furloughs.

In other words, we heard you loud and clear that more relief was needed. And we made sure Congress heard you, too.

Here are some highlights from this historic legislation:

- **Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grants:** Provides \$3 billion for the Substance Abuse Prevention and Treatment block grant and the Community Mental Health Services block grant (\$1.5 billion each).

- **Certified Community Behavioral Health Clinics (CCBHCs):** Provides \$420 million to SAMHSA to fund CCBHC Expansion Grants.
- **Provider Relief Funds:** \$8.5 billion in new money to the Provider Relief Fund for providers in rural areas and those serving rural communities.
- **Other Mental Health/Substance Use Disorder Funding:** Provides more than \$450 million in additional funding for SAMHSA and Health Resources and Services Administration (HRSA) programming including funding for mental health and addiction services, workforce education and training, suicide prevention and public education campaigns.

Education Opportunities

Call for Presentations: CMHA VIRTUAL Annual Summer Conference: June 14-17, 2021



CMHA Virtual Annual Summer Conference "Be the Change...Shaping our Future Together"

June 14 - 17, 2021

Virtual Education Daily from 9:00am – 12:30pm EST

Deadline for Call for Presentations is Monday, May 3, 2021

2 WAYS TO SUBMIT YOUR PRESENTATION:

1) Download the traditional Word document, complete and email.

[CLICK HERE FOR PRESENTATION SUBMISSION FORM](#)

2) Submit electronically via Survey Monkey:

[CLICK HERE TO SUBMIT ELECTRONICALLY VIA SURVEY MONKEY](#)

Watch www.cmham.org for more details!

Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual

Questions? Contact Alexandra Risher at arisher@cmham.org.

VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings

All dates are currently sold out! We will be offering additional Ethics classes beginning in late summer.

VIRTUAL Pain Management and Mindfulness Trainings

There are currently no scheduled dates for Pain Management and Mindfulness. We will be offering additional Pain Management and Mindfulness classes beginning in late summer.

Virtual Motivational Interviewing College Trainings – Registration Open

Registration is 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>
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.

Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open

Registration is open for the following co-occurring disorders virtual trainings from presenter Jennifer Harrison.

These events are sponsored by the adult mental health block grant and are intended for persons who serve adults only through the mental health and substance abuse provider network in the state of

Michigan. They contain content appropriate for CMHSP clinicians, therapists, peers, supervisors, and nurses.

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.

****Note: Due to the limited number of spots in these trainings, each organization is limited to a maximum of 6 registrants.***

Integrated Dual Disorder Treatment 101

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated and team-based services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Integrated Dual Disorder Treatment (IDDT) was designed following systematic study of high intensity COD treatment needs and alterations of the Assertive Community Treatment (ACT) model. Within this training attendees will understand the components of IDDT, including fidelity and outcome measurement. Specific attention will be paid to the development of stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders using the IDDT model.

Date: July 15, 2021 | [CLICK HERE to Register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment

Treatment planning for adults with complex mental health, substance use, and physical health needs involved understanding of stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate. Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. It is now the #1 cause of accidental death for people under 50. Michigan is one of 31 states with laws allowing medicinal or recreational marijuana use. Opioids and cannabis have become our new legal drugs.

This training will focus attention on providing stage-matched assessment and treatment surrounding use of legal drugs including cannabis and opioids. Focus on treatment planning and provision for individuals who have opioid or cannabis use, as well as management of co-occurring mental health or pain disorders.

Dates: April 27, 2021 | **SOLD OUT**

August 11, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

Until the 21st century, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including Evidence-Based Practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use.

Dates: May 5, 2021 | [CLICK HERE to register](#)

August 24, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. In addition, treatment engagement is often lower for individuals with COD, particularly when those individuals are in early stage of readiness for one of more presenting problems. This training will focus on the assessment of stage of readiness using validated tools, and the interventions that are best fit for each stage of readiness. In addition, ways to address organizational readiness for COD treatment will be discussed.

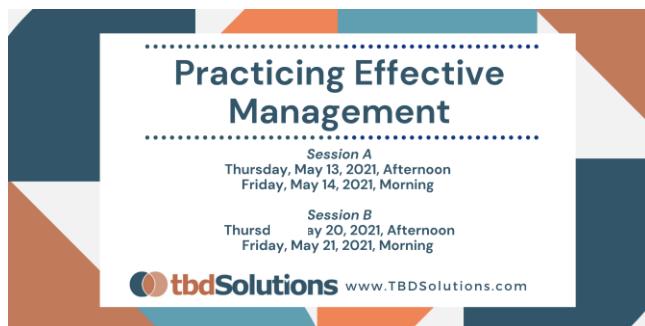
Dates: May 11, 2021 | [CLICK HERE to register](#)

August 31, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Practicing Effective Management Virtual Training



TBD Solutions is hosting its next Practicing Effective Management Training online on May 13, 14, 20, and 21. 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 register please visit: <https://www.eventbrite.com/e/practicing-effective-management-tickets-140075773409>

For questions or additional information, contact Molly at MollyR@TBDolutions.com

Arc Michigan Disability Policy Webinar Series



The Arc Michigan is excited to announce the

“June 2021 Disability Policy Webinar Series”

Registration is now open!!

Click here to register <https://attendee.gotowebinar.com/register/3396825039610487053>

New! Michigan Health Policy Forum: Public Health Broke or Broken: The Call for Fiscal and Social Equity

Monday, June 14, 2021

1:00-3:30 PM

This will be a virtual conference held via Zoom. National and State experts will provide an overview of the challenges, share opportunities and discuss solutions. The agenda, resource materials, speaker bios and Zoom link will be sent at a later date.

CMHA is a longtime member of the Forum’s Advisory Council and hopes that you will be able to join our expert panel on June 14th to discuss this timely issue. If you have any questions, please contact us at stiff14@msu.edu.

[Register here](#)



New! Michigan Health Policy Forum announces conversation with Dr. Sanjay Gupta

The Michigan Health Policy Forum is sharing this opportunity on behalf of one of our sponsoring organizations, the University of Michigan Institute for Healthcare Policy and Innovation.

[Register here](#)

Behavioral Telehealth Resource Center

Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training and engagement opportunities. Please visit the [webpage](#), to see available resources. If you have information to be included on the webpage, please contact astagg@cmham.org.

Distance Learning & Telemedicine Opportunity Announcement

[Distance Learning & Telemedicine Opportunity Announcement](#) (FOA) closes on June 4, 2021. For full information, see the [Program Fact Sheet](#).

This grant opportunity helps rural communities acquire the technology and training necessary to connect educational and medical professionals with students, teachers and patients in rural areas. The intent of the DLT program is to benefit rural areas with populations of 20,000 or less. Grant funds may be used for:

- Audio, video and interactive video equipment
- Broadband facilities that support distance learning or telemedicine
- Computer hardware, network components and software
- Acquisition of instructional programming
- Acquisition of technical assistance and instruction for using eligible equipment

Awards can range from \$50,000 to \$1 million. A minimum 15% match is required and cannot be from another federal sources. Questions? Contact a [General Field Representative](#) that serves your area or call (202)720-0800 or email dltinfo@usda.gov.

New! FCC Announces Application Filing Window for Round Two of COVID-19 Telehealth Program

On April 15, 2021, the FCC [announced](#) that on Thursday, April 29, 2021 at 12:00 PM ET it will begin accepting applications for the second round of its COVID-19 Telehealth Program (the "Program"). The filing window will last for seven days and will close on Thursday, May 6, 2021 at 12:00 PM ET. All applications filed during this period will be reviewed after the application filing window has closed.

Under this application processing round, the FCC will distribute nearly \$250 million to eligible health care providers to provide telehealth and connected care services to patients in response to the COVID-19 pandemic. This funding is in addition to the \$200 million the FCC awarded to successful applicants in 2020 under round one of the Program.

Health care providers wishing to apply under round two of the Program should complete and submit an application on the [FCC's Program Webpage](#). To ensure timely submission, interested providers should carefully review the FCC's Application Process Guidance, which is attached as Appendix C to the FCC's March 30, 2021 [Report and Order and Order On Reconsideration](#). Specific questions about the application process can be submitted to Round2TelehealthApplicationSupport@usac.org.

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

CMHA is the Michigan partner of the Great Lakes Mental Health Technology Transfer Center (MHTTC). Through this partnership, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), MHTTC and CMHA provide Michiganders with access to a wide range of evidence-based and promising mental health practices. More information on the work of the Great Lakes MHTTC can be [found here](#).

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: You WILL Profit from a Technology Audit

There isn't any doubt that 2020 will be deemed "the year of the pandemic". It doesn't matter what line of business you are engaged in, or what your position in the organization is (was), your technology and telecom picture has changed. And, it may never be quite the same again.

Organizations' technology teams have been overwhelmed with the urgency of the crisis and have had to deploy new collaboration and connectivity solutions without a lot of thought for the long term. 2021 will be the year of preparing for the new reality in telecom and technology which may include:

- more Work From Home challenges
- more video, less telephony
- more flexibility in services and connectivity

Let's call 2021 the **"Year of the Technology Audit"**. Look at where you were, where you are, and where and how to move ahead.

For some ideas on how to do this and what you might want to consider, [read this article titled "2021 - The Year of the Audit"](#). To get started now, contact us for a zero-risk review of your technology systems and services.

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; balcat19@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
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@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
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org