



WEEKLY Update

September 24, 2021

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CMH Association and Member Activities

17th Annual ‘Walk a Mile in My Shoes’ Rally



“The 17th Annual ‘Walk a Mile in My Shoes’ Rally will be held IN PERSON this year at the State Capitol on September 29, 2021. Each year, we draw more than 2,500 advocates from across Michigan to the Capitol Building to support public behavioral healthcare. This rally aims to highlight the need for increased funding for mental health services, raises awareness of behavioral health needs in health and policy discussions and works to banish behavioral health stigmas. There are more than 300,000 citizens in Michigan who seek behavioral health services. Join us on Wednesday, September 29 as we rally together on the Capitol Lawn for increased mental health funding and the need for behavioral health to be continually included in policy discussions.

The Walk A Mile packet can be [downloaded here](#).

New! Graphic images for CMHA’s Walk a Mile social media posts announced

For the 17th annual “Walk-a-Mile in My Shoes” rally, CMHA and Lambert, CMHA’s public relations partner, have developed social media posts and graphics to promote the event. These posts will be shared on the Community Mental Health Association of Michigan’s Facebook and Twitter, as well as with partner organizations for their social channels. The graphic images that will accompany those social media posts: <https://bit.ly/3o5di0J>

Seeking Nominations: Nick Filonow Award of Excellence for 2021

The Nick Filonow Award of Excellence recognizes eligible individuals, committees or groups that have made a significant contribution or effort to improve the public mental health community-based system at a local or state-wide level through finance, technology or quality efforts.

Nominations may be submitted by any of the following eligible member groups: CMHSP; CMHA Affiliate Member Agency, CMHA Executive Board, PIHP, or CMHA Standing Committee.

DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 AT 5:00PM. All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

You can download a copy of the nomination form by [CLICKING 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! Recording of most recent MDHHS updates on AFCs and HFAs COVID-19 emergency response available

Below is the link to the video recording of the most recent MDHHS “Topic: Important Updates on AFCs and HFAs COVID-19 Emergency Response”

Date: Sep 22, 2021 01:40 PM Eastern Time (US and Canada)

Meeting Recording: <https://bit.ly/3ERHpPe>

Access Passcode: MA\$J68?M

State Legislative Update

View August’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 at the State Capitol.

Our August briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the FY22 budget, and the Senate and House behavioral health redesign proposals.

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

New! FY22 Budget is Done

This week the House and Senate finalized its FY22 budget work in the form of a General Omnibus Budget ([Senate Bill 82](#)) and a Higher Education Budget ([House Bill 4400](#)). Governor Gretchen Whitmer released a statement confirming her plan to sign the budgets before the end of the month.

The bipartisan agreement amounts to a historically high level of spending, in part due to the approximately \$2.8 billion in federal funding that is included. The final FY22 budget, including the K-12 budget that passed in June, amounts to a total appropriation of \$68.7 billion gross (\$11.8 billion GF). Below are details on items of interest:

Specific Mental Health/Substance Abuse Services Line items

	<u>FY'20 (Final)</u>	<u>FY'21 (Final)</u>	<u>FY'22 (Final)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$2,487,345,800	\$2,653,305,500	\$3,124,618,700
-Medicaid Substance Abuse services	\$68,281,100	\$87,663,200	\$83,067,100
-State disability assistance program	\$0	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$108,754,700	\$108,333,400	\$79,705,200
-Health Homes Program	\$3,369,000	\$26,769,700	\$33,005,400
-Autism services	\$230,679,600	\$271,721,000	\$339,141,600
-Healthy MI Plan (Behavioral health)	\$371,843,300	\$589,941,900	\$603,614,300
-CCBHC	\$0	\$0	\$25,597,300
-Total Local Dollars	\$20,380,700	\$20,380,700	\$15,285,600

Other Highlights of the FY22 Final Budget:

Direct Care Worker Wage Increase

Conference concurs with the Senate budget and reflects a full year implementation of a **\$2.35/hour direct care worker wage increase** on an ongoing basis after revising annual costs cost estimates to \$414.5 million Gross (\$146.1 million GF/GP), Sec. 231 is related boilerplate.

CCBHC Implementation

Conference report 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

Conference report concurs with the FY22 Executive budget and includes \$91 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. These caseload costs will come from program changes aimed at increasing consistency in access to behavioral health services for Medicaid enrollees and those served through the child welfare system.

Local Match Draw Down

Conference report includes funding for the second 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. **\$5,095,100 GF/GP**

Five-Year Inpatient Psychiatric Plan

Conference includes \$300,000 GF/GP for DHHS to create a 5-year plan to address adult and children inpatient psychiatric bed needs using both public and public-private partnership beds. Sec. 1062 is related boilerplate.

Federal State Opioid Response (SOR) Grant

Conference report 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. Federal opioid grant funding also separated out into a separate opioid response activity line item.

Behavioral Health Community Supports and Services

Conference report concurs with the House budget and adds \$2.3 million Gross (\$138,500 GF/GP) and directs these community supports to crisis stabilization units and psychiatric residential treatment facilities and authorizes 2.0 FTE positions. Sec. 1010 is related boilerplate.

Specialty Medicaid Managed Care Health Plan for Foster Children

Conference report concurs with the House budget and 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

Key Boilerplate Sections:

Sec. 239 NEW. Medicaid Reimbursement for Telemedicine – New Senate language requires DHHS to reimburse Medicaid telemedicine services the same as if the serve involved face-to-face contact between the provider and patient. House Omnibus concurs with the Senate with revisions to apply the language to the non-facility component of the reimbursement rate. Conference concurs with the House Omnibus.

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. 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.

Sec. 928. (FULL LANGUAGE) (1) 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.

(2) It is the intent of the legislature that any funds that lapse from the funds appropriated in part 1 for Medicaid mental health services shall be redistributed to individual CMHSPs as a reimbursement of local funds on a proportional basis to those CMHSPs whose local funds were used as state Medicaid match. By April 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on the lapse by PIHP from the previous fiscal year and the projected lapse by PIHP in the current fiscal year.

(3) It is the intent of the legislature that the amount of local funds used in subsection (1) be phased out and offset with state general fund/general purpose revenue in equal amounts over a 5-year period.

(4) Until the local funds are phased out as described in subsection (3), each PIHP shall not be required to provide local funds, used as part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs, at an amount greater than what each PIHP received from local units of government, either directly or indirectly, during the fiscal year ending September 30, 2018 for this purpose.

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. Conference report concurs with Executive and House revision 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. Conference report concurs with House revision 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. 970. Skill Building Assistance Services – RETAINED Requires DHHS to maintain skill building assistance services policies in effect on October 1, 2018, and requires DHHS to continue to seek federal matching funds for skill building assistance services.

Sec. 1005. Health Home Program Expansion – REVISED 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. Conference revises to maintain the current behavioral health and substance use disorder health homes and permits DHHS to expand into additional PIHP regions.

Sec. 1010. Behavioral Health Community Supports and Services – REVISED Requires the funds appropriated for behavioral health community supports and services be used to expand assertive community treatment (ACT), forensic assertive community treatment, and supportive housing for the purpose of reducing waiting lists at state psychiatric hospitals. House revises to allocate funding for crisis stabilization units and psychiatric residential treatment facilities. Conference adds crisis stabilization units and psychiatric residential treatment facilities to list of uses of the line.

Sec. 1062. Inpatient Psychiatric Plan – By July 1 of the current fiscal year, the department shall provide a 5-year plan to address the need for adult and children's inpatient psychiatric beds to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office. The report shall include recommendations for utilizing both public and public private partnership beds.

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.

Sec. 1517. Specialty Medicaid Managed Care Health Plan for Foster Children – (1) From the funds appropriated in part 1 for medical services administration, the department shall allocate \$500,000.00 to complete an actuarial analysis and any necessary federal approvals to create a specialty Medicaid managed care health plan for children in foster care. The specialty Medicaid managed care health plan must be responsible for comprehensive medical, behavioral, and dental services, including EPSDT exams, as well as case management, specialty supports and services, home- and community-based waiver services, and any other medically necessary value-added services.

(2) By July 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office on the implementation status of this section.

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. Conference report concurs with House to also emphasize training of pediatric psychiatrists.

Federal Update

Key Legislation Introduced to Expand CCBHC Program

Last month, a bipartisan group of Senators led by Sens. Debbie Stabenow (D-Mich.) and Roy Blunt (R-Mo.) [introduced](#) the Excellence in Mental Health and Addiction Treatment Act of 2021, legislation which would allow for the broad adoption of the Certified Community Behavioral Health Clinic (CCBHC) model.

If passed, this bill would:

- Allow any state or territory to participate in the CCBHC Medicaid Demonstration program and allocate additional planning grant monies for states to prepare to do so. (Currently, only 10 states are in the demonstration.)
- Authorize \$500 million for Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grants, an important tool in helping provider organizations adopt the CCBHC model and prepare for participation in state led CCBHC implementation efforts.
- Establish and fund a technical assistance center for current and prospective CCBHCs within SAMHSA.

Expanding the CCBHC model is a core priority of the National Council for Mental Wellbeing, as it represents a transformational change in the way people access mental health and substance use services. Access to high-quality care should not depend on where a person lives, so we will do everything in our power to ensure no one gets left behind.

CCBHCs make a difference by promoting community wellbeing.

That's why we're committed to giving every National Council member the option to transform your clinic by becoming a CCBHC and gaining access to sustainable funding. Our [CCBHC Success Center](#) can help your clinic prepare to become a CCBHC, and I urge you to leverage all our resources.

[Urge your legislators to support this important legislation.](#)

Key resources:

- [National Council public statement](#)
- [Senator Stabenow and Senator Blunt joint press release](#)
- [National Council 2021 CCBHC Impact Report](#)
- [National Council's CCBHC Success Center](#)

Education Opportunities



CMHA Hybrid Annual Fall Conference – October 25 & 26, 2021

The CMHA Annual Fall Conference, "Together we Thrive," will be held both in-person and virtual (hybrid) on October 25 & 26, 2021 at the Grand Traverse Resort in Traverse City, Michigan.

What is a Hybrid Conference?

The CMHA Annual Fall Conference going hybrid means attendees will have the option to attend the conference fully in-person or only view certain sessions virtually.

In-person Conference Information:

The in-person portion of the conference will take place at the Grand Traverse Resort in Traverse City, Michigan.

Grand Traverse Resort guests that have been fully vaccinated are NO LONGER required to wear a mask during their visit. Grand Traverse Resort employees are currently wearing masks for their protection and that of their guest and fellow co-workers.

If you have NOT been fully vaccinated, you will be required to wear a mask on the Grand Traverse Resort property (other than in your hotel room). Please bring your own mask with you to the conference.

All conference attendees, presenters and exhibitors will be required to submit a health questionnaire during the registration. You will be asked to self-monitor and quarantine if you begin feeling symptoms not related to other conditions. If you begin feeling symptoms at any point prior to or during the conference, please stay in your room and notify CMHA immediately. You must sign a waiver at registration agreeing to all safety requirements put in place by both CMHA and the Grand Traverse Resort. If you are not able to comply with the requirements, we respectfully ask you to join virtually.

We will be following all current guidelines from MDHHS, CDC and Safe Meetings in Michigan. We are closely monitoring the COVID-19 situation and will continue to update our conference status as mandated by local, state, and federal government agencies.

Virtual Conference Information:

If you chose to attend virtually, the conference will consist of a reduced number of sessions for virtual attendees (at a greatly reduced registration fee). The virtual conference will be live-stream all 4 keynote addresses and 8 workshops specifically selected by CMHA for the virtual participant. Continuing education will be available for virtual sessions you fully participate in during the designated live times.

Hotel Reservations:

There will be NO PHONE RESERVATIONS.

When making your reservations, you will be charged one-night deposit.

Grand Traverse Resort: 100 Grand Traverse Village Boulevard, Acme, MI 49610-0404

Room Rates: Rates below do not include 6% state tax, 5% city assessment, or \$14.95 nightly resort fee

Room Type	Rate	Room Type	Rate
Hotel Guest room	\$143	Tower Guest Room	\$163
Studio Condo	\$143	1 Bedroom Condo	\$178
2 Bedroom Condo	\$208	3 Bedroom Condo	\$248

To make online reservations: <https://www.grandtraverseresort.com/promocode?promocode=MHB2021>

Deadline for Reduced Rate: Friday, October 1, 2021

Cancellation Deadline & Policy: If you cancel 3 days prior to your arrival, your reservation is fully refundable, minus a \$25 dollar processing fee.

IN-PERSON REGISTRATION FEE (per person)				
Full conference registration fee provides you with a program packet, admission to all keynote sessions, all workshops, 2 breakfasts, 2 lunches, welcome reception and all breaks.				
	Member Early Bird	Member After 10/15/21	Non-Member Early Bird	Non-Member After 10/15/21
In-Person Full Conference	\$418	\$458	\$500	\$549
In-Person One Day	\$323	\$363	\$387	\$435
VIRTUAL REGISTRATION FEE (per person)				
If you choose to attend virtually, the conference will consist of a reduced number of sessions for virtual attendees (at a greatly reduced registration fee). The virtual conference will live-stream all 4 keynote addresses and 8 workshops specifically selected by CMHA for all virtual participants. Continuing education will be available for virtual sessions you fully participate in during the designated LIVE times. You will have access to the recordings for 30 days (no CEs for viewing recordings).				
Virtual Conference Fee	MEMBER: \$210		NON-MEMBER: \$250	

Conference registration opening next week!

VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Training – Registration now open!

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS 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:

- October 12th, 2021 ([Register Here](#))
- November 9th, 2021 ([Register Here](#))
- January 18th, 2022 ([Register Here](#))
- February 15th, 2022 ([Register Here](#))
- March 15th, 2022 ([Register Here](#))
- April 13th, 2022 ([Register Here](#))
- April 19th, 2022 ([Register Here](#))

Agenda:

- Log into Zoom: 9:45am
- Education: 10:00am – 12:30pm
- Lunch Break: 12:30pm– 1:00pm
- Education: 1:00pm – 4:30pm

Training Fees: \$130 CMHA Members \$153 Non-Members

VIRTUAL Pain Management Essentials: A Psychotherapeutic Approach – Registration now open!

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS 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:

- October 19th, 2021 ([Register Here](#))
- November 12th, 2021 ([Register Here](#))
- January 25th, 2022 ([Register Here](#))
- March 24th, 2022 ([Register Here](#))
- April 27th, 2022 ([Register Here](#))

Agenda:

Log into Zoom: 12:45 pm
Education: 1:00pm – 3:00pm

Training Fees: \$53 CMHA Members \$61 Non-Members

Rural Michigan Opioid and Substance Use Disorder Summit

The Michigan Center for Rural Health is pleased to invite you to the Rural Michigan Opioid and Substance Use Disorder Summit in Traverse City, Michigan. This one-day event will allow participants to collaborate to increase their awareness of Rural Health best practices in the prevention, treatment, and recovery aspects of Opioid Use Disorder (OUD) and Substance Use Disorder (SUD).

[Draft agenda can be found here.](#)

When: Thursday, October 21, 2021 from 8:00 AM to 4:00 PM EDT

Where: Park Place Hotel-Traverse City
300 East State Street, Traverse City, MI 49684

HOTEL RESERVATIONS

Park Place Hotel

231.946.5000

Block Code: Michigan Center for Rural Health or MIRH

[Register here.](#)

New! Benefits to Work Coaching Training – November 1-3, 2021 (Virtually)

This Benefit-to-Work Coach training begins with 9 self-paced online lessons which provide an overview of Benefit-to-Work Coach services, an overview of the Michigan specific Disability Benefits 101 (MI DB101) website (www.mi.db101.org), basic information about the benefits and program rules covered on MI DB101, and procedures for verifying benefits. Upon successful completion of the self-paced lessons, the training proceeds to the live instructor-led training presented via Zoom. The live training is an interactive opportunity to reinforce and heighten clarity of the information from the self-paced lessons and focus on the role and skills needed to deliver Benefit-to-Work Coach services. [This training is a specialized training and applications are available on the CMHA website here.](#)

New! NARMH announces national conference: Emerging from COVID-19 - Lessons Learned and Future Directions for Rural Mental Health

The National Association for Rural Mental Health's (NARMH) virtual conference is approaching quickly so register now for this great deal! ***Emerging from COVID-19 - Lessons Learned and Future Directions for Rural Mental Health*** ([Conference information and registration here.](#)) will take place on Wednesdays in October with relevant topics specific to rural mental health. And - the conference registration fee includes a one-year individual level membership for new and returning individual level members! The pandemic has had a significant impact on the mental health of people in this country. With the resurgence of the COVID, it is as important as ever to discuss the impact of the pandemic on rural mental health, share lessons learned, and consider rural mental health services and systems moving forward.

New! Mental Health America Virtual Conference: Our Future in Mind: A Brand New Event for Young People

Streaming live on YouTube, this free two-day summit, offered by Mental Health America (the national organization of which the Mental Health Association for Michigan is an affiliate) gives you front-row access to the most innovative mental health organizations and campaigns in the world. You'll gain insight into how they got started, and you'll learn (and unlearn) from young mental health experts to help you find your unique pathway into activism. Details and registration information can be [found 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 [Telehealth Resource Center webpage](#) to see new information and updated format. If you have content suggestions, please contact Amy Stagg at astagg@cmham.org.

New! Action Requested: Telehealth Experience Survey Distribution by CMHs, PIHPs and Provider Alliance Members

CMHA wants to learn about client telehealth experiences. This information will help us provide the best support possible to local community mental health centers. An email has been sent to the CEOs of CMHs, PIHPs and Provider Alliance members asking for their help to **distribute this electronic survey**. [Click here to view a flyer](#) that can be distributed to clients and describes how to complete the survey electronically. This project is part of the Telehealth Resource Center and is supported by a grant from the Michigan Health Endowment Fund. The **Provider/Supervisor Telehealth survey is complete**, [click here](#) to view the report.

New! Telehealth Guide for Critical Access Hospitals

The Northwest Regional Telehealth Resource Center (NRTRC) and the National Rural Health Resource Center recently released the [Telehealth Guide](#) to provide practical guide to implement and sustain telehealth. This comprehensive guide includes expertise related to billing and reimbursement, vendor selection, health equity barriers and how to engage key stakeholders and assess privacy and legal issues.

Telehealth and Clinical Trials: Improving Diversity in Clinical Trials and Data Collection

The pandemic has magnified disparities within the healthcare system, including those related to clinical trial processes. The increased use of telehealth to improve access to care may have the ability to decrease disparities in clinical trial research. A recently introduced bill in Congress ([H.R.5030Diverse Trials Act](#)) seeks to address this very issue. This bill would include a recommendation to: [“Include how to appropriately use digital health, such as telemedicine, to support clinical trials.”](#)

Center for Connected Health Policy Trend Maps

The CCHP has updated its Policy Trend [maps](#), which provide a snapshot of key telehealth reimbursement policies. These policies can also be compared by [state](#).

The Center for Connected Health Policy (CCHP) Telehealth & Medicaid webinars

Register now for the Fall Medicaid webinar series. Webinar topics, dates and registration links are noted below.

- Session 3: Medicaid & Other State Agencies Telehealth Policies for Patients with Disabilities. Friday, October 1: 2:00-3:30pm (EST); Register [here](#).
- Session 4: Medicaid & Permanent COVID-19 Telehealth Policies. Friday, October 8: 2:00-3:30pm (EST); Register [here](#).

\$500 Million in Emergency Rural Health Care Grants Available

The United States Department of Agriculture (USDA) is offering \$500 million in grants to help rural health care facilities and communities expand access to vaccines, **telehealth**, and various health care services. There are two types of grants available: [Recovery Grants](#) and [Impact Grants](#). Use these links to learn more.

Education & Training Resources from Great Lakes MHTTC

CMHA's partnership with SAMHSA funded 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 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 MHTTC products and educational offerings can be found 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.

SAMHSA: Advancing Comprehensive School Mental Health Systems

As children go back to school, SAMHSA is also elevating mental health resources for supporting students and staffs, created by SAMHSA's grantees through its Mental Health Technology Transfer Centers, that address mental health and resiliency in school settings:

The [Back to School After COVID-19: Supporting Student and Staff Mental Health Toolkit \(PDF | 4 MB\)](#) helps guide conversations to include a trauma-informed, equitable, and compassionate lens to providing mental health supports to every member of the school community.

[Behavioral Health Impacts During & After COVID-19: What to Expect and Ways to Prepare for the Return to In-Person Learning \(PDF | 4 MB\)](#) presents information on the impact of COVID-19, what to expect as students return to school, and ways to prepare at the staff, building, and district levels.

[Strengthening School Communities for a Safe, Supportive Return: Part 2](#) covers strategies and best practices for school systems to promote student and staff resilience, wellbeing, and success, following COVID-related school closures. It also promotes cross-state networking and shared learning about best practices, successes, and challenges during learning modality transitions.

View more [back-to-school resources](#).

SAMHSA training and technical assistance related to COVID-19 recovery and resilience

As part of CMHA's partnership with the SAMHSA-funded Mental Health Technology Center (MHTTC) provides Michiganders with access to a number of resources on how we all can recovery from and ensure resiliency as the state and nation comes out of the pandemic. These resources can be [found here](#).

News from Our Preferred Corporate Partners



Relias: Understanding and Addressing Racial Trauma in Behavioral Health

Behavioral health professionals are trained to provide competent, effective, compassionate services. However, most have not been adequately educated on the impacts of racial discrimination, systemic oppression, and historical trauma, nor their profound implications for clinical practice.

Our course, [Understanding and Addressing Racial Trauma in Behavioral Health](#), moves beyond the discussion of diversity and cultural competence by exploring current research and best practices for identifying implicit bias, understanding cultural contexts, and effectively addressing racial trauma with clients.

Watch a preview of the course to see the training in action here: <https://bit.ly/2XosbA3>

Abilita: Top Ten Times for a Communications Review

It's never a bad time to review your organization's communications technology expenses, and never a better time to enlist the help of a specialist. That's because there are certain milestones when not having a good handle on spending and inventory can result in the greatest financial risk.

Here are our top 10 scenarios for a Communications technology expense review and inventory update:

- Before a Move
- After an acquisition or merger with another company
- Upon Contract Renewal with Communications Service Providers (before and after)
- After Closing a Site
- When there are changes in Regulatory Charges
- When moving from Premise to Cloud-Based Services
- When Transforming Network Technology
- When a New Person is taking over responsibility for Communications Technology Management
- When changing to a new Data Center Provider
- When Employees Work from Home

For more details and what you might want to consider, download Abilita's Top 10 Times newsletter [here](#). To get started now, contact your Abilita Advisor, Dan Aylward, at daylward@abilita.com 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

The Officers of the CMH Association of Michigan, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, post their contact information below. 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.

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