



WEEKLY Update

October 1, 2021

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CMH Association and Member Activities

New! CMHA Welcomes New Staff Member



CMHA welcomes Cheryl Bywater as our new Training & Meeting Planner. Cheryl comes to us with over 25 years of event planning experience and higher education management at WMU Cooley Law School. During her career, Cheryl has been the operational manager of a conference center, managed 3 event support staff and was also the Assistant Director of the Lansing Campus at WMU Cooley Law School. In her personal time Cheryl is a Certified Group Fitness Instructor and owns MixFit by Cheryl which has over 50 current members. She also enjoys spending time with her children, Jordan who is a cardiac physiologist at St. Mary's Hospital in Saginaw and her daughter Faith who is currently very active in sports. Cheryl is excited to be with CMHAM and looks forward to getting to know you.

New! CMHA In Mental Health Weekly: expansion of funding for Michigan's mental health system, telehealth, and system redesign

In the recent edition of Mental Health Weekly, a national newsletter covering a wide range of mental health issues, the views of CMHA staff were captured, in response to the announcement, by Michigan, of proposals to expand funding for a range of mental health resources and efforts. The article also covered, briefly, the proposals in the Michigan Legislature. Excerpts of the article are provided below.

Michigan governor: Federal dollars offer chance to improve MH system

Positive reaction from providers: Robert Sheehan, CEO of the Community Mental Health Association of Michigan, said in comments emailed to MHW that the mental health components of MI Healthy Communities are “well-timed and well-focused.” Sheehan said that “especially encouraging for and relevant to Michigan’s public mental health system and the 300,000 Michiganders served by this system are the 300million designed to increase capacity for community-based behavioral health and substance use disorder services.” These include crisis response services, residential and community-based care for children and families, and respite support for family members caring for an individual with mental health needs.

Sheehan, whose association coauthored a recent report emphasizing the pivotal role of telehealth in expanding access to mental health treatment, commented that the full impact of telehealth “has been constrained by insufficient broadband and related infrastructure support in many parts of the state. The governor’s proposal to invest \$20 million to expand Michigan’s telehealth infrastructure will begin to close that gap and support the greatly expanded and wise use of telehealth approaches for the provision of mental health services.”

Sheehan offered a summation of the potential impact of MI Healthy Communities on mental health by saying, “While many of these proposals represent one-time investments in Michigan’s mental health system, they are a start and hold great potential to becoming a permanent part of the state’s public mental health landscape.”

A report in July from the Bridge Michigan news service (which is owned by a nonprofit policy analysis group in the state) outlined two state legislative proposals that would eliminate the state’s network of prepaid inpatient health plans that currently contract with local community mental health agencies. One of the proposals would define a central role for commercial insurers, while the other would replace the prepaid health plan network with a public or nonprofit administrative services organization (ASO) structure. Both the private managed care

and ASO proposals have come under criticism from some advocates. Sheehan's community mental health provider association has opposed past efforts at full privatization. He was quoted in the Bridge Michigan article saying, "Insurance companies' motivation, of course, is by law, they have to increase value for their shareholders, for the owners. So, their motivation is to spend as least as possible on care; that allows them to walk away with a larger dollar amount."

The full edition can be [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! Michigan's CCBHC demonstration initiative kicks off on October 1, 2021

The state's Certified Community Behavioral Health Clinic (CCBHC) demonstration effort kicked off on October 1. Below is a recent communication from the CCBHC team at MDHHS, applauding the work of the hundreds of staff, across dozens of organizations, who made this effort possible. While CMHA does not, routinely, carry such communications in its Weekly Update, the importance of the CCBHC movement to the behavioral healthcare system of Michigan and the nation has led CMHA to share this communication with Weekly Update readers.

Message sent 12:01 am, October 1, 2021

Good evening everyone,

It hardly seems possible that we are on the eve of the MI CCBHC Demonstration launch date, but here we are!

I'd like to take a moment to acknowledge and collectively praise the tremendous collaborative effort from all facets of this initiative. The expediency and commitment to plan and develop Michigan's CCBHC Demonstration has been nothing short of amazing. Please forgive me if I unintentionally leave anyone out, but I want to thank the CCBHC Sites, PIHPs, and their implementation support partners; the Community Mental Health Association of Michigan; and our vendor partners at Accenture, CNSI, Milliman, and Optum. Additionally, I want to express my gratitude and sincere appreciation for my state colleagues in DTMB and MDHHS—I am

incredibly proud to work alongside you. I also want to thank my MDHHS leadership for prioritizing and supporting this work.

Finally, I want to recognize the amazing and invaluable work of the MI CCBHC Implementation Team within BHDDA, including Amy Kanouse, Lindsey Naeyaert, Carrie Rheingans, and Kelsey Schell. Even at this moment, the team is reviewing CCBHC Certification Applications and updating the MI CCBHC Demonstration Handbook. I can say with absolute confidence that our team is completely dedicated to actualizing the incredible potential the CCBHC Demonstration holds for serving our most vulnerable Michiganders.

While the most important work is in front of us to provide greater access to and quality of behavioral health services, our partnership and efforts have laid a strong foundation for success. We will work through issues that arise together in the spirit of continuous quality improvement.

New! Tracking US behavioral health services use during COVID-19: McKinsey infographics

In a set of infographics, McKinsey provides data to describe the trends in behavioral health utilization since the onset of the pandemic (January 2020 through March 2021, as compared to 2019), and suggest actions stakeholders can consider taking going forward. This publication builds on prior publications: Unlocking whole person care through behavioral health and Understanding the hidden costs of COVID-19's potential impact on US healthcare.

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

New! Addressing Burnout: Michigan's Stay Well initiative announces resources for mental health staff

As the pandemic wears on, staff burnout and compassion fatigue continue to plague mental health care organizations. But there are ways to help people manage these feelings and carry on. Consider inviting management and/or staff to participate in "Addressing Burnout," a webinar and interactive discussion offered by Michigan's Stay Well program. Participants will learn:

- How to recognize the normal signs, symptoms, and triggers of burnout
- Why "COVID Traumatic Stress" is a new area of research
- Practical ways to alleviate symptoms of burnout and compassion fatigue
- Why it's important to discuss burnout openly with your staff
- Where to find helpful brochures, videos, and other emotional support services

Following the webinar, participants are sent packets of information reinforcing what was learned.

More than 2,000 Michiganders have attended "Addressing Burnout" in the past 6 months. It is presented by Erin Wallace, CDP, Stay Well Project Manager and founder of Bright Leaf Consulting, LLC. Erin has over 20 years of healthcare experience, much of it spent providing education for direct care staff and managers.

To schedule this presentation for your organization, contact Erin Wallace at brightleafllc@gmail.com.

New! How organizations can address mental health in the workplace: McKinsey report

Below are excerpts from a recent McKinsey report:

Behavioral health conditions are not new, and neither is the stigma attached to them, particularly in the workplace. #NationalRecoveryMonth offers an opportunity to help reduce this stigma by increasing awareness and understanding of mental illness and substance-use disorders, and encouraging those in need of help to seek treatment. As the month draws to a close, explore these insights on behavioral health from McKinsey's [Center for Societal Benefit Through Healthcare](#), and dive deeper on key topics, including:

- the three primary forms of stigma and how to overcome them
- actions employers can take to support their employees
- the benefits of prioritizing employee mental health in post-pandemic operations

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

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!](#)

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

New! Registration Open: 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.



Safety, Mask & Well-Being information:

The health and safety of our attendees is our top priority. In Grand Traverse County the Community Transmission is HIGH. *Per CDC recommendations, everyone in Grand Traverse County, Michigan should wear a mask in public, indoor settings. If you choose to wear a mask, please bring your own mask with you to the conference. CMHA will also have masks available if you choose to wear one.* For additional information, visit our website and review the conference brochure by [CLICKING HERE!](#)

Hotel Reservations DEADLINE, SUNDAY, OCTOBER 3, 2021:

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: Sunday, October 3, 2021

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

Conference Registration:

Register for the Fall Conference by [CLICKING HERE!](#)

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	

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](#))

Agenda:

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

- April 13th, 2022 ([Register Here](#))
- April 19th, 2022 ([Register Here](#))

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.](#)

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.](#)

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! Health and Human Services-Office of Inspector General (HHS-OIG) Report Release

The HHS-OIG has released two new telehealth reports, both related to the use of telehealth to deliver behavioral health services to Medicaid beneficiaries. HHS-OIG breaks up the study into two reports:

- [Challenges with Using Telehealth to Provide Behavioral Health Services to Medicaid Enrollees.](#) This report highlights that additional provider and enrollee training, stable internet connectivity, addressing technology costs and policies around privacy of personal information will address challenges and help States meet the behavioral health needs of Medicaid enrollees.
- [Opportunities to Strengthen Evaluation and Oversight of Telehealth for Behavioral Health in Medicaid.](#) This evaluation report takes a closer look at state data collection and evaluation efforts and notes that only a few states have evaluated the effects of telehealth on behavioral health services.

Both reports are based on surveys the HHS-OIG conducted with Medicaid Directors from 37 states and stakeholders in 2020. The HHS-OIG will apply the findings to support understanding and recommendations to the CMS around post-pandemic telehealth policy.

The lack of evaluation efforts around behavioral telehealth underscores the importance of the Behavioral Telehealth Resource Center (BTRC) survey efforts noted below. The BTRC is currently conducting a statewide telehealth satisfaction survey of persons served. We need all CMHA stakeholders to share the survey link and encourage participation in this important data collection tool. The consumer telehealth survey data will be used to provide statewide insights on behavioral telehealth usage and will inform CMHA's policy advocacy activities, including telehealth reimbursement. This

survey is anonymous and does not ask for protected health information, ensuring the confidentiality and privacy of clients who respond to the survey.

Reminder! 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.

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 & Webinar Registration

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](#).

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

- 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

CMHA Officers Contact Information:

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.

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:

Miranda Bargert, Policy Analyst, (517) 237-3156; publicpolicy@cmham.org
Bethany Berry, Training and Meeting Planner, (517) 237-3149; bberry@cmham.org
Alan Bolter, Associate Director, (517) 237-3144; abolter@cmham.org
Cheryl Bywater, Training and Meeting Planner, cbywater@cmham.org

Audrey Piesz, Administrative Assistant, (517) 237-3141; apiesz@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
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, Chief Executive Officer, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Resource Center 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