



WEEKLY Update

October 15, 2021

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CMH Association and Member Activities

New! CMHA Walk a Mile event 2021 a great success

As they have done for over a decade, CMH and the CMHA Public Relations Committee (drawn from CMHA member organizations across the state) sponsored the Walk A Mile in My Shoes rally at the State Capitol on September 29. Hundreds of Michiganders, from across the state, gathered at the State Capitol to underscore the need for a sound public mental health system, the need to eradicate stigma around mental health needs, and to speak out against the proposal in the Michigan Senate to move the management of the public mental health system to private insurance companies. Examples of the press coverage of event can be [found here](#).

New! CMHA and Health Safety Net Coalition develop infrastructure recommendations

CMHA, the Michigan Primary Care Association (representing the state's community health centers), and the Area Agencies on Aging Association of Michigan (representing the state's area agencies on aging), have recently formed the Health Safety Net Coalition. Together, these associations represent payers and providers in primary care, behavioral health, and social services for the aging population. Coalition partners prevent or treat illness and promote the health and wellness of individuals and communities.

One of the initial joint projects of the Coalition, in partnership with Public Sector Consultants, is the development of a joint paper on the health care infrastructure needs common to these three health care sectors. This paper is being issued at this time, given that the availability of federal dollars, via ARPA, create an opportunity for the strengthening of Michigan's health safety net. This paper can be [found here](#).

New! Senator Stabenow and allies announce transformative initiative: CCBHC

Earlier this week, U.S. Senator Debbie Stabenow, Chair of the Health Subcommittee of the Senate Finance Committee, held a press conference announcing the start of a transformational behavioral health initiative in Michigan – the state demonstration effort for the cutting-edge initiative, Certified Community Behavioral Health Clinics (CCBHC). Representatives from MDHHS, CMHA, Kalamazoo Sheriff's office, and Karen Block – a person served by a CCBHC – spoke of the significant impact that the CCBHC effort will have on Michiganders in the initial 13 communities, with the hope of a statewide and national roll out in the coming years. The full press release is [found here](#).

New! CMHA shares views on system redesign proposals in interview with State of Reform

Below are excerpts from a recent interview of CMHA staff by the national healthcare consulting and educational organization, State of Reform:

In this Q&A, Sheehan discusses the behavioral health and physical health integration bills in the legislature and how they would logistically affect community mental health centers.

State of Reform: What is the status of the behavioral health and mental health systems in Michigan now, given that these bills are attempting to completely restructure the system?

RS: "The system we have in Michigan is really one of the more advanced. We're the only state in the country running a publicly managed care system for behavioral health. And it's all for populations [like]

adults with mental illness, kids with emotional disturbance, adults and kids with [Intellectual/Developmental Disabilities] and adults and kids with [Substance Abuse Disorder (SUD)]. We're also the only state in the country that funds its members on a capitated basis, [on a] a non-fee-for-service basis. [As a result] the CMHCs are providers, gatekeepers and conveners. It's a unique role. In some states they're only a gatekeeper, and in some states, they're only a provider. In Michigan, they do both. So that's the strength of the system."

State of Reform: What are some of the pros and cons with the Senate bills?

RS: "We can't see a single pro. So the cons are [that] the health plans have an overhead rate about two and a half times our public healthcare system. And it's not surprising, they draw profit out of it. They pay a whole lot more, and they have a larger staff. Secondly, they don't understand our business very well. We've seen it happen in a benefit that they do manage — mild to moderate benefits. If you have Medicaid card, best of luck trying to find a psychiatrist who will take your card who's not on the CMH staff, and best luck trying to find a psychotherapist. That is, for us, a preview of what it's going to be like in the future [if the Senate bill is signed into law].

State of Reform: What are some of CMHAM's recommendations for fixing the behavioral health system and integrating it into physical health?

RS: "Though both bills say they are about health care integration, they are not. Health care integration is ... on the ground where the patient and client is served. There [are] over 600 integration care projects that our members lead. We are proposing that they be incentivized.

Second, there's something in Michigan called certified community behavioral health centers (CCBHC). The state started Friday [its] first demo project. It's opening with 13 sites across the state. There are currently 33 sites, so there are 20 additional - called an expansion grant. So they can certainly bring all those other sites in as CCBHC is in the coming years.

The other thing we hear about is lack of access for non-Medicaid enrollees. There [are] still a lot of people who aren't insured in Michigan. So we would like the state to restore the \$200 million that [was removed] from our system back when Michigan expanded Medicaid in 2015. The [state] had to find savings to get the votes they needed to fund it, so they cut our system. But you want the \$200 million [back in the CMH system] because a lot of people show up [at] a CMH and they can't get the service that they used to get if [they] don't have a Medicaid card.

A fuller set of excerpts from the interview 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! New agency within MDHHS design to improve services for older Michiganders

Below are excerpts from a recent press release announcing the formation of the Health and Aging Services Administration with MDHHS.

Governor Gretchen Whitmer today signed EO 2021-34 to establish the Health and Aging Services Administration within the Michigan Department of Health and Human Services (MDHHS). The newly-established agency will provide more coordinated services to Michigan's growing aging population by combining the former MDHHS Aging and Adult Services Agency and Medical Services Administration under one umbrella within MDHHS. Michigan's Medicaid Office is also part of the new Health and Aging Services Administration.

The Executive Order can be [found here](#).

For more information, visit the [website](#) of the new Health and Aging Services Administration.

New! McKinsey: World Mental Health Day: Making quality care affordable and accessible

The pandemic has undoubtedly affected people's mental and behavioral health, but for some vulnerable groups, lack of access to affordable treatment has compounded the effects. The theme for this year's #WorldMentalHealthDay—mental health in an unequal world—reminds us of the need to scale up quality mental health services at all levels. To discover how to make this achievable, explore these insights on behavioral health from McKinsey's Center for Societal Benefit through Healthcare and dive deeper into key topics, including:

- Why the affordability of mental health services may be a barrier to care
- Overcoming stigma: Three strategies toward better mental health in the workplace
- Insights on utilization of behavioral health services in the context of COVID-19
- Improving mental health: An interview with One Mind's Garen Staglin
- National surveys reveal disconnect between employees and employers around mental health need

Read this collection of McKinsey papers on mental health access and affordability [here](#).

New! Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities

In partnership with SMI Adviser, the report (below) was developed by the National Association of State Mental Health Program Directors (NASMHPD) and the NASMHPD Research Institute (NRI) based on

guidance from convening expert panel meetings, interviewing subject matter experts, and conducting a literature review.

It is designed to offer strategies and key lessons for developing, implementing, financing, and sustaining behavioral health services for individuals who have SMI and live in rural and remote communities.

You can also access each section of the report [here](#).

State Legislative Update

New! View October'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 October 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! Senate Committee Hears Testimony on Mobile Crisis Bills

This month the Senate Health Policy Committee took testimony on two bills that would create a grant program enabling behavioral health personnel to respond to people in mental health crises instead of seeing them arrested or jailed the proposal would enhance existing services and over time lead to better outcomes and taxpayer savings.

SB 637, sponsored by Sen. Chang, would require the Department of Health and Human Services to create a community crisis response grant program, and SB 638 sponsored by Sen. Outman, would create a Jail Diversion Fund through which DHHS would provide grant funding to local governments for the crisis intervention organization.

"This is better for our public safety, a good use of our taxpayer dollars and will keep people mental illness out of jail," Ms. Chang told the committee. She said the Joint Task Force on Jail on Pretrial Incarceration found about one-quarter of all those jailed in the state have serious mental health issues.

DHHS would create a behavioral health jail diversion program that would include grants distributed to local governments to establish or expand behavioral health jail diversion programs in coordination between the community organizations and law enforcement agencies.

"We know we have a problem," Mr. Outman said, adding it does not take a task force to show that one exists. "Maybe they need to be there, but maybe they can be better served by being diverted to some type of mental health facility."

Leonard Swanson with Wayne State University's Center for Behavioral Health and Justice shared his experience of having a mental health crisis when he was age 21. Because he had a strong family support network and was able to get help, his problem did not result in a tragic outcome. Having these programs available with adequate funding and staffing, he said, can lead to lower costs for hospitalizations. Supporters noted there are 51 organizations in Michigan providing services, but face staffing and funding issues.

House Democrats Launch Mental Health Listening Tour

Michigan State Rep. Felicia Brabec (D-Pittsfield) is set to start a two-month-long mental health listening tour, focusing on community-based mental health across the state. Brabec will be moderating the events as she and her fellow representatives engage with their constituents and interested stakeholders on how to improve their community-based mental health systems. Once the tour is complete, the recommendations and data gathered will be used to craft legislation that is inclusive of the whole state.

The tour has 11 stops, seven virtual via Zoom and four in person.

- Oct. 4, 5-6:30 p.m. via Zoom with state Rep. Laurie Pohutsky and special guests state Reps. Ranjeev Puri (D-Canton) and Cara Clemente (D-Lincoln Park).
- Oct. 7, 5-6:30 p.m. at the Kool Family Center with state Rep. Jim Haadsma (D-Battle Creek).
- Oct. 11, 5-6:30 p.m. via Zoom with state Rep. Sara Cambensy (D-Marquette).
- Oct. 14, 5-6:30 p.m. via Zoom with state Rep. Kelly Breen (D-Novi) and special guests state Reps. Samantha Steckloff (D-Farmington Hills), Brenda Carter (D-Pontiac), Regina Weiss (D-Oak Park), Jim Ellison (D-Royal Oak) and Padma Kuppa (D-Troy).
- Oct. 18, 5:30-7:00 p.m. via Zoom with state Rep. Christine Morse (D-Texas Township) and special guest state Rep. Julie M. Rogers (D-Kalamazoo).
- Oct. 21, 5-6:30 p.m. via Zoom with state Rep. Rachel Hood (D-Grand Rapids).
- Oct. 25, 5-6:30 p.m. via Zoom with state Rep. Tenisha Yancey (D-Harper Woods) and special guests state Reps. Abraham Aiyash (D-Hamtramck), Helena Scott (D-Detroit), Stephanie A. Young (D-Detroit) and Mary Cavanagh (D-Redford Township).
- Oct. 28, 6-7:30 p.m. via Zoom with state Rep. Lori Stone (D-Warren) and special guest state Rep. Kevin Hertel (D-St. Clair Shores).
- Nov. 1, 5-6:30 p.m. at the Anderson Enrichment Center with state Rep. Amos O'Neal (D-Saginaw).
- Nov. 4, 5:30-7 p.m. at the Ingham County Human Services Building with state Rep. Kara Hope (D-Holt) and special guest state Rep. Julie Brixie (D-Meridian Township).
- Nov. 15, 5-6:30 p.m. at the Washtenaw County Learning Resource Center with state Rep. Felicia Brabec (D-Pittsfield Township) and special guests House Democratic Leader Donna Lasinski (D-Scio Township), Democratic Floor Leader Yousef Rabhi (D-Ann Arbor) and Rep. Ronnie Peterson (D-Ypsilanti).

If you would like to participate in these events reach out to Brooke Hansen in Rep Brabec's office at bhansen@house.mi.gov - (517) 373-1792.

Federal Update

New White Paper Outlines Senators' Bold Vision for Significantly Reforming Mental Health In America in Light of the COVID-19 Pandemic

U.S. Senators Michael Bennet (D-Colo.) and John Cornyn (R-Texas), members of the Senate Finance Committee, released "[*A Bold Vision for America's Mental Well-being*](#)," a white paper outlining a new framework for reimagining and redesigning how mental and behavioral health care is delivered in the United States. The white paper calls for a bold, unified national strategy that is based on smart resource planning and funding, and addresses the country's mental and behavioral health crisis through local community needs. The senators sent the new white paper to the Senate Finance Committee in a [letter](#) to Chairman Ron Wyden (D-Ore.) and Ranking Member Mike Crapo (R-Idaho) expressing their interest in working together this year to create a stronger mental and behavioral health care system for all Americans.

"Local communities have faced unprecedented challenges in their attempt to address increases in suicides, drug overdose deaths, and most alarmingly – pediatric mental health issues," wrote Bennet and Cornyn in the letter. "A lack of Federal coordination and administrative burden often prevents local communities from addressing their current needs when they are happening, until it is too late."

"The Senate Finance Committee has a unique opportunity to create generational change for Americans today and to sustain this focus moving forward. We believe that there are deep, systemic issues with the way that mental and behavioral health services are delivered that warrants bold action to redesign the system and we should reject incremental changes," the senators continued. "We are hopeful we can create better mental and behavioral well-being for all in the United States."

The [new white paper](#) highlights how the Coronavirus Disease 2019 (COVID-19) pandemic exacerbated the mental and behavioral health crisis in this country, increasing poor outcomes across the entire human lifespan and magnifying disparities for underserved communities, including Black, brown, and LGBTQ+ communities. As demand increases in the short-term, the white paper calls for resources to address immediate needs, while urging smart policy and resource planning and a unified, bold strategy for collective mental and behavioral health improvement.

Bennet and Cornyn are proposing establishing a national strategy to modernize the U.S. mental and behavioral health system based on principles designed to:
Integrate mental health more seamlessly throughout delivery and financing options to assume better ease of access; Enhance delivery within local communities through innovative workforce and program modernization and coordination; Update mental and behavioral care programs to improve availability, cost management, and quality; and Improve how federal funds and other resources are planned for and

allocated for to increase the return on our nation’s investment through better mental and behavioral health outcomes.

The white paper also outlines key steps that Congress must take this year to improve mental and behavioral health.

- Step 1: Rapid Response: Congress needs to act in the short-term to address glaring and obvious needs that communities across the country are struggling to address during a national health emergency that continues to this day.
- Step 2: Relationship Adjustment: Congress should use the legislative process to reimagine the relationship between how the federal government funds and engages with local communities.
- Step 3: Redesign the System: Congress will establish a strategy for redesigning mental and behavioral health services in America, including improved funding mechanisms.
- Step 4: Reevaluate Continuously: Congress can use an annual update process to drive meaningful reform incrementally and improve the feedback loop between the American people’s experience and the federal government’s response.

To help inform a forthcoming legislative package, Bennet and Cornyn are seeking input from experts, community leaders, and constituents on policies to help achieve intended outcomes laid out in their white paper. Anyone may provide feedback to mentalhealth@bennet.senate.gov by October 8, 2021.

In July, Bennet and Cornyn [reintroduced](#) the Suicide and Crisis Outreach Prevention Enhancement Act, which would increase funding for the National Suicide Prevention Lifeline (NSPL) program to \$50 million per year, provide greater flexibility for participants to raise awareness of the services they offer, and collect vital statistics to help understand and reduce disparities.

In June, Bennet and U.S. Senator Susan Collins (R-Maine) [introduced](#) the Medication Access and Training Expansion (MATE) Act to require prescribers of highly addictive medication, like opioids, to complete a substance use training to ensure they have foundational knowledge of addiction prevention, treatment, and medication management.

Read the full white paper [HERE](#).

Education Opportunities

Earlybird Deadline 10/15/21: 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

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. Since it's past the deadline, there is no guarantee that these rates will still be available.

<i>Room Type</i>	<i>Rate</i>	<i>Room Type</i>	<i>Rate</i>
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
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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:

- 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.](#)

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.

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.

Telefraud vs. Telehealth

In September, the Department of Justice (DOJ) [filed formal charges](#) against 138 defendants in multiple health care fraud cases. The largest fraud, resulting in \$1.1 billion in allegedly false claims, has been categorized as ‘telemedicine fraud’. The actual fraud involved telemedicine companies paying doctors and nurse practitioners to order unnecessary durable medical equipment (DME) and other patient testing without patient interaction or based on a brief telephonic conversation. The fraud appears to be unrelated to the telehealth visit itself, and more to do with ordering of DME and testing. Earlier this year, the US Department of Health and Human Services (HHS) Office of Inspector General (OIG) released a [statement](#) that it is important to differentiate between ‘telefraud’ and telehealth.

Differentiating between telefraud and telehealth is important as policymakers look at making certain COVID-19 telehealth policies permanent, especially if there is a perception that recent fraud charges are directly related to those policy expansions. Inaccurate or mischaracterized information could lead to the creation of policies that treat and monitor telehealth services differently than other health care services, potentially limiting its use and reducing access to service for some patients. Telehealth services can be monitored and regulated in the same manner as other health care services. The difficulty in evaluating telehealth services often arises due to the inconsistent ways of tracking modality of care delivery. This is more of a data collection shortcoming rather than a monitoring issue. The HHS-OIG reports noted below highlights opportunities and challenges in providing and evaluation telehealth services.

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.

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](#).

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.

Caring for Ourselves as We Care for Each Other

An extension of: Listening to Scientists and Our Grandmothers: Taking Care of Human Beings

October 20, 2021 - 3:00pm (Eastern Time)

The tightening pressures at work and at home can make caring for ourselves (and each other) as

humans feel like a luxury so out of reach, it's naïve to consider. It may feel unsophisticated or outside of what we recognize as health or mental health standards of care. Caring for ourselves is not naïve or unsophisticated. It's our own social emotional learning work. It's cutting edge science.

In July 2021, the Southeastern Mental Health Technology Transfer Center (SEMHTTC; part of the national network of SAMHSA-funded Centers of which CMHA is the Michigan partner) released a video series presenting seven evidence-based self-care strategies currently most recommended to promote health and mitigate the impacts of stress.

To support the work of school staff and community partners during this difficult year of continuing pandemic stressors, SEMHTTC offers an interactive, virtual workshops integrating the video series with featured speakers and activities. In each two-segment session, we will review the evidence and best practice of a self-care strategy, and then engage with experts in the field to apply the practice in our own lives and teach the practice to others.

[Register for this event here.](#)

New! Applying Quality Improvement to Medication for Opioid Use Disorder (MOUD) Services



Join the NIATx Foundation at the AAPDA 2021 Virtual Conference: Pain and Addiction, Best Practices, and Proper Prescribing: Addiction and Behavioral Health Post-COVID.

As a featured presenter, NIATx Foundation Executive Director Todd Molfenter will discuss how an evidence-based quality improvement model can be used to address Medication for Opioid Use Disorder (MOUD) adherence issues and workflow challenges related to diversion management; how to effectively use telehealth in MOUD; and how to expand MOUD options.

October 28, 2021 | 1:25-2:25 p.m.

[Register here.](#)

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.

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