



WEEKLY Update

October 22, 2021

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CMH Association and Member Activities

New! CMHA and partners issue proposal to support career pathway for Direct Support Professionals

Weekly Update readers may remember that CMHA has been working in partnership with a number of other statewide organizations to address the behavioral health workforce shortage. Those efforts have

focused on a number of dimensions of that issue, including wages, loan repayment, image of the profession, and ensuring a career path for the members behavioral health workforce.

As part of this effort, CMHA, Incompass Michigan, the Michigan Assisted Living Association, the Area Agencies on Aging Association of Michigan and IMPART have developed a proposal for building a training infrastructure for the states' Direct Support Professionals. While CMHA has provided status reports to you on this initiative, over the past several months, the final proposal is now ready for distribution. That proposal can be [found here](#). This coalition will be working with MDHHS leadership and legislative leaders to gain support for this effort. As this effort moves along, we will continue to keep you informed.

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](#).

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! Health Affairs blog: investing in teaching safety-net providers to innovate can address health inequities

Below are excerpts from a recent Health Affairs blog of interest to safety net health care systems such as CMHA members:

Safety-net health systems that serve low-income, immigrant, and black and brown communities typically are resource constrained. These systems have limited innovation capacity and thus struggled with their response to COVID-19. There is a sustainable solution that works—embed innovation competencies in safety-net provider systems. This is the story of how a wide range of organizations did this by building upon philanthropic dollars to spark, seed, and spread health care innovation and ensure that communities with the greatest need for innovation are not left behind.

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

New! McKinsey: administrative simplification - how to save a quarter-trillion dollars in US healthcare

Below are excerpts from a recent McKinsey report on the value of and need for dramatic simplification of the administrative burdens borne by the nation's health care system. The McKinsey recommendations mirror those of CMHA, its members, and allies.

Despite generations of technological advancements, however, the US healthcare system remains stuck: productivity and quality have stagnated, and change has been slow. Of the nearly \$4 trillion spent on healthcare annually in the United States, administrative spending is about one-quarter of the total; delivery of care is about three-quarters. But what portion of that administrative spending is unnecessary, and how can it be simplified?

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

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.

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

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!](#)

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

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:

- 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

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.

New! Impact of Audio-only Telephone in Delivering Health Services

The Center for Connected Health Policy (CCHP) has released a report funded through a grant from the Federation of State Medical Board Foundation. This report shares information from federally qualified health centers (FQHC) on the use of audio-only during the pandemic and may be used to guide future payment policies and Medical Board regulations.

The study confirmed what many would expect, audio-only provided another avenue of care to increase access. In the states included in the survey, audio-only visits averaged 15-30% of the total telehealth visits. Usage was higher in older populations and as a secondary option in areas with low broadband coverage. FQHCs noted that without audio only options, it would most likely mean the cessation of services to some of their patient populations. The report recommends continuation of audio-only as an option for FQHCs to provide services and actively working to address the connectivity issue and technology divide. [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.

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

New! Relias: Gender Disparities in Healthcare Leadership

Tuesday, November 2, 2021 | 2 PM ET

Amid the urgent demands of the pandemic, strong concerns surfaced about how to improve understanding of diversity, equity, and inclusion in healthcare—for both patients and employees. Despite women making up the majority of the healthcare workforce, **fewer than 20% of women hold key leadership roles**.

Executive leaders and experts join us to discuss the industry's struggles to achieve gender parity and provide insight on building a more equitable environment for women and other gender minorities.

[Register here](#) for this live panel webinar, led by Relias' CCO, Candace Wallace.

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
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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:

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