



WEEKLY Update

November 12, 2021

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CMH Association and Member Activities

CMHA and Robert Wood Johnson Delta Center announce evaluation findings



As CMHA's work with the RWJF Delta Center is wrapping up, the recently completed evaluation of this effort, in states across the country, has just been released. Excerpts from the summary of the findings of this evaluation is provided below:

The Delta Center for a Thriving Safety Net's goal has been to advance value-based payment and care (VBP/C) in the ambulatory care safety net by bringing together state primary care associations (PCAs) and behavioral health state associations (BHSAs) to collectively advance improvements in VBP/C.

Key accomplishments include:

- Building policy and advocacy capacity to advance value-based payment and care at a state level. The proportion of PCAs that reported having shaped significant policy changes with their state Medicaid agency increased from 9 to 46%, and it increased from 0 to 63% among BHSAs.
- Fostering collaboration between primary care and behavioral health at the state level. Many state associations cited that the time to focus on their shared work via the Delta Center was crucial to their relationship development. Many Delta Center participants shared a similar sentiment as that expressed by one of the teams: "We've developed a culture of true partnership."
- Building capacity of state associations to provide education and technical assistance to advance value-based payment and care among members. The percentage of associations that engaged in semi-regular or regular shared opportunities to provide training and technical assistance to members from both organizations nearly doubled from 42% to 81%.

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

State & National Developments and Resources

New! Michigan Health Endowment Fund announces 2022 Community Health Impact grant program

The Michigan Health Endowment Fund is now accepting concept papers and applications for our 2022 Community Health Impact grant round. Applicants can select one of the following three application tracks:

- Collaboration – supporting cross-sectoral collaboration and coordination that advances key health issues.
- Community-based programming – building stronger, healthier communities around the state by being responsive to community needs and providing key resources.
- Capacity building – increasing health-focused, community-based organizations' effectiveness and sustainability across Michigan.

There are two RFPs: one for proposals focused on collaboration and community-based programming, another for proposals focused on capacity building. Capacity building applications will be accepted on a

rolling basis and considered through three application cycles.

You can learn more via the Health Fund's [Community Health Impact page](#) or by registering for the [November 18 webinar](#).

New! HHS Releases Strategic Plan for Health Workforce

Last week, the Department of Health and Human Services (HHS) formally released its Health Workforce Strategic Plan. Mandated by the CARES Act, HHS prioritizes in the Plan: (i) recruiting and training health professionals from underserved communities; (ii) ensuring equitable distribution of the workforce across geographic areas and health professions; (iii) enabling the workforce to deliver high-quality care, including through enhancing cultural and linguistic competency of health professionals; and (iv) utilizing data to make better-informed decisions regarding health workforce education and training investments. The report can be [found here](#).

New! Child Mind Institute issues report of impact of COVID pandemic on children's mental health

Below is an excerpt from a report recently released from the Child Mind Institute, "The Impact of the COVID-19 Pandemic on Children's Mental Health: What We Know So Far":

Even before the onset of the coronavirus pandemic, mental health professionals were struggling to meet the needs of the one in five children and adolescents with a mental health or learning disorder. Then the pandemic hit, bringing an upsurge in youth reporting mental health challenges. In surveys now, about 30–40% of young people say they feel anxious, depressed and/or stressed. Parents tell the same story when asked about their kids.

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

New! Report on value of recovery housing released

Research shows that recovery housing contributes to improved outcomes for individuals who are recovering from addiction. Despite this, the current health care system gives little attention to recovery support services, like recovery housing, that help individuals manage and sustain long-term recovery. Earlier this year, the National Council for Mental Wellbeing, through funding from the Opioid Response Network, hosted a technical expert panel (TEP) of recovery housing leaders, researchers, treatment providers, national associations, federal agencies, Single State Agency directors and payers, to explore ways to best demonstrate the value of recovery housing in the United States. This work led to the development of the recently released report, *Demonstrating the Value of Recovery Housing*, for the key strategies and recommendations identified by the TEP to improve and expand recovery housing in the U.S.

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

New! Will States Use 'Rescue Plan' Funding To Give Direct Care Workers A Raise?

Below is an excerpt from a recent Health Affairs:

For years, scholars and policy makers have decried the low pay DCWs receive and called for better compensation for these essential workers. Predominantly women, people of color, and immigrants, DCWs make an average of \$12.27 per hours, resulting in one in six workers living in poverty and nearly half living in low-income households. The American Rescue Plan Act (ARPA), signed into law by President Joe Biden in March 2021, offers some hope by including historic investments designed to shore up Medicaid HCBS and stabilize its workforce.

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

New! They're Not Just "Little Adults" — Value-Based Payment Models that Include Children Must Focus on Their Needs

Below is an excerpt from a recent blog by the Center for Health Care Strategies:

Children are not little adults" is an oft-heard phrase in pediatric health care circles. Children have distinct health needs, and this sentiment reflects the need to develop approaches to care that are fundamentally different from adults.

As value-based payment (VBP) becomes widespread, including in state Medicaid programs, VBP programs increasingly include children. However, the majority of VBP programs serving children essentially treat them like "little adults," rather than addressing their unique health care needs. Since children and adults have fundamentally different health care needs, it is important for stakeholders to consider how to best leverage VBP models to improve quality of care for children.

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

Federal Government announces plans to require COVID vaccinations to health facilities participating in Medicaid or Medicare

This week, the federal Centers for Medicare and Medicaid Services issued an announcement requiring COVID-19 vaccinations for all staff working at health care facilities that receive Medicaid or Medicare funds. This requirement is likely to apply to nearly all CMHA member organizations. The requirements apply to: Ambulatory Surgical Centers, Long-Term Care Facilities, Psychiatric Residential Treatment Facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Home Health Agencies, Community Mental Health Centers, and Rural Health Clinics and Federally Qualified Health Centers among others.

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

This is an Interim Final Rule meaning that it takes effect immediately but does have a 60-day comment period that closes on January 4th, 2022. The full regulation is not up on the Federal Register, as of yet. The unpublished version can be [found 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 Votes Out SBs 597 & 598 – Shirkey Integration Bills

On Tuesday, October 26 the Senate Govt Ops Committee voted out new versions of SBs 597 & 598. The new substitute version of SB 598, which amends the mental health code contained new language which continues to fuel our concerns and intent with these bills.

The language contained in SB 598 would eliminate all of the roles for the state's CMHs, given that those roles are contained in Chapter 2 of the code, the chapter referenced by this section. This section will shatter the public mental health system, which we believe is Sen Shirkey's underlining intent.

Page 16-17 (SB 598 S-2)

Sec. 203. Throughout this chapter, a specialty integrated plan is not responsible for the duties set forth in this chapter until after completion of a successful transition under the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b. After the specialty integrated plan has completed a successful transition, the specialty integrated plan shall take over the duties set forth in this and the community mental health services program shall no longer be responsible for those duties. The behavioral health accountability council shall determine the successful transition at each phase of integration establishing when the specialty integrated plan is responsible and the community mental health services program is no longer responsible.

Below are additional changes included in SBs 597 & 598

SB 597 (Shirkey)

- Reconfigures the phases so that the first phase focuses specifically on children (both foster youth and those with an SMI or SED), the second phase focuses on SMI/SED adults, the third phase focuses on individuals with a SUD diagnosis, and the I/DD population is in the fourth phase (there were only 3 phases initially, as the first phase originally included both kids and adults with an SMI or SED diagnosis).
- Extends the duration of each phase from 18 months to 2 years.
- Extends the full integration date from 2026 to 2030 (to account for the new phase timeline).

- Adds language that would allow MDHHS to terminate a phase if it is deemed unsuccessful (in consultation with the behavioral health accountability council).
- Requires the behavioral health accountability council to conduct their own evaluation of each implementation phase and provide MDHHS with the results of their evaluation. The council's results could ultimately be used in the department's separate evaluation and final determination of their findings.
- Adds the Michigan Association of Alcoholism and Drug Abuse Counselors to the definition of "interested parties". This addition is to ensure that there is sufficient SUD representation in the development of the integration plan.
- Adds language to ensure that in the development of the metrics, MDHHS and representatives of the interested parties ensure they are:
 - Tailored to each of the populations included in the specific phase(s) of implementation;
 - Take into consideration lessons learned from any past integration efforts (this could include the CCBHCs, the CHIRs, or other integration pilots, but no specific pilot is referenced in the bill);
 - Are developed and made publicly available at least 6 months before the phase of implementation
- Requires that any GF money distributed to the CMHs or other providers (as determined by the department) must receive 100% of the intended reward -- no administrative fees would be permitted.

SB 598 (Bizon)

- The bill makes numerous language modifications to align with the changes made in SB 597, including the updated metrics, evaluation, timelines, responsibilities of the council, and phases.
- Adds the following additional members to the behavioral health accountability council:
 - The director of the office of recipient rights;
 - One individual representing an organization or institution with experience in research on physical and behavioral health;
 - One individual representing a private provider or agency of SUD services.

Mental Health Supplemental Introduced in the Senate

This week, Sen Shirkey introduced SB 714, which is a Behavioral Health supplemental. Again, **this is ONE-TIME funding**, Sen Shirkey will use this bill as leverage to pass SBs 597 & 598 in the Senate and the House saying this will help increase access and providers. If you talk to your legislators or local partners let them know this funding is not sustainable, it helps with infrastructure needs but will not cover on-going programing or workforce development needs.

Behavioral health provider recruitment (for hospitals) \$ 15,000,000

Child advocacy centers \$8,000,000

Clinical integration fund \$25,000,000

Community mental health services programs integration readiness \$50,000,000

Community substance use disorder prevention, education, and treatment grants \$10,000,000

Crisis stabilization units \$10,000,000

Department of health and human services integration readiness \$10,000,000

Greenlawn enhancements \$3,000,000
Hawthorn Center expansion \$5,000,000
Hospital infrastructure enhancements \$20,000,000
Infrastructure grants to enhance pediatric inpatient services \$100,000,000
Jail diversion fund \$15,000,000
Mental health block grant \$10,000,000
Michigan essential health provider loan repayment program \$25,000,000
Northern Michigan psychiatric hospital bed investment \$5,000,000
Psychiatric residential treatment facilities \$10,000,000
Recovery high schools and recovery community organizations \$2,000,000
State psychiatric capital outlay investment \$25,000,000

GROSS APPROPRIATION \$348,000,000

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 assure 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

Registration Open: CMHA Hybrid Improving Outcomes Conference



**Hybrid Improving Outcomes Conference
December 2 & 3, 2021
Amway Grand Plaza Hotel, Grand Rapids & Virtually**

What is a Hybrid Conference?

The Improving Outcomes Conference going hybrid means attendees will have the option to attend the conference fully in-person or view sessions virtually.

In-person Information:

The in-person portion of the conference will take place at the Amway Grand Plaza Hotel in Grand Rapids, Michigan.

Virtual Information:

All keynote and workshops will be livestreamed. Each virtual session will have CMHA staff monitoring the chat and Q&A in the virtual platform and will share comments and questions with the presenters.

Conference Registration Fees:

The in-person conference registration fee includes training materials, admission to all keynote sessions, all workshops, 2 breakfasts, 1 lunch, all breaks, and networking reception.

The virtual conference registration fee includes training materials, access to keynote sessions and all workshops.

Conference Rates: *(Conference Registration does not include parking. No validation is available.)*

	Member	Non-Member
In-Person Full Conference	\$259	\$310
Virtual Full Conference	\$259	\$310
1-Day Only In-Person	\$209	\$251

Conference Registration Deadline: MONDAY, NOVEMBER 29, 2021

Amway Grand Plaza Hotel Room Rate: \$139 (Single/Double/Triple/Quad – plus taxes)

Online Reservations: [CLICK HERE](#) or Phone: 800-253-3590 and reference “Community Mental Health Association of Michigan”

HOTEL DEADLINE: Friday, November 19, 2021 Full conference brochure and to register, [CLICK HERE!](#)

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:

- 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

Confronting the Twin Pandemics of COVID-19 and Opioid Overdose



of Social Work & Social Welfare

Confronting the Twin Pandemics of COVID-19 and Opioid Overdose
Thursday, December 2, 2021 | 12:30 – 1:30 p.m. (CT)
10:30 a.m. (PT) / 11:30 a.m. (MT) / **1:30 p.m.** (ET)

AASWSW Webinar Series: Presented by the American Academy of Social Work and Social Welfare and the Brown School at Washington University in St. Louis. Hosted by the Brown School's Open Classroom initiative

Join this webinar for a dialogue regarding the increased risks to health and wellbeing associated with the COVID-19 pandemic and opioid use disorder, focusing on the value of peer support and public health practice. Speakers will discuss the current status of treatment for individuals affected by opioid use disorder and the value of mental health support systems that include peer networks.

Speakers:

Ron Manderscheid, PhD
Adjunct Professor, Bloomberg School of Public Health, Johns Hopkins University
Adjunct Professor, Suzanne Dworak-Peck School of Social Work, University of Southern California

Stephanie Campbell, MSW, MS, MA
Director, NYS Behavioral Health Ombudsman Office
NYS Office of Addiction Services & Supports

[Register here.](#)

Advancing behavioral health equity” CLAS standards in action

Save the date: **November 16, 2:30-3:30 PM ET**

SAMHSA and the HHS Office of Minority Health will convene a webinar:

Advancing Behavioral Health Equity: CLAS Standards in Action

The webinar will highlight real world examples of behavioral health service providers using the National Standards for Culturally and Linguistically Appropriate Services and the Behavioral Health Implementation Guide

[Register here.](#)

Behavioral Telehealth Resource Center

Telehealth Resource Center

Michigan’s Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training, and engagement opportunities. Please visit the [Telehealth Resource Center webpage](#) to see new information and updated format. If you have content suggestions, please contact Amy Stagg at astagg@cmham.org.

Final Reminder! Telehealth Experience Survey Closes November 15

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! 2022 Final Physician Fee Schedule (PFS) Released

The Centers for Medicare and Medicaid Services (CMS) released the 2022 PFS which has a commitment to drive innovation and support health equity and high quality, person-centered care. The final rule makes significant strides in expanding access to behavioral health care, especially for traditionally underserved communities, by harnessing telehealth and other telecommunications technologies. In line with legislation enacted last year, CMS is eliminating geographic barriers and allowing patients in their homes to access telehealth services for diagnosis, evaluation, and treatment of mental health disorders.

CMS is bringing care directly into patients' homes by providing certain mental and behavioral health services via audio-only telephone calls. This means counseling and therapy services, including treatment of substance use disorders and services provided through Opioid Treatment Programs, will be more readily available to individuals, especially in areas with poor broadband infrastructure. In addition, for the first time outside of the COVID-19 public health emergency (PHE), Medicare will pay for mental health visits furnished by Rural Health Clinics and Federally Qualified Health Centers via telecommunications technology, including audio-only telephone calls, expanding access for rural and other vulnerable populations. [Click here to read the full article from CMS.](#)

Office of Inspector General (OIG) Data Snapshot – Released October 2021

A new [data snapshot](#) released by the US Department of Health and Human Services OIG provides information to policymakers and other stakeholders about the relationship between beneficiaries and providers of telehealth services. These data are critical to informing decisions about how to structure telehealth services in Medicare on a more permanent basis. This snapshot is part of a series of reports on telehealth; the other reports focus on telehealth utilization and program integrity. Here are some high-level findings.

- Most Medicare beneficiaries received telehealth services only from providers with whom they had an established relationship.
- Beneficiaries had in-person visits with their providers an average of 4 months prior to their first telehealth service.

View the [full report](#) to see how telehealth services varies by type of service and proportions of beneficiaries in traditional Medicare and Medicare Advantage with established provider relationship.

State Telehealth Laws and Medicaid Program Report

The Center for Connected Health Policy (CCHP) has released its bi-annual summary of state telehealth policy changes. There is a [summary chart](#) available that shows where states stand on many telehealth policies, as well as an [infographic](#) noting key findings. The Executive Summary [report](#) covers updates in state telehealth policy made between June and September 2021. The CCHP Policy Finder [webpage](#) tracks telehealth-related laws and regulations across all 50 states, the District of Columbia and at the federal level.

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. FQHCs noted that without audio only options, it would most likely mean the cessation of services to some of their patient populations.

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

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.

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
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