CMHA
Community Mental Health Association of Michigan

WEEKLY Update

November 19, 2021

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CMH Association and Member Activities

New! DSP Coalition releases statement hailing progress and calling for continued forward motion

Below is a recent statement from the Direct Support Professional/Direct Care Worker Coalition – which CMHA was a founding and remains an active member - recognizing the progress made, to date, on

increasing the wages of Michigan's Direct Support Professionals and calling on all of us to continue the work to advance the DSP professional and strengthen that workforce.

We're making progress.

Michigan's Direct Support Professionals (sometimes known as Direct Care Workers) are closer to earning a competitive wage, thanks to increased funding by the people of our state.

The FY 2022 Michigan budget includes a permanent $2.35 per hour wage increase for DSPs, which helps them continue providing much-needed personal care, training, emotional support and respite to an estimated 100,000 of Michigan's most vulnerable residents.

DSPs provide essential support to help people with mental illness and developmental disabilities live as independently as possible. They help keep families strong by providing practical care that is customized, needs-based, and innovative.

In today's labor market, however, it's extremely challenging for Michigan families to attract and retain the talented DSPs they urgently need. When fast-food and retail chains offer $18+ hourly salaries—complete with signing bonuses—it's tough for a DSP who's being paid much less to justify continuing in their current work.

The result? Families are in crisis, quitting their jobs to care for loved ones themselves. Aging parents with diminishing physical strength are spending day and night tending to the needs of their adult children with illness and disabilities. Providers of supports to individuals with disabilities face a similar staffing crisis. People are going without the services they urgently need.

Michigan can—and must—keep doing better by its DSPs.

As any DSP will tell you, it's not just about the money. There are other steps Michigan can take to stabilize and advance the profession well beyond the basic level of fast-food or retail work. In addition to ensuring adequate compensation, we recommend the development of a Direct Care Worker statute that includes:

Mandatory spending that is annually earmarked and tied to inflation;
A special fund to support direct care worker training programs, ongoing professional development and the annual expense of DSP certifications; and
Career pathways that can help workers grow and advance in the profession.

Our membership will continue to advocate for the value being added by Michigan DSPs, recognizing it's not just about the resources—it's also about ensuring the work is appropriately recognized for its intellectual and physical demands.

We look forward to working with MDHHS and other state policy leaders to build a framework capable of supporting all Michigan residents in ways that make sense.

New! CMHA and Coalition release two documents to further Michigan's Health Safety Net

Weekly Update readers may remember our discussing the formation, by CMHA and some of our partner associations – 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) - of the Health Safety Net Coalition. CMHA, spurred by the thinking the developed through our involvement in the initial and now the Alumni Robert Wood Johnson Foundation's Delta Center initiative, formed a Health Safety Net Coalition with these two longstanding state association partners.

Two of initial joint projects of the Coalition, in partnership with Public Sector Consultants, are the development of:

- a paper introducing the Coalition
- a joint set of recommendations around 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.

New! CMHA, CMU Medical School, and Great Lakes Mental Health Technology Transfer Center sponsor virtual dialogue and showcase on toolkit to prevent suicide among men

CMHA, in partnership with the Central Michigan University Medical School, and Great Lakes Mental Health Technology Transfer Center, recently sponsored a vitual dialogue around the use of CMU's Michigan Preventing Suicide in Men (PRiSMM) project's Suicide Prevention Telehealth Toolkit and Training. During the dialogue, CMU staff outlined the opportunity for interested CMH and provider partners to join a select group of community and behavioral health providers to participate in a three-month cohort (Jan-Mar 2022) to pilot test the SP telehealth toolkit. Additionally, the opportunity to form a professional learning collaborative that will develop a statewide training model and network was discussed. . To learn more, view the Toolkit Presentation, to participate in the toolkit pilot program, click here to access the Participation and Consent Form.

State & National Developments and Resources

New! FCC approves text-to-988 to expand access to the Suicide Prevention Lifeline

Below are excerpts from a recent press release from the Federal Communications Commission:

> The FCC today voted to approve a Second Report and Order to expand access to the National Suicide Prevention Lifeline by establishing the ability to text 988 to directly reach the Lifeline to better support at-risk communities in crisis, including youth and individuals with disabilities. The Lifeline is a national network that provides free, confidential support to Americans in suicidal crisis or emotional distress. Today's action adopts a uniform implementation deadline requiring covered text providers to support text messaging to 988 by July 16, 2022—the same date the FCC has established 988 as the 3-digit dialing code for Americans to reach the Lifeline by telephone.

The full press release can be found here.

New! Do States and Counties Have Capacity to Treat Opioid Use Disorder?: Analyses for states and districts in Bloomberg Opioid Initiative – including Michigan

Below are excerpts from a recent report from the Urban Institute regarding opioid use disorder treatment capacity in a sample of states, including Michigan.

> Drug overdose deaths have soared during the COVID-19 pandemic; an estimated 99,106 occurred in the 12 months ending in March 2021. Strong evidence shows that medication treatment for opioid use disorder (OUD) is effective in reducing overdose deaths with estimates showing 40% reductions in opioid overdose death within community programs.
>
> Yet medication treatment is in critically short supply in counties across the United States. Even if the treatment capacity was doubled, it would fill just between 7 and 28 percent of the need for treatment in the District of Columbia, Maine, Michigan, New Jersey, New Mexico, Pennsylvania, and West Virginia.
> In this project, we analyzed opioid use disorder rates and OUD treatment needs and treatment capacity in DC and six states in the Bloomberg Opioid Initiative. Fact sheets about each state, county, and ward can be downloaded below.

The full report can be found here.

New! Nature: helpline calls grew dramatically, worldwide, during the pandemic

Below are excerpts from a recent article, in Nature, regarding the dramatic growth in mental health crisis calls that occurred in countries around the world, as a result of the pandemic.

> A sweeping study of 8 million calls to helplines in 19 countries and regions found that call volumes jumped during the first wave of coronavirus infections. Loneliness and concerns about the pandemic drove most of the callers, rather than imminent threats such as suicidal thoughts or abuse.
> The analysis, published on 17 November by Nature1, is one of the largest to address mental-health challenges during the pandemic. The authors report that calls to helplines increased over the first six weeks of the initial wave of coronavirus infections. At the six-week peak, the total number of calls was 35% higher than before the pandemic.

The full article 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 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

New! Call For Presentations! CMHA Hybrid 2022 Winter Conference

2022 Hybrid Annual Winter Conference
"Putting People First"
Pre-Conference Institutes: February 7, 2022
Main Conference: February 8 & 9, 2022
Radisson Plaza Hotel, Kalamazoo, Michigan

CMHA is committed to bringing the BEST to you during our Winter Conference: the BEST Ideas, the BEST Research, the BEST Practices, the BEST Programs, the BEST Success Stories! Be a part of our conference, by submitting your BEST ideas!

Click Here to Submit Your Conference Proposal!

Deadline: Friday December 17, 2021!

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

To see the 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

New! Michigan's Dr Pinals to provide key note at half-day virtual Summit from SAMHSA's GAINS Center: A Review of the Work: States' Efforts to Improve Competence to Stand Trial and Competence Restoration Processes

December 13, 2021, 12:00–5:00 p.m. ET

This virtual summit will feature national experts along with state and local stakeholders to present and discuss common barriers in the competence process and strategies for improving evaluation, restoration, and treatment. System-wide restructuring as well as targeted, small-scale process changes will be covered. The summit will highlight work done through SAMHSA's GAINS Center's Competence to Stand Trial Community of Practice over the past 3 years to illustrate recommendations, barriers, lessons learned, and outcomes to date.

The keynote presenters include Michigan's own Debra Pinals, MD, Director, Program in Psychiatry, Law, and Ethics, University of Michigan Medical School; Senior Consultant, Policy Research Associates and SAMHSA's GAINS Center

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 funding Please visit the Telehealth Resource Center webpage to review our resources. If you have content suggestions, please contact Amy Stagg at astagg@cmham.org.

New! Telehealth Toolkit for Suicide Prevention in Michigan

The Michigan Preventing Suicide in Men (PRiSMM) project has developed a Suicide Prevention Telehealth Toolkit and Training Network. They are inviting interested CMH partners to join a select group of community and behavioral health providers to participate in a three-month cohort (Jan-Mar 2022) to pilot test the SP telehealth toolkit for providers and form a professional learning collaborative that will develop a statewide training model and network. To learn more, view the Toolkit Presentation, to participate in the toolkit pilot program, click here to access the Participation and Consent Form.

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. Three is a summary chart available that shows were states stand on many telehealth polices, 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.

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 Greatly 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.

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.

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