



WEEKLY Update

November 5, 2021

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CMH Association and Member Activities

New! 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! 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 would apply to nearly all CMHA member organizations and includes: 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](#).

New! Michigan’s CSU Concept paper issued to guide early adopters in their work

As you may remember, CMHA, a number of CMHA member organizations, and other stakeholders (persons served, advocacy organizations, 911, health insurance companies) have been involved, for the past several months, in the development of the infrastructure for a Crisis Stabilization Unit (CSU) system across the state. This CSU initiative is driven by PA 402, a bill championed by many of you, CMHA, and

allies across the state. That group has had a series of in-depth discussions (with single-focus sessions focused on the needs of persons served, rural communities and crisis services to children) around the design of this system, drawing on the experience of practitioners and managers from organizations, including CMHA members, providing and using mental health crisis services. As you might also remember, the development of certification standards for CSUs (allowing for the operation, under state law, and the financing of CSUs) is one of the core components of this infrastructure.

From these discussions, this group developed a concept paper around Michigan’s emerging Crisis Stabilization Unit (CSU) system. [That paper can be found here.](#)

PURPOSE OF SHARING THIS PAPER: You will note that this paper outlines, in broad yet concrete terms, the standards that will become the core of the state’s CSU certification process. Because a number of you and your organizations are considering the development of CSUs or the building out of your current crisis services/center operations to become a CSU, we wanted you to have the most up-to-date information on the components that will be required for a crisis system to be considered a CSU.

While the final certification standards and process will not be ready for use until the fall of 2022 and the financing mechanics of the state’s CSUs remain to be developed, having an early picture of what those standards will contain, in the attached concept paper, allows you and your organization to begin to plan for the operation of a certified CSU, if your organization chooses to operate one.

New! MAC: County leaders, tell Senate to oppose privatization bid

Below is an excerpt from a [recent Legislative Update from the Michigan Association of Counties](#) (MAC), underscoring the opposition to SB 597 and 598 by MAC and county leaders throughout the state. CMHA applauds this work of MAC – a longtime partner of CMHA and its members.

Bills that would create a damaging privatization scheme for the state’s local mental health services cleared a Senate committee this week.

MAC is opposing this legislation and asking county leaders to engage with their senators with that message. (See below.)



[Senate Bills 597-98](#), by Senate Majority Leader Mike Shirkey (R-Jackson) and Sen. John Bizon (R-Calhoun) respectively, cleared the Senate Government Operations Committee this week. Joining Shirkey in support of the bills were Sen. Dan Lauwers (R-St. Clair) and Sen. Aric Nesbitt (R-Van Buren).

The committee made several changes to SB 597, by Shirkey (R-Jackson), to the timeline for privatization to create a phased approach.

Additionally, the legislation requires that any General Fund money distributed to the CMHs or other providers, as determined by the state, must receive 100 percent of the intended reward — no administrative fees would be permitted.

MAC opposes any move to shift toward privatization of our local public mental health system. MAC has provided testimony to the committee and [joined on a letter](#) with criminal justice partners that share concerns. Shirkey indicated during committee these bills will move with a substantial mental health supplemental spending bill in the upcoming months, which was introduced this week as Senate Bill 714. **MAC will oppose spending that is tied to passage of SBs 597-98.**

To help make our case to the Senate, please use [MAC's email advocacy tool](#) to send your message of opposition to your senator with just a single click. Feel free to customize the email as you see fit. Personal stories or examples of our local system success stories are extremely helpful.

Additionally, partners at the Community Mental Health Association of Michigan have [advocacy tools](#) you may wish to share with constituents or others.

A one-pager on the issue can be [found here](#) and provides bullet-pointed concerns of the legislation. A list of concerns, as well as a list of the groups in opposition, can be [found here](#). and used as you see fit.

For more information on this issue, contact Meghann Keit-Corrion at keit@micounties.org.

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.

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.

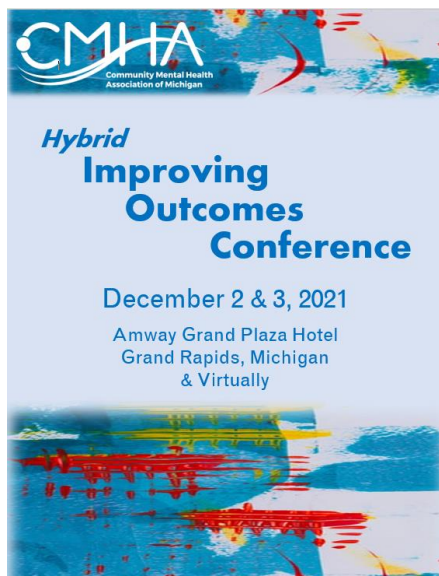
In July, Bennet and Cornyn [reintroduced](#) the Suicide and Crisis Outreach Prevention Enhancement Act, which would increase funding for the National Suicide Prevention Lifeline (NSPL) program to \$50 million per year, provide greater flexibility for participants to raise awareness of the services they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

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 CE's 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



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.](#)

New! 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.

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! 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. 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.

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

The HHS-OIG has released two 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.

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
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat19@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231) 392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

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