



# WEEKLY Update

December 10, 2021

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## CMH Association and Member Activities

### **New!** Providing resources to the mental health, education, and law enforcement community

As most Weekly Update readers know, a deadly school shooting took place yesterday, November 30, in Oxford, Michigan, in Oakland County. Four students have died with seven students and teachers seriously wounded. The suspect is a 15-year old student of Oxford Schools.

CMHA is shocked and saddened by this event and applauds the work of Oakland Community Health Network, the CMH in Oakland County, and other CMHA members and allies in the heroic work that they and their local partners are doing to help the Oxford and surrounding communities recover from this tragedy.

On learning of the tragic and deadly shooting at Oxford Schools, CMHA and the Michigan Association of School Psychologists pulled together key partners to identify sound the resources, from reliable sources, to be provided through our organizations and departments, to our constituents, outlining approaches to dealing with the trauma faced by students, families, and school staff - the result of the Oxford shooting. A parallel effort, involving these same parties, and their Communications Offices. Is designed to develop a unified message from MDE, MDHHS, and MSP around these same topics.

**SOUND GUIDANCE:** As a result of this effort, CMHA sent its member a suite of materials that provide the guidance from sound and reliable sources on how all of us – parents, teachers, school-based and community mental health providers, law enforcement professionals, to name a few – can help to recognize and respond to the trauma experienced by the children, adolescents, and adults in Oxford and across the state; and to prevent the contagion/copycat effect. These materials will be going to Michigan schools and law enforcement agencies. The sources of these documents include: Association for Children’s Mental Health, MDHHS, School Safety Task Force led by the Michigan State Police, American Academy of Child and Adolescent Psychiatry, Substance Abuse and Mental Health Services Administration (SAMHSA), Child and Adolescent Health Center Office within MDHHS, Oakland Community Health Network (the CMH in Oakland County), and the National Association of School Psychologists’ PREPARE crisis training.

**UNIFIED MESSAGE:** As part of the second effort, the Public Information Officers and Communications Offices of MSP, MDE, and MDHHS will use excerpts from these materials to craft a joint statement (with quotes from department leadership as they see fit) to develop a statement that centers around:

- How to recognize trauma or potentially violent behavior among children and adolescents (as well as families, school personnel, and other adults)
- How to talk to children and adolescents when these are recognized
- The resources available for referral when trauma or potential violent behavior or pre-conditions to violence are identified

As more guidance or sound resources emerge, CMHA will share them with you.

**New! News coverage of advocacy by CMHA members: Bills could threaten community 'safety net' for mental health patients, opponents say**

Below are excerpts from a recent news story on the work of CMHA members and their local partners in opposing SB 597 and 598.

Five northwest Michigan counties have voiced their opposition to two bills in the state senate they say would sever local control of mental health services.

But community mental health agencies — the frontlines to providing care for those with the most severe needs — see it as a scheme that would dismantle a vital public safety net. “At the

basis, the foundation of these bills is to take the money that is earmarked for a very large array of services to support those vulnerable people and to give it to insurance companies — the private insurance companies,” said Christine Gebhard, CEO of North Country Community Mental Health

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

## State & National Developments and Resources

### **New! Michigan Psychiatric Care Improvement Project update for December**

Monthly, MDHHS publishes an update on the progress of Michigan’s work in building a comprehensive crisis and acute mental health care system – the Michigan Psychiatric Care Improvement Project (MPCIP). The latest update on this effort is [found here](#).

### **New! MDHHS expands Opioid Health Home services to additional counties**

The Michigan Department of Health and Human Services (MDHHS) has expanded the [Opioid Health Home initiative \(OHH\)](#) to more Michigan counties to provide intensive care management and care coordination services for Medicaid beneficiaries with an opioid use disorder (OUD).

The U.S. Centers for Medicare & Medicaid Services (CMS) recently approved Michigan’s State Plan Amendment (SPA) to expand its Opioid Health Home initiative into PIHP Regions 6, 7 and 10. The expanded SPA will allow thousands of Medicaid beneficiaries meeting the eligibility criteria to receive OHH services.

A Health Home is a benefit awarded to Medicaid beneficiaries who have a diagnosed with an Opioid Use Disorder and reside within one of the following Prepaid Inpatient Health Plan (PIHP) regions/counties:

- PIHP Region 1 (counties in the Upper Peninsula)
- PIHP Region 2 (21 northern-most counties of the Lower Peninsula)
- PIHP Region 4 (specifically Calhoun and Kalamazoo Counties)
- PIHP Region 6 (Lenawee, Livingston, Monroe, Washtenaw)
- PIHP Region 7 (Wayne)
- PIHP Region 9 (Macomb County)
- PIHP Region 10 (Genesee, Lapeer, Sanilac, St. Clair)

### **New! MDE and MDHHS issues report on progress of placing mental health professionals in Michigan schools**

The Michigan Department of Education (MDE) and the Michigan Department of Health and Human

Services (MDHHS) recently issued a summary of the impact of Section 31n of the State School Aid Act in placing hundreds of mental health professionals in schools across the state.

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

### **New! US Surgeon General releases advisory on youth mental health crisis**

US Surgeon General Dr. Vivek Murthy recently released a 40 page advisory calling for immediate action to address the nation's youth mental health crisis. Dr Murthy calls for a whole-of-society effort to mitigate the mental health impacts of the pandemic, to address longstanding challenges, and to prevent future mental health challenges. The advisory outlines actionable steps for young people and their families and caregivers, schools, health leaders, community organizations, funders, media and technology companies, employers, and governments to protect youth mental health.

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

### **New! Application process for local governments to receive opioid settlement funds announced**

Recently, Michigan Attorney General Dana Nessel urged eligible municipalities affected by the opioid epidemic to register and voluntarily participate in opioid settlements that could bring nearly \$800 million to the state over the next 18 years.

Michigan formally signed on to the proposed multibillion-dollar national settlements in August, brokered between Johnson & Johnson and the three largest pharmaceutical distributors in the country, including Cardinal Health, McKesson, and AmerisourceBergen.

Settlement terms indicate that 227 local units of government are eligible to participate. Each of Michigan's 83 counties are included in that sum, as well as municipalities currently litigating against the defendants in the case or if a municipality has a population of 10,000 people or more. The full list of eligible governmental subdivisions is [available here](#).

The cutoff date for local governments to receive direct payments is January 2, 2022.

### **New! SAMHSA Announces Unprecedented \$30 Million Harm Reduction Grant Funding Opportunity to Help Address the Nation's Substance Use and Overdose Epidemic**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is now accepting applications for the first-ever SAMHSA Harm Reduction grant program and expects to issue \$30 million in grant awards. This funding, authorized by the American Rescue Plan, will help increase access to a range of community harm reduction services and support harm reduction service providers as they work to help prevent overdose deaths and reduce health risks often associated with drug use. SAMHSA will accept applications from State, local, Tribal, and territorial governments, Tribal organizations, non-profit community-based organizations, and primary and behavioral health organizations.

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

## **New! Strategies for racial equity learning**

Weekly Update readers may remember that, for the past several years, CMHA has been involved in a Cultural and Linguistic Competence Learning Community with the Michigan Developmental Disabilities Council and the National Center for Cultural and Linguistic Competence at Georgetown University. This learning community is now turning its attention to racial equity. As part of this effort, the Georgetown Center provided a concrete set of strategies and guidelines for the development of a racial equity learning community. That guideline is [available here](#).

## **New! Podcasts: Rethinking Telehealth's Role in Treating Addiction**

Before the COVID-19 pandemic, treating substance use disorder using telehealth was rare, due in part to federal and state restrictions and limited reimbursement. But when the pandemic hit, policymakers and payers rolled back those restrictions, and telehealth use skyrocketed. A year and a half later, states and the federal government are grappling with if and how they should permanently change their policies around telehealth and addiction treatment.

A recent set of podcasts explores the use of telehealth to treat substance use disorders. These podcasts are part of the Tradeoffs series, a national health policy podcast, supported by the Better Care Playbook, that explores the intersection of health care, policy, and people, including issues relevant to complex care. This podcast series 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!](#)

### **New! Sign the Online Petition Opposing Privatization Bills**

As you may know, Senate Majority Leader Mike Shirkey recently introduced two new bills – Senate Bills 597 & 598, which attempt to reboot and expand the failed “Section 298” effort of several years ago. This legislation would privatize all Medicaid mental health services by giving full financial control and oversight or decision making to for-profit insurance companies. Supporters of Senate Bills 597 & 598 make a lot of false promises, do not be fooled these bills are a shell game, just shifting who pays the bills for a small fraction of people in the Medicaid program.

**Sen. Shirkey has ignored the voice of the people served by continuing to push this dangerous idea. The Community Mental Health Association of Michigan has launched an online petition opposing these bills, please join us and sign the petition by visiting:**

[cmham.org/advocacy](https://cmham.org/advocacy)

The bills are being falsely portrayed as improvements to the state's public mental health system. If passed into law, these bills will severely damage Michigan's Community Mental Health system and cause significant harm to the 320,000+ Michiganders who rely on its stability.

Senator Shirkey's bills also hand Michigan's funds and local decision-making to out-of-state insurance companies. This legislation will allow our local mental health care decisions to be made in corporate board rooms in Missouri, California, Minnesota, Arizona and Indiana.

Thank you in advance for your tireless support, **our strength is our numbers, and we need to show it** – please go to [CMHAM.org/Advocacy](https://CMHAM.org/Advocacy) and sign our petition AND please forward this message to your **board members, staff, and your community partners** and ask them to sign and share the petition.

### **New! House Sponsored \$1.2B Supplemental Has \$667M For COVID Testing, \$134M For Antibodies**

Addressing health care recruitment and retention, as well as funding coronavirus testing in Michigan communities, are among the top priorities for a \$1.2 billion supplemental which came before the House Appropriations Committee this week.

HB 5523, sponsored by Rep. Julie Calley (R-Portland), appropriates \$1.23 billion in federal funding, \$395.8 million of which would come from the federal Coronavirus State Fiscal Recovery Funds authorized through the American Rescue Plan Act of 2021. Among the priorities funded, the largest amount will go toward student and community COVID-19 testing. Approximately \$667 million would be allotted overall for COVID testing, \$300 million of which is earmarked for schools to buy testing kits directly and allows the state to stockpile additional tests for schools. The other \$367 million would go toward continued testing in communities throughout the state, setting aside \$100 million of that money specifically for employers.

The bill explicitly bans the state's National Guard from confiscating tests, which seems to be a direct response to some confusion last week where the Department of Health and Human Services said the Guard was moving expiring COVID testing kits from one school district to another with a more immediate need.

Funding for eight COVID-19 testing sites across the state, where individuals who qualify could also get a monoclonal antibody treatment that reduces the rates of hospitalization and deaths, is also included to the tune of \$134 million. Another \$90 million would go toward continuing vaccination programs throughout Michigan. This vaccine-related funding could not, however, be used "for marketing, education, outreach and other community engagement strategies," as outlined in boilerplate language.

The eight monoclonal antibody sites would be placed regionally across the state, with the idea being to provide the treatment that greatly reduces the hospitalization and potential death of COVID-positive individuals outside of hospitals as they deal with staffing issues and lack of space. Individuals must meet a set of criteria to qualify for antibody treatment. Under the proposal, a person would go to a testing site, and if they have COVID-19, the site would determine if they qualify and could receive the treatment right away.

Rep. Thomas Albert (R-Lowell), chair of the panel, seemed to allude to reporters on Wednesday that the bill would not pass prior to the end of the legislative year next week, although he did acknowledge it would be "great to get it done by the end of the year."

HB 5523 was not reported Wednesday, with Mr. Albert saying that he wanted to make sure lawmakers had the chance to offer any amendments to the supplemental. He did, however, emphasize that the bill was a House plan and that the next steps included getting the Senate and the Governor Gretchen Whitmer's administration on board.

"This is through the research that we've done in looking at what we can do to help Michiganders," Mr. Albert said. "It's pretty clear we can do better with early treatment. These monoclonal antibodies have proven to be very effective."

Of additional funding in the bill, \$25 million would be used to procure the treatment drug and \$24 million under the bill would be slotted for use at nursing homes and long-term care facilities.

To get more staff into health care settings, the bill also includes \$300 million for recruitment and retention bonuses. The proposal does not include any restrictions for health care facilities that are requiring vaccinations, but employers would not be able to use vaccination status to determine if a person qualifies for the bonus, as there are still exemptions in vaccine requirement policies.

Mr. Albert said earlier this week that health care facilities would come up with programs to recruit and retain workers under the spending plan.

## **New! Recent Bills See Movement in the House – Mobile Crisis Bills & HB 5165**

### SBs 637 & 638 – Mobile Crisis

This week the full House of Representatives passed two bills that would create a grant program enabling behavioral health personnel to respond to people in mental health crises instead of seeing them arrested or jailed the proposal would enhance existing services and over time lead to better outcomes and taxpayer savings.

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



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

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

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

### HB 5165

This week the House Health Policy Committee passed HB 5165, sponsored by Rep. Mary Whiteford (R-Casco Township) would align the state's ability to pay standards with the federal sliding fee discount program would allow underserved mental health providers to continue a key federal loan repayment program, as a way to attract and retain key staff.

"This program allows approved sites across our nation to recruit and retain needed professionals, including behavioral health providers, who agreed to practice in those sites in exchange for loan repayment, or in some cases, scholarships," Ms. Whiteford said. "This program is essential to helping to encourage professionals to work in rural and underserved areas in our nation and our states."

Ms. Whiteford added for mental health providers qualify for the funds, the state has to align with federal ability to pay scales. The state had been in the past, but Ms. Whiteford said the state failed to address this in the past four years.

"This has cost us to lose our national health service corps status," Ms. Whiteford said. "(HB) 5165 is a permanent fix in the statute that simply aligns our ability to pay with the federal standard."

## 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](mailto: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

### 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!**

### New! Motivational Interviewing Virtual Trainings Registration Now Open

Registration is now open for the FY22 VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, the newly expanded two-day Supervisory, MI for Leadership & Organizations!

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support

coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

*By registering for these trainings, the participant acknowledges they have read & agree to the updated virtual guidelines and terms & conditions in the brochure to ensure they can fully participate in the virtual education. Registration closes 5 business days prior to each training.*

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
Jan. 18-19, 2022	M.I. for Supervisors	<a href="#">CLICK HERE</a>
Jan. 24-25, 2022	M.I. Basic	<a href="#">CLICK HERE</a>
Jan. 27-28, 2022	M.I. Advanced	<a href="#">CLICK HERE</a>
Feb. 2-3, 2022	M.I. for Leadership & Organizations	<a href="#">CLICK HERE</a>
April 4-5, 2022	M.I. Basic	<a href="#">CLICK HERE</a>
April 7-8, 2022	M.I. Advanced	<a href="#">CLICK HERE</a>
April 19-20, 2022	M.I. for Supervisors	<a href="#">CLICK HERE</a>
April 27-28, 2022	M.I. for Leadership & Organizations	<a href="#">CLICK HERE</a>
July 11-12, 2022	M.I. Basic	<a href="#">CLICK HERE</a>
July 14-15, 2022	M.I. Advanced	<a href="#">CLICK HERE</a>
July 20-21, 2022	M.I. for Leadership & Organizations	<a href="#">CLICK HERE</a>
July 27-28, 2022	M.I. for Supervisors	<a href="#">CLICK HERE</a>

**Times:**

Training(s) start promptly at 9:00am and adjourn at 4:15pm each day. Zoom Waiting Room opens at 8:30am each morning; attendees must be logged on by 8:45am. (All times in EST)

**Training Fees:**

\$75 per person for each training. The fee includes electronic training materials and CEs.

**VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Training**

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](#))

**Agenda:**

Log into Zoom: 9:45am  
Education: 10:00am – 12:30pm  
Lunch Break: 12:30pm– 1:00pm

- April 19th, 2022 ([Register Here](#))

Education: 1:00pm – 4:30pm

**Training Fees:** \$130 CMHA Members \$153 Non-Members

### **VIRTUAL Pain Management Essentials: A Psychotherapeutic Approach**

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:**

- 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

## **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](mailto:astagg@cmham.org).

### **New! CMS Updates – State Medicaid & CHIP Telehealth Toolkit**

The CMS developed the Medicaid & CHIP Telehealth [Toolkit](#) to help states accelerate adoption of broader telehealth coverage policies in Medicaid and Children's Health Insurance Programs. On December 6, CMS released a [supplement](#) to the toolkit to provide additional support to state Medicaid and CHIP agencies in their adoption and implementation of telehealth planning beyond the Public Health Emergency (PHE) flexibilities. States can use this toolkit as they clarify and determine telehealth policies. This supplement also highlights innovative state telehealth profiles. The profiles begin on pdf page 62.

### **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. The next Provider Pilot and Professional Learning Community meeting is Dec. 14 at noon.

## 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. [View the full report.](#)

# 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.

## **New! School Crisis Recovery and Renewal's 2nd Annual Winter Institute: Strategies for Cultivating Joy and Wholeness: Recovering from School Crisis Through Connection**

**December 16, 2021**

**12:30 p.m. - 4:00 p.m. ET**

This December 16, 2021, we offer a half day dive into regulating and restorative practices that support self-care, and collective renewal. Our 2nd annual virtual SCRR Winter Institute will provide educators a guided space to slow down, tend to and resource the many parts of selves that so often get overlooked.

### **Institute Learning Objectives**

- Create a safe, generative, and regulating experience for educators, school-based mental health providers, and people who tend to the emotional well-being of youth.
- Provide an opportunity for educators to engage in practices that cultivate joy, and support meaningful connection, wholeness and healing after a big thing (crisis event).
- Engage participants in evidence based, art and movement centered activities that positively impact the process of recovery and renewal after a crisis.
- Support participants in imagining new ways to humanize learning spaces in efforts that encourage crisis recovery.

[Register here](#).

## **SAMHSA: Advancing Comprehensive School Mental Health Systems**

As children go back to school, SAMHSA is also elevating mental health resources for supporting students and staffs, created by SAMHSA's grantees through its Mental Health Technology Transfer Centers, that address mental health and resiliency in school settings:

The [Back to School After COVID-19: Supporting Student and Staff Mental Health Toolkit \(PDF | 4 MB\)](#) helps guide conversations to include a trauma-informed, equitable, and compassionate lens to providing mental health supports to every member of the school community.

[Behavioral Health Impacts During & After COVID-19: What to Expect and Ways to Prepare for the Return to In-Person Learning \(PDF | 4 MB\)](#) presents information on the impact of COVID-19, what to expect as students return to school, and ways to prepare at the staff, building, and district levels.

[Strengthening School Communities for a Safe, Supportive Return: Part 2](#) covers strategies and best practices for school systems to promote student and staff resilience, wellbeing, and success, following

COVID-related school closures. It also promotes cross-state networking and shared learning about best practices, successes, and challenges during learning modality transitions.

View more [back-to-school resources](#).

## 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](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat19@live.com](mailto:balcat19@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231) 392-6670  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

### CMHA Staff Contact Information:

CMH Association staff can be contacted at (517) 374-6848 and via the direct phone lines and e-mail addresses below:

Miranda Bargert, Policy Analyst, (517) 237-3156; [publicpolicy@cmham.org](mailto:publicpolicy@cmham.org)  
Bethany Berry, Training and Meeting Planner, (517) 237-3149; [bberry@cmham.org](mailto:bberry@cmham.org)  
Alan Bolter, Associate Director, (517) 237-3144; [abolter@cmham.org](mailto:abolter@cmham.org)  
Cheryl Bywater, Training and Meeting Planner, (517) 237-3152; [cbywater@cmham.org](mailto:cbywater@cmham.org)  
Audrey Piesz, Administrative Assistant, (517) 237-3141; [apiesz@cmham.org](mailto:apiesz@cmham.org)  
Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; [jhammond@cmham.org](mailto:jhammond@cmham.org)  
Regina MacDonald, Accounting Assistant, (517) 237-3146; [rmacdonald@cmham.org](mailto:rmacdonald@cmham.org)  
Amber Miller, Training and Meeting Planner, (517) 237-3151; [amiller@cmham.org](mailto:amiller@cmham.org)  
Robert Sheehan, Chief Executive Officer, (517) 237-3142 [rsheehan@cmham.org](mailto:rsheehan@cmham.org)  
Amy Stagg, Behavioral Telehealth Resource Center Coordinator, (517) 324-7310; [astagg@cmham.org](mailto:astagg@cmham.org)  
Christina Ward, Director of Education & Training, (517) 237-3143; [cward@cmham.org](mailto:cward@cmham.org)  
Sheryl Weir, Cultural Competence Learning Community Facilitator; [roryweir1@gmail.com](mailto:roryweir1@gmail.com)



Anne Wilson, Training and Meeting Planner, (517) 237-3153; [awilson@cmham.org](mailto:awilson@cmham.org)