

Value of CMHA to its members: CMHA accomplishments in 2022

November 2022

The dues and fees that the members of the Community Mental Health Association of Michigan provide a number of important benefits to the Association's members. Those benefits fall within the **five strategy platforms** of the CMH Association. **Examples of these benefits provided in 2022 are outlined below.**

Government relations and advocacy

1. Updated annual policy and advocacy platform, March 2021 (member approved and supported) which has given the Association staff the needed guidance in their lobbying/advocacy work.
2. Meet/foster relationships with key legislative & administration leaders
 - Identify key lawmakers & staff – budget chairs, policy chairs, leadership
 - Develop trust and credibility / content expert
 - Identify key departmental decision makers
 - Develop trust and credibility / content expert
3. Communicate in a timely fashion with CMHAM members
 - Electronic communications with members in a real-time fashion – as issues are happening. (budget material, legislation, advocacy) See [CMHA Capitol briefing video](#).
 - Use updated topics in the Weekly Update
 - Manage association's [Voter Voice program](#) - the platform for CMHA's Action Alert system
 - Coordinate message, timing, audience
 - Attend local CMH/PIHP/Regional board meetings (in person and via Zoom)
 - Held advocacy briefings via Zoom in response to threats facing our system
4. Testify on behalf of membership in various legislative settings, serving as the spokesperson for the Association's members
5. Track/follow legislative, state policy and appropriations changes impacting our membership, including providing comments on behalf of members on state policy (Medicaid) changes
6. Facilitate the Association's Legislation & Policy Committee, providing legislative updates at other association venues – committees, Director's Forum, PIHP directors meeting, SAPT, PR, Provider Alliance
7. Communicate with media on behalf of membership, providing statewide perspective on behalf of membership
8. Organize/manage the CMH PAC & Education & Advocacy Fund
 - CMHAM staff develop budgets
 - CMHAM staff target contributions appropriately
9. Coordinate efforts and message with our (2) lobbying firms – MHSA & McCall Hamilton
 - Coordinate with member lobbying firms
10. Work with the Michigan Legislature and the Governor on the state's annual budget. The government relations and advocacy work of the Association resulted in a number of successes in the FY23 DHHS budget, below are some of them:
 - Continuation of the \$2.35/hour increase for Direct Care Workers
 - Included \$101.2 million for the 14 established CCBHC demonstration sites
 - Included \$61.3 million for Health Homes to increase the number of behavioral health homes from 37 to 42 and the number of opioid health homes from 40 to 49.

- Successfully phase out the local match drawn down requirement – \$5 million per year over 5 years. (FY23 budget is year 3 of the 5-year phase out)
 - Included Opioid Settlement Fund (\$23.2 million Gross)
11. Developed and launched a comprehensive advocacy effort against legislative threats facing the public mental health system. In 2021, competing legislative proposals were introduced that would dramatically impact Michigan’s public mental health system. SBs 597 & 598 introduced by Michigan Senate Majority Leader Shirkey would move the management of all of Michigan’s Medicaid mental health services to private health plans. HBs 4925-4928 introduced by House DHHS budget chair Mary Whiteford would create 1 statewide administrative services organization to manage the Medicaid mental health services and give more control back to DHHS. CMHA crafted and implemented a strategy that would address both legislative proposals but in very different ways:
- A. Large and diverse coalition opposing Senate bills 597 and 598: Built on the longstanding collaboration among the state’s public mental health system and its local community partners, [over 100 organizations](#), representing a diverse set of interests and geography, have come out in opposition to these bills.
 - B. Strong opposition by Michigan counties: Based on the longstanding partnership with the Michigan Association of Counties (MAC), MAC and over 2/3 of Michigan counties have come out strongly against these bills. MAC’s stance upon and action in opposition to these bills is captured in Podcast 83 interview with CMHA’s Alan Bolter about threat to local control in Senate Bills 597-98 – [a special episode of MAC’s Podcast 83](#) and MAC’s [advocacy platform](#) to send a message of opposition to your senator. MAC also has a [talking points sheet](#) on mental health legislation for members’ use.
 - C. Opposition letter signed by key allies: Early in the advocacy effort, a number of organizations joined CMHA and the Michigan Association of Counties in signing a [joint statement in opposition to the bills](#).
 - D. Talking points and infographics: A number of talking point documents and infographics have been developed for use with local and statewide advocacy efforts. These resources can be [found here](#).
 - E. “Within our Reach”: concrete approaches to advancing the system – as alternative to system damaging proposals: These recommendations are captured in a document [Within Our Reach: Concrete approaches to building a world class public mental health system in Michigan](#).
 - F. Developed videos in opposition. [This video](#) outlines the dangers of these bills using illustrations and drawings – in language and drawings that make the arguments against these bills accessible to a wide and diverse audience. Working with a videographer team, its members, and a number of persons served, CMHA developed a hard-hitting first person advocacy video [“They must think that we are not paying attention; enough is enough”](#).
 - G. Action Alerts: Since these bills were introduced, CMHA has issued multiple electronic [Action Alerts](#) to its members and allies, urging them to express their opposition to these

bills. These Action Alerts have resulted in over 14,000 e-mails to Michigan legislators (each from a constituent in the legislator’s own district), with nearly 4,500 additional e-mails sent to Michigan’s Governor.

H. Social media posts: A set of “to the point” [social media posts](#) have been developed and, with the increased presence purchased by CMHA, through Lambert, they are getting wide distribution. A sample of these social media posts, found at the link above, is provided below:

Join more than 100 organizations in opposition of Senate Bills 597 & 598

Michigan Probate Judges Association, Michigan Family Court Judges Association, MASA (Michigan Association of Superior Courts & Administrators), Michigan Judges Association

Sign our petition at cmham.org/advocacy

I. Public polling: CMHA contracted with EPIC-MRA (one of the state’s preeminent public polling firms) to gauge the public sentiment around Senator Shirkey’s bills. The poll was conducted in January 2022, with a [press release](#) announcing the poll results, including that Nearly 3 times as many Michiganders oppose than support the privatization of the state’s mental health services for Medicaid patients (the purpose of Senate Bills 587 & 598) and that 76% of voters are concerned that private, for-profit health plans, do not have a good track record in treating patients with mental health needs and fear they will make matters worse.

J. Electronic media messages: CMHA and Lambert developed banner advertisements to run, daily, on both of Michigan’s capitol news services, MIRS and Gongwer - services religiously read by the state’s legislators, staff, and policy makers. Samples below:

NEW POLL FINDS

2 out of 3
LIKELY MICHIGAN VOTERS
and more than 100 Michigan-based groups
do NOT support Senate Bills 597 & 598.

OPPOSE SENATE BILLS 597 & 598

CMHA
Community Mental Health Association of Michigan

[CMHAM.ORG/ADVOCACY](https://cmham.org/advocacy)

New poll finds

76% of voters
are concerned that private for-profit health plans do not have a good track record on treating patients with mental health needs and fear they will make matters worse.

OPPOSE SENATE BILLS 597 & 598

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K. Multi-state analysis: In 2022, CMHA conducted a study of the impact of the movement of the management of a state’s Medicaid behavioral health benefit to private health plans. This study was released by the Center for Healthcare Integration and Innovation (CHI2), the research and analysis arm of CMHA. [This study](#) provides a clear-eyed picture of what happens to persons served and the public and private provider systems upon

which they rely when states move the control of Medicaid behavioral health dollars to private for-profit health insurance companies.

L. Petition in opposition to bills: Several components of this advocacy campaign urge allies to sign the petition against these bills. To date, over 7,000 Michiganders have signed this [petition](#).

M. Press coverage: Working with Lambert, CMHAs: The media relations components of this campaign – led by CMHA, Lambert, and the public relations lead on the staff of CMHA member organizations in communities across the state - have generated a large number of new stories underscoring the danger of these bills and the public's opposition to those bills. Samples of this press coverage can be [found here](#).

N. Regular advocacy briefings: CMHA's Associate Director, the leader of CMHA's government relations work, conducts half-hour briefings on these bills, related legislation, and the collective advocacy efforts of CMHA and its allies. These briefings allow CMHA members to hear, in a brief and informal dialogue, the latest on these bills and the advocacy efforts around them.

O. Dialogue with Governor: The success of this advocacy effort to bring the gravity of and opposition to these bills to the political forefront and CMHA's strengthened financial support for key elected officials led to meetings with Michigan's Governor Whitmer. Those discussions centered on the threat that these bills pose to the state's public mental health system and those Michiganders who rely upon that system.

P. Advocacy with Michigan Senators and House Members: For months, CMHA, in partnership with its multi-client lobbying partners, Muchmore, Harrington, and Smalley; and RWC, has been holding a series of focused meetings with key Senators and members of the Michigan House, urging them to oppose Senator Shirkey's bills.

Q. Dialogue with the leadership of the Michigan Department of Health and Human Services: Akin to the discussions held with the Governor, State Senators, and House Members, CMHA met with the leadership of the Michigan Department of Health and Human Services. To underscore the threat that these bills pose to the state's public mental health system and those Michiganders who rely upon that system.

12. The list of key legislative action initiatives that have been the focus of the Association's government relations and advocacy efforts includes:
 - Tracked numerous bills through the 2021-2022 legislative session.
 - Successfully advocated in support of House Bill 5165, which 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. Governor Whitmer signed the bill into law on June 6, 2022.
 - Successfully advocated in support of SBs 637 & 638, which would strengthen Michigan's mobile crisis programs by creating 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. Governor Whitmer signed the bills into law on December 29, 2021.

- Successfully advocated in support of SB 412, which maintains open access for Medicaid mental health protected drug classes so they are not subject to prior authorization via Medicaid health plans. This bill provides a sustainable solution that protects patients on proven treatment regimens. Governor Whitmer signed the bill into law on March 15, 2022.
 - Working with Rep. Julie Calley and a number long-term justice/public safety partners on HB 5593, which would develop a community-based approach to fostering recovery for persons, charged with misdemeanors, who would otherwise move through the Incompetent to Stand Trial (IST) process.
 - Working with Sen. Dan Lauwers and a number of CMHA members on SB 992, which would amend the restraint and seclusion rules for children's therapeutic group homes.
13. The Association's member communications efforts, related to government relations and advocacy included:
- Continuing the Capitol Briefing video legislative update.
 - Participated in numerous board meetings and community forums & conferences both virtually and in person to present on the latest happenings in Lansing.
14. The Association staff participated in numerous legislative fundraisers and community outreach efforts for both key Republican and Democrat members.
15. The Association staff continue to meet with numerous legislators on a wide range of legislative topics impacting our membership.
16. The Association staff meet with department officials within DHHS, LARA, Governor's office and State Budget Office.

Education and training

CMHA's education and training efforts, unlike many state associations, are broad in scope and audience reach, deep in the level of knowledge provided to participants, and diverse in their content. CMHA has a team of skilled education and training planners who provide CMHA members with access to some of the state's, Great Lakes region's, and nation's leading subject matter experts.

Examples of CMHA work, over the past year, related to this strategic platform:

1. Last fiscal year, CMHA offered almost [200 trainings and conferences](#) reaching over 11,000 individuals. Educational topics including suicide prevention, ethics, pain management tools, cultural awareness, gambling addiction, employment, waivers, job development, law enforcement, ASAM, LOCUS, CAFAS, PECFAS, motivational interviewing, LGBTQ+, substance use disorders, prescription drug overdose, NADA, co-occurring, veterans, trauma, youth and children, wraparound, ACT, CBT, TREM, anti-stigma, mindfulness, DBT, Botvin, fetal alcohol spectrum disorder, older adults, juvenile justice, clubhouses, FPE, recipient rights, behavioral threat assessment and many more.
2. One part of CMHA's long-standing educational partnership with MDHSS brings with it over \$10.5 million federal grant dollars that underwrite the cost of 144 trainings and seminars. The funding that is made available to CMHA through its contract with MDHHS, subsidizes the cost, to the staff and stakeholders of CMHA member organizations, to attend a wide range of trainings on evidence-based practices and other topics, often provided by nationally recognized experts, for

an extremely reduced attendee registration fee. Over 5,900 Michiganders were able to broaden their education and skills through this federal grant.

3. CMHA provided access to high quality educational offerings – via virtual conferences, webinars, and virtual roundtables – at a discount to CMHA members, provided by the National Council for Mental Wellbeing ([NatCon](#)) and the National Association of County Behavioral Health and Developmental Disability Directors ([NACBHDD's Legislative and Policy Conference](#))
4. One facet of our education program focuses on board members. Board member governance and education continues to evolve by regularly updating the content of our Boardworks modules. CMHA will continue to move the modules to an on-line format that will be free of charge for our members. The on-line format allows board members to continue their education from any location at a time that's convenient for them.
5. At each of our annual conferences, Board chairpersons gather for a round-table discussion of current issues and concerns allowing peer mentoring and growth.
6. The Persons Served Advisory Group meets in-person at our fall conference and meets virtually three times a year. The Advisory Group's objective is to increase the opportunities for hearing the voices of those served by Michigan's public mental health system and to discuss educational opportunities. Feedback and recommendations are brought to the Board of Directors Meetings.
7. Held several CCBHC-focused learning sessions:
 - o To foster understanding of CCBHC by the leadership of Michigan's CMHSPs and PIHPs:
 - o To foster understanding of ability of CCBHCs to serve rural communities (jointly with the National Council)
8. In recent years, CMHA has cultivated our educational partnerships with like-minded organizations to strengthen the unity between the organizations, our mutual causes and offer a unique view of the challenges that exist with an aim of working together towards resolutions to better serve the public mental health system. These partnerships, in FY 2021-22, included:
 - a. Georgetown University, Center of Excellence, Infant & Early Childhood Mental Health Consultation, reached out to CMHA to assist with their first virtual conference. This 3-day conference attracted more than 800 experts from around the nation and focused on equity, workforce development, policy, finance and research and evaluation. Because of our successful partnership, Georgetown University requested our conference coordination skills for a second virtual conference, Building Resiliency Through Connection.
 - b. The Association was named the Michigan link to the SAMHSA Great Lakes Mental Health Technology Transfer Center (MHTTC) - serving as the Michigan-specific evidence based practice pipeline to and from SAMHSA and the members of the CMH Association. Through this partnership with the MHTTC and SAMHSA, often in collaboration with other partners:
 - i. Preventing Suicide in Michigan Men learning community (in partnership with the Central Michigan University Medical School)
 - ii. Cultural Competence Learning Community
 - iii. Behavioral Threat Assessment seminar (in partnership with the Michigan State Police, Michigan Department of Education, and MDHHS)

Policy analysis and fiscal analysis

The CMH Association carries out a range of policy and fiscal analyses approaches – from the design and implementation of data gathering approaches, drawing information from across the Association’s membership to the synthesis of the findings of these data-gathering efforts in in-depth analyses provided to the Association’s members and policy makers; from the collection and analyses of a wide range of fiscal data with the aim of fostering wise decision making and advocacy around a range of issues that impact the members of the Association and the persons and communities served by the fAssociation’s members.

Examples of CMHA work, over the past year, related to this strategic platform:

1. Develop and issue white papers, from the Association’s Center for Healthcare Integration and Innovation (CHI2), on topics of vital importance of the Association’s members.

The Center for Healthcare Integration and Innovation (CHI2) is the research and analysis office within the Community Mental Health Association of Michigan (CMHAM). The Center, in partnership with the members of the CMH Association, leaders, researchers, consultants and advisors from across Michigan and the country, issues white papers and analyses on a range of healthcare issues with a focus on behavioral health and intellectual/developmental disability services. The CHI2 white papers can be found at the [CMHA CHI2 webpage](#).

In FY 2021-22, those CHI2 white papers included:

- Healthcare Integration and Coordination – 2021/2022 Update: Survey of Initiatives of Michigan’s Public Mental Health System
- Recommendations on Advancing the Nation’s Mental Health Systems
Impact of the Movement to Private Managed Care System for Publicly Sponsored Mental Health Care: Perspectives from Other States . [This study](#) provides a clear-eyed picture of what happens to persons served and the public and private provider systems upon which they rely when states move the control of Medicaid behavioral health dollars to private for-profit health insurance companies.

Past CHI2 white papers have included and can be found at the [CMHA CHI2 webpage](#).

2. Carry out in-depth and accessible fiscal analysis related to a number of financing and policy issues:
 - Fiscal analysis that forms the data backbone of the Association’s advocacy effort around addressing the systemic underfunding of Michigan’s public mental health system. This fiscal analysis examines a number of fiscal issues that impact the public mental health system including the monthly analysis of actual Medicaid revenues to the system in comparison to projected revenue
 - Fiscal analysis, in partnership with those in the direct care worker coalition, that led to the approval, by the Michigan Legislature, for increases in the Medicaid rates paid to the system to provide wage increases to the direct care workers in the system
3. Developed analysis and recommendations on Michigan’s post-state demonstration CCBHC initiatives
4. Developed, in concert with the CMHA Behavioral Telehealth Advisory Group, recommendations and comments related to Michigan’s post-pandemic Medicaid telehealth policies.

Representing and linking members with dialogue and co-development venues, information, resources, partnerships

The CMH Association links to, and draws in the Association's members and partners into, a range of decision making venues and in dialogue with decision and policy makers, using a range of methods - from active participation on state and national workgroups to active participation on statewide and national coalitions; from serving as key informants in policy development efforts to serving to draw in the members of the Association, those served by the Association's members and other stakeholder – with the aim of strengthening and empowering the members of the Association and those whom they serve.

Examples of CMHA work, over the past year, related to this strategic platform:

1. Formed and operated [Michigan's Behavioral Telehealth Resource Center](#) (initially with funding from the Michigan Health Endowment Fund)
 - Behavioral Telehealth Advisory Group – as a venue for ensuring that the thinking of clinicians, organizational leaders, and advocates drove the state's behavioral healthcare system design
 - Resource Center website
 - Developed, in concert with the CMHA Behavioral Telehealth Advisory Group, recommendations and comments related to Michigan's post-pandemic Medicaid telehealth policies.
2. Publish [CMHA Weekly Update](#) providing over 1,600 readers with up-to-date information on a range of topics:
 - News related to Association's members and CMHA
 - State legislative and policy activity
 - Federal legislative policy activity
 - Educational offerings available from the Association and other reliable sources
3. Negotiate, on behalf of the CMH system, the CMH contract with MDHHS – leveraging the solidarity across the membership that leads to better outcomes to these negotiations
4. Formed and supported the CMHA Persons Served Advisory Group
5. CMH Association staff spoke at dozens of meetings of the Boards of directors and/or senior leadership of Association members on a range of issues, including state and national developments
6. Built and sustained strong partnership role with the major statewide advocacy organizations:
 - NAMI Michigan
 - Arc Michigan
 - Association for Children's Mental Health
 - Mental Health Association in Michigan
 - Disability Rights Michigan
 - Michigan Disability Rights Coalition
 - Autism Alliance of Michigan
7. [Connections electronic journal](#): periodically published electronically and distributed to readers across the state; posted on CMHA website
8. Developed and maintained active membership and, often, leadership in coalitions, recruiting Association members to serve as Association representatives to these state level coalitions. Some of these coalitions and workgroups include:
 - Direct Care Wage Coalition
 - Children's Special Health Needs – CMHA collaboration workgroup
 - Michigan Health Endowment Fund's Behavioral Health Stakeholders Group
 - With One Voice and Kevin's Song (statewide suicide coalition and conference)

9. Actively participate, by CMHA and CMHA members, in MDHHS workgroups and/or recruited Association members to serve as Association representatives to these workgroups, including, in FY 2020:
 - Incompetent to Stand Trial (IST) workgroup
 - Governor’s Mental Health Diversion Council
 - Incompetent to Stand Trial (IST) initiative
 - Assisted Outpatient Treatment (AOT) initiatives
 - CMH children’s bureau consultation
 - Home and Community Based Services Implementation Advisory Group
 - Medicaid Ratesetting Workgroup
 - Practice Improvement Steering Committee
 - Behavioral health fee screen development group
 - Cost Allocation Workgroup and CEOs oversight group
 - Uniform Release of Information Advisory Group
 - Medical Services Advisory Group (Medicaid advisory group)
 - Encounter Data Integrity Network (EDIT- longstanding workgroup)
10. National partnerships:
 - [National Council for Mental Wellbeing](#)
 - i. Link to national legislative and policy efforts
 - ii. Regular dialogue with National CCBHC technical assistance center
 - iii. Support for CMHA efforts to fight privatization and related erosion of the system
 - iv. Large number of CMHA member staff and Board members attend, at a discount, National Council conference
 - v. Several representatives CMHA members serving on Board of Directors
 - [National Association of County Behavioral Health and Developmental Disability Directors \(NACBHDD\)](#)
 - i. Link to national legislative and policy efforts specifically linked to the work of county-based systems,, such as Michigan’s
 - ii. Access to high level federal health care administrators and policy makers via Annual Legislative and Policy Forum
 - iii. Representatives of several CMHA members serving on the Board of Directors
 - iv. CMHA CEO serving as the Chair of the NACBHDD Board.
11. Law Enforcement and judiciary partnerships (around the convergence of mental health and law enforcement)
 - Michigan Sheriffs’ Association
 - Michigan Association of Chiefs of Police
 - Michigan Commission on Law Enforcement Standards
 - Prosecuting Attorneys Association of Michigan
 - State Court Administrator’s Office
 - 911 State Office
9. K-12 partnerships
 - 31n Advisory Group (funding for school-based mental healthcare)
 - 31n leadership consultation
 - Behavioral Health Learning Collaborative of Michigan

Media relations and public relations

CMHA, in partnership with the CMHA Public Relations Committee and the public relations firm of Lambert, carries out a substantial number of media-relations efforts focused around issues of focus by CMHA and its members. Examples of those efforts, during FY 2020, include:

1. Strong media presence (carried out in partnership with Lambert (CMHA's public relations partner) and the CMHA Public Relations Committee. These stories are found on CMHA's Newsroom webpage: <https://cmham.org/newsroom/>
 - o Editorials on a range of mental health issues
 - o Press releases on key events, legislative and policy positions
 - o Large number of social media posts on a range of mental health topics
 - o Infographics on the strengths of and recommendations by the public mental health system
2. Statewide survey and press work on the public's view of the state's public mental health system and efforts to privatize that system: CMHA contracted with EPIC-MRA (one of the state's preeminent public polling firms) to gauge the public sentiment around Senator Shirkey's bills. The poll was conducted in January 2022, with a [press release](#) announcing the poll results.
3. Electronic media messages: CMHA and Lambert developed banner advertisements to run, daily, on both of Michigan's capitol news services, MIRS and Gongwer - services religiously read by the state's legislators, staff, and policy makers. Those messages can be found at: <https://www.cmham.org/take-action-now>
4. [Social media posts](#) on a range of topics, most recently focused on thwarting the threats posed by SB 597 and 598.

