**From:** Monique Francis [mailto:MFrancis@cmham.org]
**Sent:** Tuesday, March 24, 2020 9:29 AM
**To:** Monique Francis <MFrancis@cmham.org>
**Cc:** Robert Sheehan <rsheehan@cmham.org>; Alan Bolter <ABolter@cmham.org>
**Subject:** Update on COVID19-related work of Michigan’s public mental health system and CMHA

To: Members of the Executive Board and Steering Committee, Board Chairpersons, CEOs of CMHs, PIHPs, and Provider Alliance members

From: Robert Sheehan, CEO, CMH Association of Michigan

Re: Update on COVID19-related work of Michigan’s public mental health system and CMHA

THE TIRELESS, INNOVATIVE, COURAGOUS, AND COMPASSIONATE WORK OF MICHIGAN’S PUBLIC MENTAL HEALTH SYSTEM IN RESPONDING TO COVID19

Michigan’s public mental health  - its public community mental health (CMH) centers serving all of Michigan’s eighty-three (83) counties, its public specialty mental health-focused Medicaid health plans (created and governed by the state’s CMHs), and the private organizations making up the provider networks of these public bodies – is responding to the COVID19 pandemic with innovation, courage, and compassion.

Over 300,000 Michiganders rely upon this system, every year, to ensure that they can live full lives  - through recovery, self-determination, full community inclusion and access to quality the mental health services and supports. Whether persons with mental illness or emotional disturbances, intellectual or developmental disabilities, or substance use disorders, the residents of this state have come to rely on a nation-leading public mental health system.

COMMITMENT TO SERVICE: The commitment by this public system to continue to serve these resilient and vulnerable persons, in the face of the COVID19 pandemic is highlighted by the work of the system as summarized below.

Michigan’s public mental health system remained open when other public services – schools, city and county buildings and operations closed - prior to the March 23 stay-at-home order and continues to remain open even during the Governor’s “work from home” order

To ensure that clients continue to receive services while preventing COVID19 contagion, the system provides a wide variety of mental health services via telehealth methods (phone, zoom/live video, text, e-mail):

* 24/7 crisis services – pre-admission screening, crisis intervention and referral
* Ensuring that persons who were formerly served in congregate settings (drop-in centers, Clubhouses, day program-like settings, etc.) receive the support and connection that they need
* Supports coordination or case management
* Homebased services to children and adolescents
* ACT services
* Psychiatry and related medical/psychiatric care
* Psychotherapy

In-person, face-to-face services and supports continue for hundreds of thousands of Michiganders in need of mental health care including:

o   Community living supports and personal care in group homes

* Community living supports and personal care in supported independent living, the client’s apartment, or home
* Community living supports and personal care in the community (appointments, shopping)
* Medication Assisted Treatment
* Medication distribution or pick-up

Additionally, the system provides in-person services and supports of the following types when telehealth methods are not sufficient or appropriate to meet the needs of the client or the client cannot use of is resistant to the use of telehealth methods:

* 24/7 crisis services (pre-admission screening, crisis intervention, and referral)
* Supports coordination or case management,
* Homebased services
* ACT services
* Psychiatry and related medical/psychiatric care
* Psychotherapy

The system is also involved in a set of efforts, aimed at preventing COVID19 contagion by the persons served by our organization, their families, and the systems staff:

* Regular COVID19 screenings for clients and staff
* Ensuring social distancing by assisting clients in relocation from group homes to residences with smaller number of residents
* Deep cleaning of residential facilities
* Identification of respiratory isolation area

DIFFICULTIES AND BARRIERS FACED: While working to ensure that mental health services and supports continue for hundreds of thousands of Michiganders, the system faces considerable barriers – many of which are faced by health and human services workers and organizations across the country. Those difficulties and barriers are outline below.

The COVID19 pandemic has made recruitment and retention of the state’s mental health workforce – made up of psychiatrists, nurses, nurse practitioners, physician assistants, masters and bachelors level clinicians, and direct care workers (direct support professionals) much more difficult. The fear of contagion and increasing demanding working conditions - factors fueled by COVID19 – have made already deep workforce shortage even more acute.

The supply of personal protective equipment, especially surgical masks (N95 or any mask) and screening/preventive equipment, especially thermometers (forehead (temporal artery), ear (tympanic), or any other type) is insufficient to meet the needs of the state’s mental health workers and organizations.

It is impressive that Michigan’s public mental health system and its workforce continues to serve, with innovation, commitment, courage, and compassion as the state’s mental health safety net and community resource, as it has for over fifty-year, in the face of the difficulties brought on by the COVID19 pandemic.

WORK OF THE COMMUNITY MENTAL HEALTH ASSOCIATION TO SUPPORT ITS MEMBERS – THE PUBLIC MENTAL HEALTH SYSTEM – AS THEY RESPOND TO COVID19

So that you, CMHA members, have a sense of what this association has been doing to support your work on the frontlines of service to Michiganders during the COVID19 pandemic, below is a summary of some of that work.

1. CMHA developed a webpage that provides a comprehensive set of COVID19 resources- those most relevant to the association’s members and those Michiganders served by our members and our association. CMHA regularly updates this website. The website is found at :<https://cmham.org/resources/covid-19-resources/>)

2. CMHA provided recommendations to the Michigan Department of Health and Human Services (MDHHS) as it worked to implement the approval of a broader range of telehealth encounters than has been traditionally allowed. This change, in advance of getting approval for an 1135 Medicaid waiver (the 1135 waiver is the mechanism by which CMS is allowing states to modify their Medicaid programs in response to COVID19 ) will allow home-based services, targeted case management, and many other community--based services in the face of the COVID-19 pandemic.

CMHA applauds MDHHS for this effort – well beyond what other states have done relative to Medicaid-funded telehealth.

3. CMHA worked with the MDHHS on the state’s 1135 Medicaid waiver, described above, which is slated to be submitted in the next few days.  The Association recommended waiver request components that will allow much greater flexibility  or Michigan’s public mental health system to ensure that a wide range of mental health services continue during the  COVID19 pandemic.

4. On a related effort, that this change may not take a Medicaid 1135 waiver (this is unclear at this point; although CMHA included it in our 1135 waiver recommendations) CMHA continues to work with the state to allow the Association’s payer members (CMHs and PIHPs/Regional Entities) to make Medicaid payments, at traditional levels (with year-end cost settlements) to the fee for service providers (also members of our association)  in the face of their dramatically reduced encounters, due to COVID19-related social distancing and the governors executive order to close group gatherings, public transit and other public exposure risks.

The aim of such a change would be to stabilize provider networks, prevent the layoff of clinical staff and direct service workers, and allow the provider organizations to get their feet on the ground to provide, once again, services in new ways, including the recently approved telehealth modalities. What CMHA is working to avoid is a large number of provider organizations going out of business, leaving a mental health service desert when the COVID19 pandemic abates. MDHHS is forging new territory in this area; we are hopeful that this can be implemented at this time of chaos.

5. In partnership with other state associations, most notably the Michigan Health and Hospital Association, CMHA advocated for the passage of a package of bills in the Michigan Legislature, HB5412-5426, making telemedicine assessable in nearly every setting, through a variety of means, and by a wide range of practitioners.

6. CMHA, in partnership with NACBHDD and the National Council, is working with U.S. Senator Stabenow’s Office to ensure that mental health services, systems, and providers are supported and aided by the COVID-19 bills working their way through the US House and Senate (HR 6074).

7. CMHA has kicked off a “heroic story campaign”, tied to the COVID19 pandemic, as part of a broader “Accurate Picture Campaign” that the Association had in the works prior to the onset of COVID19. As you may remember, CMHA initiated an “Accurate Picture Campaign” as one of the core elements of our association’s advocacy work.  This campaign aims to highlight, in accessible formats and terms, the strengths of Michigan’s public mental health system (one of the best in the country)

With the advent of the COVID19 pandemic, the first phase of this campaign will highlight stories of excellence, innovation, selflessness, and heroic effort in response to the COVID 19 pandemic. CMHA will use these stories as part of a media relations effort, in partnership with the skilled PR firm of Lambert, aimed at media markets across the state.

8. With the ban on group meetings causing the cancellation of a substantial number of professional development offerings of CMHA, the Association is working with MDHHS to convert many of the education and training offerings co-sponsored by MDHHS and CMHA – a good number of them also cobranded with SAMHSA’s Mental Health Technology Transfer Center (MHTTC)- to a virtual format. The design and development work to make this conversion and thus, these educational offerings available to practitioners across the state, is considerable and is involving all of CMHA’s Education and Training Planning staff.

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