



Michigan Association of **COMMUNITY MENTAL HEALTH** Boards

April 14, 2017

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance
Executive Board

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

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New format for Friday Facts highlights its multiple purposes: The Friday Facts is designed to fulfill two distinct needs: to highlight the work and accomplishments of individual MACMHB members and to be a source for MACMHB members to get information gleaned from across the nation and the state on a wide range of topics, without the members having to spend their time identifying and reviewing these numerous information sources (a "one-stop-shop" for information on the national and state developments in our field).

In an effort to ensure that both needs are met, the Friday Facts is now redesigned to have focused segments revolving around state and national developments and resources; the work and accomplishment of MACMHB member organizations; as well as the longstanding Friday Facts sections focusing on state legislative action; national Congressional, executive, and judicial action; and MACMHB committee schedules, membership, minutes, and information.

Highlighting the work of individual MACMHB members: If your organization has an event or accomplishment that you would like highlighted in an upcoming Friday Facts, send the article (200 words or less with the exact wording that you would like to have included in the Friday Facts) that you would like included in an upcoming MACMHB Friday Facts, to Bob Sheehan at rsheehan@macmhb.org. Feel free to provide a website address in the article, if that website can provide Friday Facts readers with additional information on the topic covered in the article (i.e., copy of an article, story, photos, and video).

WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

Detroit/Wayne CMHA CEO announces departure

Below is an excerpt from a recently released letter from Tom Watkins, CEO of the Detroit Wayne Mental Health Authority (DWMHA), announcing his departure from that position, on August 31, 2017.

I wanted to reach out and let you know that I have decided not to accept my Board of Director's offer to extend my contract with the Detroit Wayne Mental Health Authority (DWMHA). My last day will be August 31, 2017. I want to extend my thanks and appreciation for the great providers, advocates and community partners who work tirelessly giving a voice to the voiceless. Together we have made significant strides in service to people in need.

I look forward to the great things that you all have yet to achieve for the people we serve throughout Detroit and Wayne County. It has been an honor to work with you.

Tom leaves a strong legacy at the Detroit/ Wayne Community Mental Health Authority and across the state.

TTI receives CARF Accreditation

Below is a recent announcement, from Training & Treatment Innovations, Inc. (TTI), a MACMHB member, regarding their receipt of full CARF accreditation.

Training & Treatment Innovations, Inc. (TTI) has once again received a three-year accreditation from CARF International. TTI is accredited through April 2020 for several of its programs, including Assertive Community Treatment, Case Management/Services Coordination, Community Integration and Outpatient Treatment. This is the seventh consecutive time CARF has awarded accreditation to TTI.

In its Survey Summary of TTI, CARF commended the organization on several points, including the following:

- "Staff members demonstrate commitment and care in their engagement and inclusiveness of each person served. Persons served acknowledge their high levels of satisfaction with services provided."
- "Teamwork, mutual respect, and cooperation with open and supportive communication are adjectives used by staff to describe the culture throughout the organization."
- "The organization has implemented evidence-based practices in its programs that aid in providing quality care and positive results for the persons served."

TTI is a private, not-for-profit organization, incorporated in May 1987. TTI provides a variety of services for persons with developmental disabilities, emotional impairments, mental illness, co-occurring substance abuse disorders, veteran status and homeless.

Congratulations to TTI.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Bridge Magazine: advocates speak out on the need for Michigan's mental health system to remain public

Today, two of the state's leading advocates, Mark Reinstein, of the Michigan Mental Health Association in Michigan, and Dohn Hoyle, of the Arc Michigan, authored a guest commentary regarding their view in the current state-level debate on the public control of the state's public mental health system. The commentary is sound, insightful, and reflects the views of consumers, families, advocates, and stakeholders, including this association. The commentary can be found at:

<http://www.bridgemi.com/guest-commentary/mental-health-service-and-payment-should-remain-public-hands>

Michigan Radio: first hand discussion of the impact of the public mental health system

Below is the introduction to an interview, recently carried on Michigan Radio, with Jerri Nicole Wright, a consumer of CMH services, in which she outlines, with clarity and candor, the benefits that she has received from the public mental health system. She goes on to discuss the importance of keeping the public system public.

The future of mental health in the state of Michigan is at a crossroads. Governor Rick Snyder has \$2.4 billion in mental health care funding to spend. Lawmakers and advocates on both sides of the health care debate are trying to determine who should manage that money.

Jerri Nicole Wright is a Lansing resident and longtime consumer of state mental health service. She joined *Stateside* to talk about her journey through Michigan's mental health care system.

The entire radio interview can be found at:

<http://michiganradio.org/post/woman-mental-illness-weighs-future-behavioral-health-services>

Association issues guest editorial on the power of consumer voice and performance in the 298 debate

Recently, MACMHB issued a guest editorial on the current Section 298 debate. This editorial, excerpts of which appear below, is only one of the dozens of stories in the press and public statements by consumers, advocates, and stakeholders on the need to retain the public control over the core public policy functions of the state's behavioral health and intellectual/developmental disabilities services and supports system.

Voice of Michiganders and track record of CMH system underscore need to retain Michigan's strong public mental health system

The Michigan Legislature is in the process of making decisions that will profoundly impact, positively or negatively, the lives of over 300,000 of Michigan's most vulnerable and resilient residents and their one million family members and friends. These decisions, driven by what has become known as the Section 298 initiative, revolve around whether to ensure that the state's public mental health system, one of the best in the country, remains a public system, driven by the voices of local citizens, or whether to begin the erosion of this system with its conversion to a privately controlled for-profit system.

We join the thousands of Michigan residents, served by this public system, who, as part of the inclusive state-wide 298 dialogue process, voiced their support for retaining the public management of this taxpayer supported system, the state's Community Mental Health (CMH) system. We urge the Michigan Legislature to use the recommendations contained in the recently completed 298 Report— a report that reflects the views of nearly 2,000 Michigan residents who strongly recommended that the state's public mental health system remain a publicly managed system - and the strong track record of the state public mental health system in making these decisions.

The track record of the state's public mental health system - more accurately described as the state's mental health, intellectual and developmental disabilities, and substance use disorder system - provides strong support for the need to not only retain but to advance the capacity of this public system.

- **Michigan's CMH system provides one of the broadest array of cutting edge, community-based mental health services and supports anywhere in the country.** These services include an array of evidence based practices and are provided in the homes, classrooms, and workplaces of the persons served as well as in emergency rooms, courthouses, childcare centers, primary care clinics, homeless shelters, nursing homes, jails, and, quite literally, in the streets and under bridges across our communities.
- Michigan's CMH system has pioneered, through **over 750 initiatives in communities across our state, the integration of mental health care and physical health care** – ensuring that these two service systems are coordinated in serving the whole person. It is this coordination and integration of care, on the ground, where the care is provided, that matters to consumers/patients and their families.
- A recent report showed that the **public CMH/PIHP system, in serving as the managed care organization for the state's Medicaid mental health benefit since 1998, saved the state over \$5 billion dollars during this time.** If the Legislature allows the public management of this system to continue, this study found that the savings would be an additional \$7 billion over the next ten years
- The public CMH system has been at the forefront of converting what was primarily an institution-based system, with large numbers of Michigan citizens spending their lives in state institutions, to a community based system. In addition to the tremendous improvements in the freedom and quality of life enjoyed by persons served in their home communities rather than state institutions, **this dramatic transformation in mental health delivery has allowed the system to serve an additional 44 persons for every person allowed to leave or prevented from spending their lives in state institutions.** This often overlooked **return on investment (ROI) of 4500%** and the efficient and effective public mental health service delivery system that made this possible, places Michigan's CMH movement at the forefront of the state's healthcare transformation efforts
- **Because Michigan's CMH system is a public system, any savings that the system creates are reinvested into the system; they do not leave in the form of profits.** Given this, Michigan taxpayers and those served by the system are assured that their access to mental health services has never been and will never be compromised by a drive for profit taking.

The Michigan Legislature and the Michigan Department of Health and Human Services showed tremendous foresight and courage in rejecting the profit-driven offers, made by some private health plans, to take over the system, when it initiated the inclusive and stakeholder driven 298 planning process. **We urge them to continue to show this foresight and courage in implementing the bold and innovative recommendations contained in the 298 Report – recommendations that revolve around the need to retain and further advance the public management of the state's public mental health system.**

MACMHB and other healthcare advocates form Protect MI Care coalition

This Association joined with a number of other health and human services organizations to form the Protect MI Care coalition. This coalition was formed to promote sound decision making, in Washington DC, around a number of significant healthcare policy issues, including changes to the Medicaid program and the ACA. Below is a summary of the work of the coalition and the principles upon which it is founded.

Protect MI Care is a diverse group of organizations and individuals working together to ensure all Michigan citizens have access to high quality, affordable health insurance to improve the health of people and communities.

The Affordable Care Act and the Healthy Michigan Plan have combined to:

- Provide health insurance to about 1 million Michigan residents who were previously uninsured
- Provide a viable marketplace for individuals to purchase health insurance
- Encouraged more employers to offer employees health insurance, reversing a dangerous trend

We believe any health insurance legislation approved by Congress should:

- Protect people by ensuring our current high rate of insurance coverage (94 percent) continues.
- Protect the estimated 30 percent of Michiganders with pre-existing conditions by ensuring they continue to have affordable coverage without state tax support.
- Protect health care providers and those who pay for health insurance (including employers) by ensuring uncompensated care costs continue to decrease.
- Protect low income families by providing federal subsidies so that nobody pays more than 10 percent of household income for health care.

We further believe that any action by Congress should:

- Not move to replace the federal health care law unless and until a replacement plan is first in a place, a position strongly supported by state voters.
- Stabilize the insurance marketplace by providing consistent, long-term policy, as required by insurers.
- Ensure that states including Michigan that agreed to Medicaid expansion continue to receive the federal support promised them.

For more information, go to: <https://protectmicare.com/>

Two high quality discussions of policy developments at the federal level to be offered on May 1

A. Registration still open for Michigan Health Policy Forum event

Below is the announcement (repeated from an earlier Friday Facts), of the upcoming Michigan Health Policy Forum, of which this Association is a board member.

The world of health policy is changing almost faster than we can upgrade the Forum agenda. Within the past week we have gone from the rejection of "repeal and replace" to "Obama care is the law of the land" to behind the scenes conversations between the Trump Administration and the Freedom Caucus to forge a new agreement on the "repeal and replace" legislation. Fortunately, the May 1 Michigan Health Policy Forum speakers have the expertise to address whichever issues we are facing.

Michigan Health Policy Forum
May 1, 2017
1:00 – 4:00 pm
Eagle Eye Golf Course, Bath Township, Michigan

Speakers include: Opening by Randolph Rasch, PhD, RN, FAANP, Dean, MSU College of Nursing; with the keynote by Gail Wilensky, PhD, speaking on "What We Have Learned in the First 100 Days of the Trump Administration". The reactor panel will include: Steve Fitton, Principal, Health Management Associates, James "Chip" Falahee Jr., Senior VP, Bronson Healthcare Group; Gilda Jacobs, President, Michigan League for Public Policy; Ms. Marti Lolli, MBA, Senior Vice President, Priority Health; James Craig Mitchiner, MD, MPH, Medical Director, Michigan Peer Organization; Mr. Chris Priest, Deputy Director, Medical Services, MDHHS;

We hope you can join the Michigan Health Policy Forum on May 1 as our panel of experts discuss these and many other questions that Michigan will face in the coming months.

<http://www.michiganhpf.msu.edu/index.php/spring-2016-forum-registration>

B. IPPSR offers review of first 100 days of Trump administration

The Institute for Public Policy and Social Science Research (IPPSR) will be offering a discussion of the first one-hundred days of Trump administration at:

5:30 pm
May 1, 2017
Auditorium
Kellogg Center
219 S. Harrison Road, East Lansing, Michigan
Michigan State University

Excerpts from the description of the event are provided below:

Nationally known columnists Bill Kristol of *The Weekly Standard* and Ron Fournier of *Crain's Detroit Business* will review healthcare, immigration, foreign policy and tax policy and the national budget – among others – under the new Trump administration.

Kristol is editor at large of *The Weekly Standard*, a conservative magazine. He's a regular political commentator on ABC's *This Week*. Fournier is publisher of *Crain's Detroit Business*, a former columnist for *National Journal* and former writer for *The Associated Press*.

Kristol and Fournier have closely followed Clinton, George W. Bush and Barack Obama's years in the White House. Zoe Clark, who follows state and national politics as Michigan Radio's program director, will moderate. The special engagement begins at 5:30 p.m. and takes place in the Auditorium of MSU's Kellogg Center Hotel and Conference Center, 219 S. Harrison Road, East Lansing, MI.

The special program is free and open to the public. but advance registration is encouraged at <https://ippsr.msu.edu/first-100-days-trump-administration> or by calling 517-353-1731

MSHDA and HUD announce rental assistance program for persons with disabilities

Below is a recent announcement, from the Michigan State Housing Development Authority (MSHDA) and the U.S. Department of Housing and Urban Development (HUD) regarding the federal Section 811 program. Consumers and families, served by Michigan's CMH, PIHP, and provider system will find this resource invaluable to assuring access to safe, accessible, and affordable housing.

U.S. Department of Housing and Urban Development (HUD)
Section 811 Project Rental Assistance (811PRA) Program

COMING SOON TO A CITY NEAR YOU!

The U.S. Department of Housing and Urban Development's (HUD) Section 811 Project Rental Assistance (811PRA) Demonstration Program allows persons with disabilities to live as independently as possible. The goal of the 811PRA program is to expand the number of supportive housing units available in order to promote the integration of low-income people with disabilities into the community who might otherwise be institutionalized or become homeless. The program is intended to support people with disabilities that qualify for Medicaid in their transition out of nursing facilities, out of foster care, out of homelessness, or to maintain housing and thereby avert homelessness.

Eligible Residents

- Extremely low-income households with incomes at or below 30% of Area Median Income (AMI);
- Households must consist of at least one non-elderly adult with a disability;
- Disabled member of household must be between the ages of 18 and 61 upon admission to the program.

For more information, please contact Cathy Calkins, 517-373-1886, calkinsc@michigan.gov.

SAMHSA offers webinar on veterans mental health services

Below are excerpts from a recent announcement of resource from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) on an upcoming webinar centered around services to veterans.

SAMHSA's Service Members, Veterans, and their Families Technical Assistance Center Presents:
Understanding and Responding to the Emerging Behavioral Health Needs of Military Drone Operators

Date: Tuesday, April 25, 2017

Time: 2:00 – 3:30 p.m. (ET)

Register: <https://goto.webcasts.com/starthere.jsp?ei=1135963>

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Service Members, Veterans, and their Families (SMVF) Technical Assistance (TA) Center will host a webinar that will provide information about the role of operators supporting RPA missions, the stressors they face, and the behavioral health supports that are available for them. The webinar will also explore ways to connect SMVF with the specialized supports they need in order to strengthen their resiliency. SAMHSA's SMVF TA Center works with state and territory interagency teams throughout the country to strengthen their SMVF-serving behavioral health systems.

Moderator: *Angela Wright, J.D.* | Assistant Project Director, SAMHSA's SMVF TA Center, Policy Research Associates, Inc.

Presenters: *Wayne Chappelle, Psy.D., A.B.P.P.* | United States Air Force Surgeon General Consultant and Team Leader for Aeromedical Operational Clinical Psychology ; *Lillian R. Prince, M.S.* | Program Manager, Occupational Health Research, United States Air Force School of Aerospace Medicine, Prince Research and Analytic Solutions, L.L.C.

CHCS announces brief on practice transformation assistance in SIM initiatives

Below is an announcement from the Center for Healthcare Strategies (CHS) on its recently published on a range of practice transformation tools and resources that are available through CHS and its partners.

Center for Healthcare Strategies - Practice Transformation Assistance in State Innovation Models:

The federal State Innovation Model (SIM) initiative is striving to achieve statewide multi-payer care delivery and payment reforms for roughly 80 percent of the population within participating states. To realize this goal, SIM states and territories are helping health care providers transform their practices to be more patient-centered, while improving patient outcomes and reducing health care spending.

Practice transformation assistance prepares clinicians for new payment models that reward them for delivering coordinated and high-quality care. This brief describes practice transformation assistance activities and related efforts that four SIM states — Colorado, Idaho, Oregon, and Vermont — are offering to their provider communities. It details four broad areas of practice transformation assistance being used by states including: (1) tools and resources; (2) trainings; (3) learning collaboratives; and (4) direct assistance.

The brief can be found at: http://www.chcs.org/resource/practice-transformation-assistance-state-innovation-models/?utm_source=CHCS+Email+Updates&utm_campaign=f258279ddd-Practice+Transformation+in+SIM+-+4%2F4%2F17&utm_medium=email&utm_term=0_bbc451bf-f258279ddd-152144421

CBPP issues paper on impact of ACA on services to persons with SUD

Below is an announcement from the Center on Budget and Policy Priorities regarding its recently issued paper on the value of the ACA to persons with substance use disorders:

"... to draw your attention to (the) new paper, out today, showing how important it is to maintain and expand access to treatment that the ACA gave to millions of people with substance use disorders. You can read it here:

<http://www.cbpp.org/research/health/building-on-acas-success-would-help-millions-with-substance-use-disorders>

Specifically, (the paper) outlines how important the Medicaid expansion has been for millions of people with substance use disorders – helping them gain health coverage and access treatment.

"...you can help (by) sharing it with your networks. You'll find shareable graphics [here](#) that you can access through

Dropbox. https://www.dropbox.com/sh/6fm7q2oxbyfzhiu/AACwgt_D4jQtFGDqWH0Kcmqva?dl=0

Feel free to use this via any social media platform.

Slides from ACE Initiative kick off available

The Michigan ACE (Adverse Childhood Event) Initiative, for which MACMHB is an Advisory Council member, recently held its kick-off. This event featured Dr. Robert Anda, the lead researcher in the original ACE study and many subsequent studies, and Laura Potter, who leads Washington state's effort to use ACE awareness to change the health and quality of life outcomes for Washington's residents. The slides from those two events, attended by a number of this Association's members are available at: <http://mahp.org/ace-grant>

Don't Forget About the 2017 PAC Campaign

Earlier this year we announced our 2017 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2017 PAC efforts. As you know, our CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

Boards should forward the results of their campaign and donations to the Board Association offices by May 5 (if available). The results of the campaign will be on-site at the Spring Conference in Dearborn. Final donations should be sent to MACMHB no later than June 30, 2017 in order to be in the drawing for the Detroit Tiger tickets if eligible. This year's Tiger game is Saturday, July 15 at 6:10pm vs. Toronto Blue Jays.

Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)

Thank you. Please feel free to contact Bob or Alan with any questions.

LEGISLATIVE UPDATE

House Subcommittee Set To Report DHHS Budget Next Week

The multibillion dollar budget bill for the Department of Health and Human Services will be reported next week, Rep. Edward Canfield said Wednesday, and like other House budgets to this point, the General Fund portion will be less than what Governor Rick Snyder proposed. However, little detail to what the House recommendations will look like has not been released. The House is in session Wednesday and Thursday, and HB 4238 will be reported one of those days.

Mr. Canfield said he could confirm the General Fund portion of the budget would be less than what Mr. Snyder proposed but offered little detail otherwise. While crafting the budget, House leadership is making room for a potential

income tax reduction to show the state could afford it. The House is looking at budgeting between \$200 million and \$300 million less in General Fund than what the governor proposed.

Mr. Canfield said the budget also will address the Section 298 issue. Last year the state called for starting the process to consolidate Medicaid payment administration for both mental and physical health patients, and it led to controversy and an eventual step in a different direction toward a workgroup. This year, the governor proposed a softer statement that called for continuing to look for improved ways to coordinate those services. But that effort, the budget says, has to be done on the basis of the "core values" the Section 298 workgroup developed. "I can tell you we are going to be addressing that issue within our process," Mr. Canfield said. He offered little other detail but said the process needs to move forward with the information available currently.

Mr. Snyder's budget for DHHS came in at \$25.5 billion, about \$700 million larger than the current 2016-17 budget. About \$18.35 billion is federal funds, and most of that in Medicaid funds. A total of \$4.61 billion is to come from the General Fund, which is nearly 44 percent of the state's entire General Fund budget.

Mr. Canfield, a physician, is chairing the subcommittee for the first time this term. He said what surprised him most about the process was that a legislator would be trusted with a \$25 billion budget when they had not done it before. "If there is anything that speaks to term limits being a mistake, that is it," he said. "I feel I am a very competent individual, but these budgets are very important." "But if I were (a regular) taxpayer I would want someone who has had multiple years of experience handling these hard budgets," he said. "I don't think it serves people of the state of Michigan to play musical chairs on these budgets."

**Health and Human Services Subcommittee of the Standing Committee on Appropriations , Rep.
Edward Canfield, Chair**

DATE: Wednesday, April 19, 2017

TIME: 12:15 PM

PLACE: Room 352, House Appropriations, State Capitol Building, Lansing, MI

AGENDA:

Decision Making on House Bill 4238: FY 2017-18 Appropriations for the Department of Health and Human Services

Telehealth Fix Bill Signed By the Governor

We are pleased to report SB 213, sponsored by Sen. Peter MacGregor (R-Rockford), was signed by the Governor on March 30, 2017 with immediate effect and became Public Act 22 of 2017. The bill removed the prohibition against prescribing controlled substances via telehealth services which was added to SB 753 from last session. Without this fix services statewide would have been dramatically impacted because many of our CMHs and providers rely heavily on telehealth to provide their psychiatric care for their consumers.

Again, MACMHB staff would like to thank all the members who responded to our survey questions related to this issue, which allowed us to supply key information to House and Senate members. Also, we would like to extend special thanks to those individuals who came up to Lansing and testified in the Senate and House committees: Paula Nelson and Dr. Janis Romaik from Sacred Heart and Dr. Angela Pinheiro from CMH for Central MI.

NATIONAL UPDATE

Negotiations Continue but No Deal Yet on Health Care Reform

President Trump this week recommitted himself to finalizing a health care deal before moving on to other legislative items. While Congress remains at home on recess, negotiations continue among both congressional leadership and rank-and-file legislators working to build consensus among the majority members. However, with conflicting reports on the progress being made as well as a crowded legislative calendar upon Congress' return, it is still difficult to decipher how close Congress is to passing a health care law. In an interview with Fox Business, President Trump said that while he is ready to move on to tax reform, "I have to do health care first. I want to do it first to really do it right."

Discussions and negotiations continued last week to repeal and replace the Affordable Care Act. Administration officials, including Vice President Mike Pence, hosted meetings on Capitol Hill and at the White House with members of the House Freedom Caucus and the more moderate Tuesday Group – working to find consensus on a path forward. Despite reports of progress on this initiative, no formal plan or bill has been introduced and agreement does not seem likely at this time. Congress is now on a two-week recess for the Easter holiday.

MACMHB Spring Conference Registration is Open

The Michigan Association of CMH Boards 2017 Annual Spring Conference, "Innovate - Integrate – Motivate," will take place on May 15, 2017 Pre-Conference Institutes; and May 16 & 17, 2017 Full Conference. The conference will be held at the Edward Hotel and Convention Center in Dearborn.

Conference registration online here: <https://www.macmhb.org/annual-conferences>

Hotel reservations: Room Rate: \$136 plus taxes. For reservations, call hotel (313) 592-3622 using Group Code: 3728
Deadline for discounted rate: Friday, April 28, 2017

MACMHB committee schedules, membership, minutes, and information go to our website at <https://www.macmhb.org/committees>

Have a Great Weekend!