



Michigan Association of **COMMUNITY MENTAL HEALTH** Boards

April 21, 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:

- VOTING DELEGATES, EXECUTIVE BOARD MEMBERS, AND CMH AND PIHP BOARD CHAIRPERSONS: NEW SCHEDULE FOR ASSOCIATION MEETINGS AT SPRING CONFERENCE
- Work and Accomplishments of MACMHB Member Organizations
 - Hope Network announces Virtual 10 K
 - Northeast Guidance Center and Community Network Services announce anti-stigma forum
- State And National Developments And Resources
 - DHHS announces name change for innovative children's services planning team
 - National Action Alliance for Suicide Prevention announces suicide resources
 - NACBHDD announces opportunity for involvement in national decarceration initiative
 - AAP Council on School Health announces webinar series
 - SAMHSA to offer webinar on wellness for persons with behavioral health needs
- Don't Forget About the 2017 PAC Campaign
- Legislative Update
 - House and Senate Budget Recommendations Released
- National Update
 - Register for Hill Day 2017
 - Budget, ACA Subsidies Take Center Stage as Congress Returns from Recess
- MACMHB Spring Conference Earlybird Deadline Extended to April 28, 2017
- DBT Summit
- MACMHB committee schedules, membership, minutes, and information

VOTING DELEGATES, EXECUTIVE BOARD MEMBERS, AND CMH AND PIHP BOARD CHAIRPERSONS: NEW SCHEDULE FOR ASSOCIATION MEETINGS AT SPRING CONFERENCE

A reminder to the Voting Delegates, Executive Board members, and CMH and PIHP Board Chairpersons: The Association's Member Assembly, Board Chairpersons Roundtable, and Executive Board meetings that you attend at each year's MACMHB spring conference are being held at new times and dates. Those times and dates are listed below:

Monday, May 15, 2016

2:00pm – 6:15pm	Earlybird Registration for MACMHB Spring Conference (so that those participating in the Board Chairperson’s Roundtable, Executive Board and Member Assembly can register prior to those meetings, if they find this helpful)
3:00pm – 3:45pm	Board Chairperson Roundtable & Networking
4:00pm – 5:30pm	MACMHB Members: Executive Board Meeting
5:30pm – 6:15pm	MACMHB Member Assembly Meeting & Election of Officers

WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

Hope Network announces Virtual 10 K

Below are excerpts from a recent announcement from Hope Network regarding its Virtual 10 K, part of a national effort to promote prevention efforts across the country.

60 percent of people struggling with a mental illness are not receiving the treatment they deserve. If 60 percent weren’t getting treatment for cancer or heart disease, people would be absolutely outraged. Your organization is on the front lines of this issue—and so are we. There’s an event that has the power to change the conversation—and we hope you’ll partner with us to make it happen.

Last year, Hope Network—a nonprofit that serves over 20,000 people each year—initiated the One in Five Marathon Relay to combat the devastating effects of untreated mental illness. This promo video The promo video, available at:

<https://vimeo.com/200995465> should give you a sense for what the event is all about

The Race: The Virtual 10K is a new part of the [One in Five Marathon Relay](#), which allows runners to run their own course, on their own time, on May 27th. We have a few athletes and recognizable figures already on board. Now, we’re looking for more partners to help us spread the word about this cause and opportunity.

The Reason: This isn’t about treating mental illness. It’s about taking an entirely new angle—preventing mental illness and its devastating effects. Our nation needed an event like this, and now it exists.

What We’re Asking: Here’s where you come in. Help us spread the word and invite more runners to take part. We have marketing materials and messages ready to share, so you wouldn’t have to create a thing. To learn more or to get started, please email or call: Jamie Ward jamie@thiessenco.com 734-846-1822

Northeast Guidance Center and Community Network Services announce anti-stigma forum

Northeast Guidance Center and Community Network Services are co-hosting an annual **Anti-Stigma Forum** on Thursday, May 4, 2017 from 5-8 p.m. during Mental Health Awareness Month at The Wellness Academy, 2900 Conner Avenue, Detroit. This year’s forum is made possible with funding from the Ethel and James Flinn Foundation.

The topic for discussion is Combating Human Trafficking. KEYNOTE SPEAKER: Theresa Flores, Human Trafficking Survivor, Author, Founder of S.O.A.P. (Save Our Adolescents from Prostitution)
The speaker will educate, share experiences and bring awareness to the escalating crime of modern-day slavery in Michigan, along with mental health issues and the associated stigma. The forum is free to the community and (2) CEUs have been confirmed for social workers, certified counselors, addictions professionals, qualified mental health professionals and children’s mental health professionals (license # required).

RSVP to scommon@neguidance.org or call NEGC's Development Department at 313.308.1416 by May 1st. For more information visit www.neguidance.org.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

MDHHS announces name change for innovative children's services planning team

Below is a recent announcement from MDHHS regarding the name change for the Children's Transition Support Team.

The Children's Transition Support Team, formerly known as the Children's Behavioral Action Team, is responsible for developing successful community-based services which will allow extremely complex children/youth to return home to their families, or if this is not possible, to the most family-like setting. The target population of the Children's Transition Support Team includes youth ages 5 to 18 currently residing in Hawthorn Center, who present with any and/or all of the following challenges: multiple hospitalizations and failed community placements; extensive trauma histories; Fetal Alcohol Spectrum Disorder; Serious Emotional Disturbance (SED); Primary SED with Secondary Intellectual and Developmental Disabilities; as well as other behavioral and physical health needs.

The Children's Transition Support Team works in conjunction with a state-level Leadership Team, Hawthorn Center administration and staff, multiple community providers (Prepaid Inpatient Health Plans (PIHPs)/Community Mental Health Services Programs (CMHSPs), county offices of Department of Health and Human Services, schools, courts, primary care and other physical health providers, etc.) as well as families/guardians and the children/youth themselves to create unique, individualized community living arrangements and plans for treatment, supports and services to successfully maintain these youth in the community. The team has offices on the Hawthorn Center campus, but travel around the state to provide hands-on training and support to the community service providers who will be serving these children/youth long-term. The Guidance Center in Detroit was awarded the contract to provide Children's Transition Support Team services. Children's Transition Support Team staff began work at Hawthorn on March 16, 2015.

After two years of piloting this effort as the Children's Behavioral Action Team, a name change relevant to reflect the true focus on transitioning children and youth back to the community emerged. Moving forward the Children's Transition Support Team will be the new name of this effort.

National Action Alliance for Suicide Prevention announces suicide resources

Below is a recent announcement from the National Action Alliance for Suicide Prevention, of webinar-based resources and related resources.

We are pleased to share a recording of the recent webinar Community-Based Approaches to Suicide Prevention: New Resources and Future Directions, available at: <http://actionallianceforsuicideprevention.org/webinar-community-based-approaches-suicide-prevention-new-resources-and-future-directions> hosted by the National Action Alliance for Suicide Prevention. Please share it widely with your networks.

We also invite you to share both resources discussed in the webinar:

- Transforming Communities: Key Elements for the Implementation of Community-Based Suicide Prevention: <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/TransformingCommunitiesPaper.pdf>

- Preventing Suicide: A Technical Package of Policy, Programs, and Practices
<https://www.cdc.gov/violenceprevention/pdf/suicide-technicalpackage.pdf>

NACBHDD announces opportunity for involvement in national decarceration initiative

Below is a recent announcement from the National Association of County Behavioral Health and Developmental Disabilities Services Directors (NACBHDD) regarding a county-based pilot decarceration project.

NACBHDD Pilot Project for Counties

We are very pleased to announce a special pilot project to promote the decarceration and full community integration of persons with mental illness and/or substance use conditions who have become incarcerated in city and county jails. This project will focus on improving the capacity of county behavioral health programs to prevent persons with these conditions from becoming engaged or re-engaged with the police or the correctional system.

Pilot Counties: The project will identify 4 medium sized counties (20,000-200,000 population) and 4 small/rural counties (less than 20,000 population) to participate in the pilot. Counties will be given preference if they are part of the NACo *Stepping Up Initiative*, and if they have identified incarceration as a problem, are motivated to address this problem, and are willing to devote resources (personnel and financial) to solving it. Participating counties should expect to remain involved in this pilot for up to 1 year.

Mentor Counties: For each of the 8 counties in the pilot, we also will seek to identify a mentor county that can provide guidance on solving the common problems that lead to excessive incarceration of persons with mental illness and or substance use conditions. Mentor counties will work directly with counties participating in the pilot.

Technical Assistance: A cadre of senior county behavioral health leaders will offer direct technical assistance for the issues identified. Linkages also will be developed with appropriate federal programs to address issues that require it.

Scope of Project: This pilot project will examine system and service management, care coordination, service configuration, including crisis response services, and county drug formularies, as well as any impediments that exist in the correctional or court systems.

For Further Information/Expressions of Interest: Please contact Dr. Ron Manderscheid at NACBHDD/NARMH via e-mail (rmanderscheid@nacbhd.org) or via telephone (202-553-1827).

Special Thanks to Our Corporate Sponsors: Alkermes, Anthem, Centene, Janssen, Optum, Otsuka, Takeda/Lundbeck, and the National Association for Rural Mental Health (NARMH).

AAP Council on School Health announces webinar series

Below is a recent announcement of a seminar series, sponsored by the American Academy of Pediatrics, focusing on the mental health components of school health initiatives.

WEDNESDAY WEBINAR: MENTAL HEALTH SERIES Sponsored by the AAP Council on School Health

This FREE webinar series will describe the role of schools in addressing mental health and how pediatricians can work with schools to support students. The webinars will focus on core mental health competencies for pediatricians, particularly in the school setting, including: systems-based practice and building community collaborations; patient care and knowledge; and communication skills.

Webinar #1: "Talking the Talk" of School Mental Health

Wednesday, May 10, 2017 at 12:00 noon EST

Presented by: Mark D. Weist, Ph. D

Participants in this webinar will improve their knowledge of: Key concepts, regarding mental health from the school system perspective; Strategies for moving toward expanded school mental health approaches involving community partners; Benefits of joining with Positive Behavioral Interventions & Supports (PBIS) programs, and ideas for best practice; Important roles for the pediatrician; Resources for professionals

Register at: <https://cc.readytalk.com/registration/#/?meeting=wml8y7ddp8tn&campaign=o08npskx2fru>

**Webinar #2: Addressing Pediatric Mental Health Issues in a School Setting-
What Primary Care Providers Need to Know**

Wednesday, June 14, 2017 at 12:00 noon EST

Presented by: Shashank V. Joshi, MD, FAAP, DFAACAP

By the end of the webinar, participants should: Increase their knowledge about behavioral and pharmacologic screening and treatment of depression in teens; Learn step-by-step guidelines to manage teens with stress and depression; Be able to list resources to help primary care providers care for teens with depression

Register at: <https://cc.readytalk.com/registration/#/?meeting=h8rp7ugntpmg&campaign=mkvew0p835te>

Webinar #3: Schools, Mental Health and the Role of the Pediatrician

Wednesday, July 12, 2017 at 12:00 noon EST

Presented By: Sheryl Kataoka, MD, MSHS

As a result of this webinar participants will better understand: The unmet need of mental health care; Types of mental health services in schools; Schools-mental health interface for primary care ;Case Example: Anxiety Disorders

Register at: <https://cc.readytalk.com/registration/#/?meeting=e7zlm87ehf8c&campaign=a5mtz37owaz>

SAMHSA to offer webinar on wellness for persons with behavioral health needs

Below is a recent announcement from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) on an upcoming webinar on the use of a whole health approach to behavioral health needs.

As a behavioral health professional, how can you improve services for your clients with mental illness and addictions? Join SAMHSA's Program to Achieve Wellness on Thursday, April 27 from 1 to 2pm EST for Using Public Health Approaches to Promote & Protect the Whole Health of Individuals with Behavioral Health Conditions to get answers to this question and more.

Attendees will learn how to use evidence-based, innovative public health interventions to improve the overall health of clients with mental and/or substance use disorders, including those experiencing serious mental illness. Attendees will also learn how to make the case for integrating primary care and behavioral health to improve overall population health and address social determinants of health.

The following speakers will provide real-world examples, such as a clinic that integrated primary and behavioral health services to become a one-stop shop to address all their client's health needs.

- Shelina D. Foderingham, MPH, MSW, Assistant Vice President, Practice Improvement, National Council for Behavioral Health
- Nick Szubiak, LCSW, Director, Clinical Excellence in Addictions, Integrated Health Consultant, National Council for Behavioral Health
- Jennifer L. Ludwig, MS, Deputy Director, Tri-County Health Department

Register at: <https://attendee.gotowebinar.com/register/4626358283653767171>

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 and Senate Budget Recommendations Released

Senate Budget

On Tuesday, the Senate DHHS subcommittee reported their FY18 budget recommendations. Their budget was \$112 million (GF) below the FY18 Executive Recommendation and contains several large reductions, keep in mind this is only the first step in the process and these numbers will change.

Link to House Fiscal Analysis:

<https://www.legislature.mi.gov/documents/2017-2018/billanalysis/Senate/pdf/2017-SFA-0135-S.pdf>

Below are the Senate Highlights

Senate Reductions

- Removes all but \$100 placeholder of the remaining funding used to support the mental health and wellness commission programming - \$22 million (gross) / \$7.45 million (GF)
- Decreases Medicaid mental health services line by nearly \$71 million less than the Governor's budget. (It was reduced based on the expenditure trends thus far in FY 17 – reduction of \$51.8 million Gross. Also the \$0.50 per hour wage pass through was delayed by 6 months, that's a \$19.6 million Gross reduction.)
- Delays .50 cent direct care worker wage increase by 6 months – start date would be April 1, 2018. Reduces spending by \$22.5 million (gross) / \$7.08 (GF)
- Removes the funding for the 72 acute care staff for the state psychiatric facilities and replaces it with a \$100 placeholder – Reduces spending by \$7.173 (Gross) / \$4.864 (GF)
- Removes autism navigators funding and replaces it with \$100 placeholder – reduces spending by \$564,900 (Gross/GF)

Senate Additions

- Healthy Michigan Plan Behavioral health increased by \$10.45 million (gross) / \$600,000 (GF)
- Adds Homes for autism grant - \$400,000

Key Boilerplate

New boilerplate section added regarding Behavioral Health Integration Pilots (the bold and underlined section was added as an amendment in committee, it passed with all republican members voting yes and all democratic members passing)

Section 234: The department shall be responsible for advancing pilots and demonstration models that will integrate Medicaid behavioral and physical health benefit. In fulfilling this directive, the department shall periodically consult with stakeholder groups, the medical care advisory committee and the House and Senate appropriations subcommittees. The demonstration models are based on a goal to achieve total Medicaid benefit and financial integration by September 30, 2020 that will rely on a single contracting model between the state of Michigan and licensed health plans regulated by both the department of financial and insurance services to assure financial viability and the department to assure overall programming performance.

(The above language is strictly intent language and has no legal impact because the budget is a year to year bill, the 2020 date would occur outside that budget year.)

Section 298: The department shall continue working with stakeholders to improve the coordination of publicly funded physical health and behavioral health services in this state. All efforts made towards improving the coordination of supports and services for persons having or at risk of having intellectual disabilities, developmental disabilities, substance use disorder, or mental health, and physical health needs shall be built upon the published core values agreed upon by the Section 298 Stakeholder Workgroup. These values include, but are not limited to; person-centered planning with the expectation of high quality and consistent care provided statewide.

House Budget

On Wednesday, the House DHHS subcommittee reported their FY18 budget recommendations. This budget is \$120 million (GF) below the FY18 Executive Recommendation. This budget as the Senate budget did contains several large reductions, keep in mind this is only the first step in the process and these numbers will change.

Link to House Fiscal Analysis:

http://www.house.mi.gov/hfa/PDF/Summaries/17h4238h1d1_DHHS_Summary_Hse_Subcmte_fy17-18.pdf

Link to House Budget bill:

http://www.house.mi.gov/hfa/PDF/Summaries/17h4328h1d1_DHHS_Bill_Sub_Hse_Subcmte.pdf

Below are the House Highlights

- Decreases Medicaid mental health services line by nearly \$20 million less than the Governor's budget. (It was reduced based on the change to the direct care wage pass-through going from .50 cents to .25 cents)
- Reduces the .50 cent direct care worker wage increase to .25 cents –Reduces spending by \$22.5 million (gross) / \$7.08 (GF)
- Reduces the funding for the 72 acute care staff for the state psychiatric facilities by having and allocated 36 staff– Reduces spending by \$3.58 million (Gross) / \$2.4 million (GF)

- Reduces Medicaid Autism services by \$5 million

Key Boilerplate

Section 298: For the items described in subsections (2) and (3), the department shall demonstrate both the successes and weaknesses of altering the behavioral health services delivery system. In evaluating the successes and weaknesses, the department shall consider all of the following, including, but not limited to, improvement of the coordination between behavioral health and physical health, improvement of services available to individuals with mental illness, intellectual or developmental disabilities, or substance use disorders, benefits associated with full access to community-based services and supports, and financial efficiencies. Any and all realized benefits and cost savings of altering the behavioral health system shall be reinvested in services and supports for individuals having or at risk of having mental illness, intellectual or developmental disabilities, or substance use disorders.

(2) The department shall work with a willing CMHSP in Kent County and all **willing** Medicaid health plans in the county to pilot a full physical and behavioral health integrated service model consistent with the stated core values of the workgroup established in section 298 of article X of 2016 PA 268.

(3) The department shall implement a public statewide behavioral health managed care organization consistent with the core values stated by the workgroup described in subsection (2). The organization shall operate in conjunction with an appointed state commission that shall consist of appropriately identified and diverse members.

(4) By March 15 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office on progress, a time frame for implementation, and any identified barriers to implementation of the items described in subsections (2) and (3). In addition, the report shall also include information on policy changes and any other efforts made to improve the coordination of supports and services for individuals having or at risk of having mental illness, intellectual or developmental disabilities, or substance use disorders, or physical health needs.

NATIONAL UPDATE

Register for Hill Day 2017

The time to protect our nation's most vulnerable populations is now, and we know that our voices are louder together.

Join us at Hill Day 2017, October 2-3, the nation's largest behavioral advocacy event, to stand up and be heard on mental health and addictions.

[Register today.](#)

Fired up and ready to go now? Start honing your advocacy skills by taking action today on our [Unite4BH page](#).

Budget, ACA Subsidies Take Center Stage as Congress Returns from Recess

When Congress returns from recess on Monday, it will have just one week to finalize a budget deal keeping the government open for the remainder of the 2017 fiscal year. President Trump's budget request for this year calls for cuts of more than \$50 billion dollars to pay for an increase in military spending. While these negotiations continue, health insurers are working with the Administration to secure more than \$7 billion in cost-sharing subsidies through the Affordable Care Act. It remains to be seen how these decisions will impact major health care reform legislation.

FINALIZING THE BUDGET

Back in December 2016, Congress passed a continuing budget resolution providing level funding for government programs through April 28, 2017. As that deadline nears, leaders in Congress and the White House remain at a crossroads on how and when to implement key priorities of the Trump Administration. Last month, President Trump released a high-level budget request that calls for a multi-billion-dollar shift in funding from non-defense public programs (i.e. health, education, transportation, etc.) to additional military spending. As appropriators continue deliberations, it is unclear as to how they will incorporate this request for fiscal year 2017.

ACA SUBSIDIES: A BARGAINING CHIP?

President Trump said recently that he may use the cost-sharing subsidies for health insurers as a bargaining chip to bring Democrats along in passing health care reform legislation. The subsidies – passed as a part of the Affordable Care Act in 2010 – are payments funneled to health insurers that participate in the exchanges to help pay for enrollees out-of-pocket costs. This year, those payments equal up to \$7 billion.

Insurers are speaking up, reminding the President and Congress that providing the subsidies is “critical to the viability and stability of the individual health insurance markets in a significant number of states across the country.” Adding in that while funding is not assured, “carriers will be forced to think twice about participating on the exchanges. Even if they do decide to participate, state regulators have been informed that the uncertainty of this funding could add a 15 percent to 20 percent load to the rates.”

HEALTH REFORM UPDATE

Reports from Capitol Hill indicate that health reform negotiations continue among leaders in Congress. Speaker of the House Paul Ryan (R-WI) said this week that Republicans are “in the midst of negotiating finishing touches, because our members want to make sure that we lower premiums. It’s difficult to do. We’re very close.” The National Council asks its members to continue their outreach and advocacy on this important issue.

MACMHB Spring Conference Registration Earlybird Deadline Extended to April 28, 2017

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

Dialectical Behavior Therapy (DBT) Summit

DBT Summit: May 5, 2017 at the Grand Traverse Resort, Traverse City

Who Should Attend: This summit is for attendees who have interest in the learning and dissemination of Dialectical Behavior Therapy (DBT) in a Community Mental Health Service Provider (CMHSP) or Pre-Paid Inpatient Health Plan (PIHP) setting or an agency who is a provider for CMHSP or PIHP. This includes administrators, clinical directors, case managers, clinicians, and peer support specialists. This educational opportunity is intended for publicly funded providers at all levels of practice (beginning, intermediate and/or advanced).

Registration Fee: \$85 PER PERSON (this includes continental Breakfast and Lunch)

Continuing Education: Social workers participating in this course will receive 5.5 Clinical Continuing Education Clock Hours. Course Delivery Method: Face-to-Face seminar. Substance abuse professionals participating in the summit will receive 5.5 (Related) contact hours.

For a full agenda and registration go to our website at www.macmhb.org/education

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

Have a Great Weekend!