FRIDAYFACTS – 5 pages

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

FROM: Michael Vizena, Executive Director
      Alan Bolter, Associate Director

RE: - WAM Rally Is Next Week
    - MACMHB EB Urges Support for Proposal 1
    - Managed Care Rebid Update
    - Details and Registration for DWMHA’s Raising the Bar Conference
    - State Releases High/Super Utilizers Report
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WAM Rally Is Next Week

Out of the one in five people living with a behavioral health disorder or developmental disabilities, few seek treatment. The Walk A Mile in My Shoes (WAM) Rally in Lansing on May 6th aims to combat stigma and support treatment. Join advocates from around the state at the State Capitol steps on May 6th from 1:30 – 3:00 p.m. to join other advocates in support of publicly funded mental health, substance use disorder, and developmental disabilities services and supports. Former MSU basketball star Anthony Ianni will talk about his experience with autism and stigma.

Organized by the MACMHB Public Relations Committee, last year’s 10th anniversary WAM had over 2,500 people from around the state. Visit www.macmhb.org for more information about this year’s 11th annual WAM.

MACMHB EB Urges Support for Proposal 1

The Executive Board of the Michigan Association of Community Mental Health Boards (MACMHB) at its 4/17/15 meeting approved the passage of a resolution supporting Proposal 1 on the May 5, 2015 ballot. The support and resolution has been shared with all MACMHB members.
“The issues at hand in Proposal 1 are particularly relevant to consumers in the mental health community, as many consumers are directly affected by safer roads, investment in public education, the Earned Income Tax Credit and public safety services,” said Michael Vizena, executive director of MACMHB. “Ensuring funding for these investments will also serve to protect existing funding for vital behavioral health and developmental disability services. The Michigan Association of Community Mental Health Board urges its consumers and stakeholders to support the initiative, and vote yes on Proposal 1.”

Please contact Michael Vizena or Alan Bolter at the Association offices if you have any questions.

For more information on Proposal 1, go to www.saferoadsyestes.com.

Managed Care Rebid Update

At the Department of Health and Human Services quarterly stakeholder meeting, Medical Services Administration Director Steve Fitton provided the following update related to the Managed Care Rebid for Medicaid managed care physical health care services:

- The Department still plans a release of the Request for Proposal (RFP) in early May. The due date for responses will be early August.
- The current Medicaid health plan contracts have been extended until December 31, 2015.
- The Rebid has adopted the Governor’s 10 prosperity regions. Bidders will be required to enroll beneficiaries and provide services in all counties within any regions they choose to serve.
- The current MI Child program will be converted into a Medicaid program and incorporated into the bid process.
- Pharmacy services will continue to be managed through the successful health plan bidders. The state is currently working with health plans and other stakeholders to develop a common formulary, which they expect to be in place by January 1, 2016. Psychotropic, epilepsy, and several other drug classes will not be included in this formulary. The state expects to begin consideration of formulary related issues for these excluded drugs some time in 2016.
- The RFP is being developed consistent with the state’s four pillars for healthcare reform – population health, payment reform, integrated care, and structural transformation. The rebid requirements will also be consonant with current healthcare reform initiatives, including the MI Health Link (Dual Eligibles) and State Innovation Model (SIM) implementation.

Details and Registration for DWMHA’s Raising the Bar Conference

Registration and details are now available for the Detroit Wayne Mental Health Authority’s (DWMHA) First Annual Interdisciplinary Mental Health Conference: Raising the Bar, taking place on June 8-9, 2015 at Wayne State University (WSU) School of Medicine’s Gordon Scott Hall location, 540 E. Canfield, Detroit, MI, 48201. Lieutenant Governor Brian Calley, and provocative thought leader, Dr. Dominic Sisti, will be headlining the event, pointing to opportunities for positive change. The conference will also feature presenters from 4 major research universities, as well as presentations from 20 different outpatient providers on various evidence-based practices, and innovative practice-based evidence.

For more details, and the opportunity to reserve a place by registering online, please visit the conference website at http://www.vceonline.org/Raising-the-Bar-Conference.id.2238.htm.

State Releases High/Super Utilizers Report
Earlier this week, the Michigan Department of Health and Human Services (MDHHS) released a report entitled "Recommendations for Addressing the Needs of High Utilizer/Super Utilizer Patients in Michigan". MACMHB has forwarded the link to these reports to all CMHSP, PIHP, and Affiliate member directors.

The report was developed pursuant to Public Act 1017 of 2013, section 105d (30) – the “Healthy Michigan Act”, Michigan’s Medicaid Expansion. Almost all of the eleven (11) recommendations in the report include references to the need to improving the attention to, information collection of, and coordination of behavioral health needs and resources for this population.

Thank you to all of the MACMHB member organizations and their staff that participated in the meetings and workgroup activities over the past two years. There are 24 persons from MACMHB member organizations who are identified in the report as stakeholder participants. A special thanks to Allen Jansen (Pine Rest) and Dr. Corey Waller (Center for Integrative Medicine), who are recognized in the report for their leadership and key contributions throughout the stakeholder process.

The report has been posted on the MDHHS website here (see box at the bottom of the page, "2013 PA 107 Required Reports") and here (first item at the top of the page).

**LEGISLATIVE UPDATE**

**Senate Committee Passes APRN Legislation**

On Tuesday, the Senate Health Policy Committee unanimously passed SB 68, which revises the scope of practice for advanced practice registered nurses (APRNs). SB 68 is the latest iteration of legislation that's been at the center of controversy for years, with supporters saying it will allow APRNs to practice within the full scope of their training.

The committee adopted eight amendments, one of which redefined "patient care team" as one consisting of health care providers, formed to collaborate in the best interest of patient health. That's a more generic version than what was originally in the S-2, which defined the team as a "multidisciplinary" team and specifically included an APRN.

Another amendment also added language to the one of several conditions that must be met for an APRN with five or more years of experience to perform a "task, function or duty included in the practice of medicine," stating that "an APRN is not required to obtain delegated prescriptive authority" for drugs that are not Schedule 2 and 3 controlled substances.

Bill sponsor and committee chair Sen. Shirkey (R-Clarklake) said he was pleased with the progress that had been made on the bill and the change in support or opposition levels for SB 68.

The bill now goes to the Senate Floor for consideration.

**NATIONAL UPDATE**

**Justice and Mental Health Legislation Introduced in the House, Senate**
Last week, bipartisan legislation to support collaborative programs between criminal justice and mental health agencies was introduced in the House and Senate. Similar legislation was introduced in 2013, but hit a snag after two Senators placed it on hold and the legislation never received a vote.

The Comprehensive Justice and Mental Health Act (CJMHA) (S. 993/H.R.1854) – introduced by Senator Al Franken (D-MN) and Representative Doug Collins (R-GA) – primarily reauthorizes and improves the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) of 2004. The legislation would also:

- Continue support for mental health courts and crisis intervention teams;
- Expand services to veterans that include treatment court programs, peer to peer services, appropriate services to veterans who have been incarcerated, and training programs for criminal justice, law enforcement and corrections personnel to identify and respond to incidents involving veterans with a mental health condition;
- Make grants to provide broader training during police academies and orientation that teach law enforcement personnel how to identify and respond to incidents involving persons with mental health disorders;
- Would create programs that offer federal first responders and tactical units comprehensive training in procedures to identify and respond appropriately to incidents involving mentally ill individuals;
- Increases focus on prison and jail-based programs;
- Gives local officials greater control over program participation eligibility; and
- Requires annual audits of all grant recipients to prevent waste, fraud, and abuse of funds by grantees.

“Right now, our criminal justice system is facing a crisis. We’re using jails and prisons as a substitute for a properly functioning mental health system.” said Senator Franken in a statement. “This is a problem—it’s causing overcrowding in our correctional facilities and forcing taxpayers to foot the bill. The bipartisan bill that Rep. Collins and I have introduced will help fix this issue by providing resources to the criminal justice system, crisis intervention teams, and law enforcement to help improve outcomes for people with mental illness. I look forward to working on getting this bill through the Senate Judiciary Committee and across the finish line.”

“Our jails are not mental health facilities. It’s time we stop using them as such—to find ways to treat people and prevent incarceration,” added Representative Collins. “I am pleased to be working with Sen. Franken to better address helping the mentally ill in our criminal justice system.”

This bipartisan legislation already has substantial support in both chambers of Congress. Original cosponsors include: Senators John Cornyn (R-TX), Patrick Leahy (D-VT), Rob Portman (R-OH), Roy Blunt (R-MO), Richard Blumenthal (D-CT), Barbara Boxer (D-CA), Sherrod Brown (D-OH), and Dick Durbin (D-IL) in the Senate and Representatives Bobby Scott (D-VA), Richard Nugent (R-FL), Alan Lowenthal (D-CA), Leonard Lance (R-NJ), Susan Brooks (R-IN), Zoe Lofgren (D-CA), Lynn Jenkins (R-KS), Grace Napolitano (D-CA), Pete Sessions (R-TX), Tim Ryan (D-OH),
**Fred Upton** (R-MI), Mike Honda (D-CA), Dave Loebsack (D-IA), Brad Ashford (D-NE) and Jim Sensenbrenner (R-WI) in the House.

### Breaking Addiction Act Introduced in House

Legislation to expand Medicaid patients’ access to residential substance use treatment has been introduced in the House by a group of Ohio lawmakers. The **Breaking Addiction Act** (H.R. 1988) would direct the Centers for Medicare and Medicaid Services (CMS) to approve state applications for Medicaid 1115 waivers to cover services in certain residential settings.

Current law prohibits Medicaid from paying for residential or inpatient services provided to individuals in facilities of more than 16 beds that are engaged primarily in treating those with mental health and substance use conditions. As a result, states cannot receive federal Medicaid funds for most residential substance use care, and patients in need are left without access to services.

The Breaking Addiction Act, introduced by Reps. Marcia Fudge (D-OH), Paul Ryan (D-OH), and Marcy Kaptur (D-OH), aims to expand American’s access to care by allowing states to pay for residential substance use care in facilities of 60 or fewer beds. The legislation comes in the wake of last year’s [announcement](#) from CMS that it would approve a limited number of Medicaid Section 1115 waivers for short-term residential substance use care. Under the Breaking Addiction Act, CMS would be required to approve all such waivers, leveraging existing policy mechanisms to further expand the availability of residential substance use treatment. Because Section 1115 waivers must demonstrate cost-neutrality, the legislation would not increase federal spending.

“Only one out of nine Americans who suffers from substance abuse gets treated. Many of these individuals sought care, but were turned away due to a lack of treatment beds. In 2014, 252 heroin-related deaths occurred in Cuyahoga and Summit Counties. This is unacceptable. The Breaking Addiction Act provides the means to save lives in a responsible manner and it does so without adding to the federal deficit,” said Congresswoman Fudge.

Rep. Fudge and her colleagues first introduced the Breaking Addiction Act in the 113th Congress. The new version has been modified to be cost-neutral for the federal government and to support and enhance the 1115 waiver options available to states for residential substance use care. The National Council commends the sponsors of the Breaking Addiction Act for their efforts to expand Medicaid beneficiaries’ access to substance use care, ensuring that they can access treatment in the most appropriate setting when needed. We thank Reps. Fudge, Ryan, and Kaptur for their dedication to this important issue.

### MACMHB Meetings in May 2015

(all meetings are at the MACMHB offices unless otherwise indicated)

- **May 6th**, Noon - WALK A MILE Rally, Capitol Steps, Lansing
- **May 18th**, 6:00 p.m. - Executive Board Meeting, Amway Hotel, GR
- **May 19th**, 7:30 a.m. - Provider Alliance, Amway Hotel, GR
- **May 19th – 20th** - Spring Conference, Amway Hotel, GR

**Have a Great Weekend!**