



Michigan Association of **COMMUNITY MENTAL HEALTH** Boards

June 16, 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:

- State and National Developments and Resources
 - Advocacy coalition on federal healthcare reform urges action
 - MALPH passes resolution in support of public mental health system
 - MDHHS Director Lyon named in latest round of charges related to Flint water investigation
 - Governor underscores support to Nick Lyon and colleagues facing AG charges
 - My strength announces net tools to calm, ground, and de-stress
- Don't Forget About the 2017 PAC Campaign
- Legislative Update
 - Budget Deal Reached
 - 298 Boilerplate Language – As Passed by Conference Committee
 - DHHS Conference Committee Passes Fy18 Budget Recommendations
- National Update
 - Register for Hill Day 2017
 - Senate Moving Fast to Cut Medicaid, End Expansion
- MACMHB committee schedules, membership, minutes, and information

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Advocacy coalition on federal healthcare reform urges action

Below is a recent call to action by a member of the Protect MI Care coalition, of which MACMHB is a member. We urge all of the Friday Facts readers to consider joining this effort. For further information on the Protect MI Care Coalition, go to: <https://protectmicare.com/>

We all have a lot to lose as Congress starts debating next year's budget so we are asking you to please sign on to a letter to our Congressional delegation (attached) asking them to create a budget that works for all of us.

As you all know, Congress is beginning discussions on their budget resolution and it could be marked up as early as next week. This recent Politico article (<http://www.politico.com/story/2017/06/13/house-republicans-budget-feud-239486>) explains where things currently stand: House Republicans remain divided but very eager to reach agreement on the Fiscal Year 2018 budget resolution, and many are still pushing for reconciliation instructions that would require deep cuts in entitlements and pave the way for tax cuts that lose

revenue. As reported in the Politico article, House Speaker Paul Ryan told lawmakers that he plans to lay out the possible scenarios for the budget at a members-only meeting on Friday.

We know a number of the programs we support could see significant cuts. For example, President Trump's budget anticipates passage of the American Health Care Act, which would result in 23 million Americans losing coverage (14 million losing Medicaid coverage), phases out the Healthy Michigan Plan as we know it (impacting 660,000 Michigan residents), fundamentally changes Medicaid financing as we know it by enacting a per-capita cap, and would include an additional \$600 billion in cuts to Medicaid over ten years. Additionally, the budget cuts \$193 billion in cuts over ten years to food assistance, which would, over ten years, shift nearly \$3.8 billion in costs to Michigan on top of other cuts. And the proposed budget cuts or completely eliminates other vital programs. Congress needs to know where we stand on these cuts, and we need to urge our Members to craft a budget that upholds our values.

Please find a sign-on letter (below) that will be sent to Michigan's Congressional delegation. If you or your organization is willing to sign on to the letter, please let Rachel Richards at the Michigan League for Public Policy (rrichards@mlpp.org) know **by noon on Monday, June 19.**

To the Michigan congressional delegation:

Now that the President has unveiled his full budget proposal, Congress is beginning work on the 2018 budget. President Trump's budget features deep cuts in assistance that helps struggling families afford the basics – food on the table, a roof over their heads, and access to health care – as well as stunning cuts in a range of basic public services and investments in our nation, such as job training, K-12 education, access to college, scientific research, and economic development. At the same time, the President has called for massive tax cuts that will overwhelmingly benefit the wealthiest households and corporations.

Unfortunately, there are troubling signs that some in Congress want to follow the President's lead and put forward a budget plan that calls for cuts in food assistance, health care, and other supports for struggling families; cuts in investments in public services and our productivity and economy; and tax cuts that will benefit high income Americans, leaving others behind and causing big new holes in the nation's finances. Such a budget plan would be bad for Michigan's families and contrary to our values.

Congress should reject these upside-down budget priorities, and put the needs of all Michiganian families at the top of the agenda. We call upon Michigan's representatives and senators to:

- **Oppose any budget that requires any cuts in key assistance to struggling families.** This includes rejecting any budget that would authorize in a fast-track process (known as reconciliation) that would force cuts in programs such as Medicaid, SNAP (formerly known as food stamps), Supplemental Security Income for those with disabilities and seniors, and TANF.
- **Oppose any budget that paves the way for tax cuts that will lose revenue, including tax cuts that will largely benefit those at the top and corporations.** This includes opposing any budget that would authorize a fast-track process for revenue losing tax cuts and opposing any budget that would allow these reductions to be offset by cuts in programs that provide essential services, like Medicaid and SNAP. Cutting basic food assistance for struggling families or taking health care away from those who need it to pay for tax cuts for the wealthy is irresponsible and reflects a fundamental misunderstanding of what makes our nation thrive.
- **Oppose any budget that cuts investments in non-defense discretionary programs and work toward a responsible budget deal that will reduce or eliminate the harmful sequestration cuts that otherwise will take full effect in 2018.** Non-defense discretionary programs support key services in Michigan – from education to job training to economic development to important research conducted in our universities and that is key to our nation's future. Congress on a bipartisan basis has come together in the past to ameliorate the harmful sequestration cuts, but without action those

temporary fixes will expire and full sequestration cuts will go into effect in 2018, leaving key investments under-funded.

Michigan's communities thrive when all families can put food on their table; when workers, parents, children, seniors, and people with disabilities get the health care they need; when schools are not shortchanged; when workers can get the training they need to succeed in today's economy; and when we invest in all of our neighborhoods. We urge our Members of Congress to craft a budget that upholds our Michigan's best values.

MALPH passes resolution in support of public mental health system

Below is a resolution, recently passed by the Board of Directors of the Michigan Association of Local Public Health in opposition to Section 298 of the FY 2018 MDHHS budget. MACMHB greatly appreciates this resolution and the support of MALPH in this effort.

RESOLUTION TO PRESERVE THE PUBLIC MENTAL HEALTH SYSTEM

WHEREAS, Michigan's public mental health system provides one of the broadest array of community-based mental health services and supports throughout our state; and

WHEREAS, the role of public health in mental health promotion is to ensure that services for behavioral health are effective and available in local communities; and

WHEREAS, Community Mental Health Service Programs (CMHSPs) were created by County Boards of Commissioners as duly authorized under 330.1205 of the Michigan Mental Health Code; and

WHEREAS, Section 298/234 of the Executive Budget recommendation for 2018 has no accountability of the state's County Board of Commissioners; and

WHEREAS, CMHSPs manage Medicaid specialty services as duly authorized under 330.1204b of the Michigan Mental Health Code; and

WHEREAS, County Boards of Commissioners (local governing entities) across the state support the preservation of the current public mental health system delivery and management; and

WHEREAS, the 298 workgroup process initiated and led by Lt. Governor Calley was fair and objective and reflected the voices of thousands of consumers and the final report to the legislature recommended the continuation of the publicly managed behavioral health system; and

WHEREAS, Senate and House Sections 298/234 of the 2018 budget recommendations effectively nullify that process and those voices and does nothing to lower costs, provide better care, or improve health outcomes for vulnerable population nor provides any details regarding purpose of integration; and

WHEREAS, local public health departments, across the state, oppose Section 298/234 of the Executive Budget recommendation for 2018 to implement health plan led pilots; and

THEREFORE BE IT RESOLVED that the Michigan Association of Local Public Health opposes Section 298/234 of the Executive Budget recommendation for 2018 and encourages the Governor, State Senate and State House of Representatives to prevent it from becoming law.

Meghan Swain, Executive Director; Michigan Association of Local Public Health

MDHHS Director Lyon named in latest round of charges related to Flint water investigation

The following is an excerpt from a recent press release from the Michigan Attorney General's office.

(FLINT, MI) -- Nick LYON, director of the Michigan Department of Health and Human Services (DHHS) along with Chief Medical Executive Eden WELLS, became the highest-ranking officials charged in the ongoing investigation of the Flint water crisis by Attorney General Bill SCHUETTE.

Lyon is facing a 15-year felony charge of involuntary manslaughter as well as misconduct in office. Wells is facing a charge of lying to a peace officer and obstruction of justice. The charges were read into the record at the Floyd J. McCREE Courts and Human Services Center in Flint.

The charges were accepted this morning by Genesee District Court Judge David GUINN.

Lyon's involuntary manslaughter charge is in the death of Robert SKIDMORE, who died on December 13, 2015 as a result of the "negligent omission by said defendant to perform a legal duty, to wit: failing to alert the public about a Legionnaires' Disease outbreak in Genesee County, Michigan when he had notice that another outbreak was foreseeable and/or during the negligent performance of an act, to-wit: conducting an investigation of the Legionnaires' Disease outbreak in a grossly negligent manner."

The misconduct in office charge asserts that Lyon misled and "withheld information about the Legionnaires' Disease outbreak in Genesee County from Gov. Rick SNYDER, contrary to the duties enjoined upon him by the Michigan Public Health Code and/or directing a health official to discontinue an analysis that would aid in determining the source of the Legionnaires' Disease outbreak and save lives..."

The charge against Wells for obstruction of justice contends she knowingly provided false testimony to a Special Agent and by threatening to withhold funding for the Flint Area Community Health and Environmental Partnership if the partnership did not cease its investigation into the source of the Legionnaires' Disease outbreak in Genesee County.

A second charge of lying to a peace officer involves an allegation that Wells, "after being informed by Special Counsel Todd FLOOD in the presence of Special Agent Arthur WIMMER, that they were conducting a criminal investigation, did knowingly and willfully make a statement or statements to the officer that he or she knew was false or misleading regarding the following material fact or facts relating to the investigation: the date she knew of the Legionnaires' Disease outbreak in Genesee County, Michigan and the officer was conducting a criminal investigation regarding involuntary manslaughter."

Also filed today were involuntary manslaughter charges against former Emergency Manager Darnell EARLEY, former City of Flint Water Department Manager Howard CROFT, as well as DEQ's former drinking water chief Liane SHEKTER-SMITH and former DEQ official Stephen BUSCH for their alleged "failure to act" in the Flint water crisis.

Lyon, of Marshall, was tapped September 15, 2014 to succeed James HAVEMAN. Prior to becoming a member of Gov. Rick SNYDER's cabinet, Lyon worked as the Chief Deputy Director of the then-Department of Community Health since 2011. In April of 2015, Lyon was tapped by Snyder to take the helm of the newly minted Department of Health and Human Services.

Prior to joining Community Health, Lyon worked as the Director of the Office of Budget Development and General Government within the State Budget Office and as the Finance Officer for the Department of Attorney General.

Wells was appointed the state's Chief Medical Executive in May of 2015. She was formerly with the Bureau of

Epidemiology with the Department of Community Health serving as a medical consultant to the Bureau and as a medical epidemiologist from 2004 to 2011. She was also Clinical Associate Professor, Epidemiology, and the Director for the Preventative Medicine Residency at the University of Michigan School of Public Health.

Lyon and Wells become the 14th and 15th individuals the Attorney General has filed charges against pursuant to the investigation.

Charges had been filed against three City of Flint officials; five from the Department of Environmental Quality; five from the Department of Health and Human Services, including Wells, Lyon and former Emergency Managers Earley and Gerald AMBROSE.

Governor underscores support to Nick Lyon and colleagues facing AG charges

Below are two messages from Governor Snyder in support of Nick Lyon, Director of MDHHS, in light of the recent announcement from the Attorney General's office – one to the public at large and one to MDHHS employees.

The Governor, as do many of us who work alongside Nick, support his work and that of his MDHHS colleagues, stand with him and all that he has done to ensure the health, safety, and quality of life of Michigan's residents. His commitment to the vulnerable and often voiceless has been remarkable in the face of considerable opposition and hindrances.

Press release: Gov. Rick Snyder's statement in support of DHHS Director Nick Lyon and Dr. Eden Wells

LANSING, Mich. – Gov. Rick Snyder issued the following statement today:

Nick Lyon has been a strong leader at the Department of Health and Human Services for the past several years and remains completely committed to Flint's recovery. Director Lyon and Dr. Eden Wells, like every other person who has been charged with a crime by Bill Schuette, are presumed innocent unless and until proven guilty beyond a reasonable doubt.

Some state employees were charged over a year ago and have been suspended from work since that time. They still have not had their day in court. That is not justice for Flint nor for those who have been charged. Director Lyon and Dr. Wells have been and continue to be instrumental in Flint's recovery. They have my full faith and confidence, and will remain on duty at DHHS.

Letter from Governor Snyder to MDHHS employees:



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
EXECUTIVE OFFICE
LANSING

BRIAN CALLEY
LT. GOVERNOR

Dear employees of MDHHS,

Today is a tough day for all of us as the Attorney General has charged two dedicated members of my cabinet who have been instrumental in Flint's recovery. I imagine you must be feeling frustrated, scared and unsure of what comes next and I wanted to reach out personally to let you know that I am standing behind Nick and Eden.

Nick has been an outstanding director at MDHHS for the past several years and remains completely committed to Flint's recovery. Director Lyon and Dr. Wells, like every other person who has been charged with a crime by Bill Schuette and the Office of Special Counsel, are presumed innocent unless and until proven guilty beyond a reasonable doubt.

Some state employees were charged over a year ago and have been suspended from work and have had their lives on hold since that time. They still have not had their day in court. That is not justice for Flint or for those who have been charged. Director Lyon and Dr. Wells have been and continue to be fully committed to Flint's recovery. They have my full faith and confidence, and will remain on duty at MDHHS.

Please do not hesitate to reach out to me or Cabinet Director Mike Zimmer with any questions or concerns you have. We are all standing together, just as we have for the past six and a half years, and we will continue to present this united front of support for you and the vital work that you do.

Thank you,
Rick Snyder
Governor of Michigan

My strength announces net tools to calm, ground, and de-stress

Below is a recent announcement from mystrength, a corporate partner of MACMHB, on a new set of digital self-help tools.

myStrength's suite of comprehensive digital self-help tools **include** guided programs for depression, anxiety, substance use disorder, chronic pain, and now a robust set of stress management resources.

myStrength's stress program teaches evidence-based techniques such as mindfulness and cognitive behavioral therapy to help users manage the challenges of everyday life. Supplemented by myStrength's library of wellness and spirituality resources, the program includes activities to:

- Calm body and mind
- Challenge unhelpful thinking styles
- Regain a sense of control
- Refocus on what really matters

Click below to contact us and demo the new program! <https://www.mystrength.com/contact>

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

Budget Deal Reached

Earlier this week Gov. Rick Snyder reached a FY18 budget agreement with House and Senate leaders, which included reforms to the state's teacher retirement system.

The leaders declined to give budget details, only to say a deal has been reached.

Late this week both the House and Senate passed their respective MPSERS reform legislation by slim margins, which should pave the way for the budget to be completed sometime next week.

Section 298 Boilerplate Language – As Passed by Conference Committee

Sec. 298. (1) Before implementing the pilot projects and demonstration models described in subsections (2), (3), and (4), the department shall contract with an independent project facilitator with at least 10 years of project management experience to establish performance outcome metrics of the pilot projects or demonstration models, finalize each pilot project's or demonstration model's implementation milestones, determine and manage the critical path to the pilot project's or demonstration model's completion, provide independent guidance on resolving conflicts between parties, and perform other necessary oversight and implementation functions as determined by the department. These performance metrics shall evaluate how the pilot projects and demonstration models impact, at a minimum, each of the following categories:

- (a) Improvement of the coordination between behavioral health and physical health.
- (b) Improvement of services available to individuals with mental illness, intellectual or developmental disabilities, or substance use disorders.
- (c) Benefits associated with full access to community-based services and supports.
- (d) Customer health status.
- (e) Customer satisfaction.
- (f) Provider network stability.
- (g) Treatment and service efficacies
- (h) Financial efficiencies
- (i) Any other relevant categories.

- (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 demonstration model. The department shall ensure the pilot project described in this subsection is implemented in a manner that ensures at least all of the following:
- (a) That contractually requires each willing Medicaid health plan to utilize the CMHSP in Kent County as the provider of behavioral health specialty supports and services.
 - (b) That any changes made to a Medicaid waiver or Medicaid state plan to implement the pilot described in this subsection must only be in effect for the duration of the pilot described in this subsection.
 - (c) That is consistent with the stated core values as identified in the final report of the workgroup established in section 298 of article X of 2016 PA 268.
 - (d) That provides updates to the Medical Care Advisory Council, Behavioral Health Advisory Council, and Developmental Disabilities Council.
- (3) The department shall reduce the number of PIHPs providing Medicaid behavioral health managed care services to ~~no fewer than~~ 4.
- (a) The department shall maintain single-county PIHPs in each county that had a population greater than 800,000 according to the most recent decennial census.
 - (b) The department ~~may~~ SHALL create a single PIHP for those counties not included in the PIHPs described in subdivision (a).
 - (c) The PIHPs described in this section shall operate in a manner consistent with the core values stated by the workgroup described in subsection (2).
- (4) In addition to the pilot project described in subsection (2), the department shall implement up to 3 pilot projects to achieve fully financially integrated Medicaid behavioral health and physical health benefit and financial integration demonstration models. These demonstration models shall use single contracts between the state and each licensed Medicaid health plan that is currently contracted to provide Medicaid services in the geographic area of the pilot project. The department shall ensure the pilot projects described in this subsection are implemented in a manner that ensures at least all of the following:
- (a) That allows the CMHSP in the geographic area of the pilot project to be a provider of behavioral health supports and services.
 - (b) That any changes made to a Medicaid waiver or Medicaid state plan to implement the pilot projects described in this subsection must only be in effect for the duration of the pilot projects described in this subsection.
 - (c) That is consistent with the stated core values as identified in the final report of the workgroup described in subsection (2).
 - (d) That provides updates to the Medical Care Advisory Council, Behavioral Health Advisory Council, and Developmental Disabilities Council.
- (5) The department shall begin to implement the pilot projects and demonstration models described in subsections (2), (3), and (4) by no later than October 1, 2017 and shall implement the pilot projects and demonstration models described in subsections (2), (3), and (4) by no later than March 1, 2018. Each pilot project shall be designed to last at least 2 years.
- (6) For the duration of any pilot projects and demonstration models, any and all realized benefits and cost savings of integrating the physical health and behavioral health systems shall be reinvested in services and supports for individuals having or are at risk of having a mental illness, an intellectual or developmental disability, or a substance use disorder.

(7) It is the intent of the legislature that the primary purpose of the pilot projects and demonstration models is to test how the state may better integrate behavioral and physical health delivery systems in order to improve behavioral and physical health outcomes, maximize efficiencies, minimize unnecessary costs, and achieve material increases in behavioral health services without increases in overall Medicaid spending.

(8) The department shall contract with one of the state's research universities at least 6 months before the completion of each pilot project or demonstration model to evaluate the pilot project or demonstration model. The evaluation shall include information on the pilot project or demonstration model's success in meeting the performance metrics developed in subsection (1) and information on whether the pilot project could be replicated into other geographic areas with similar performance metric outcomes. The evaluation shall also include a comparison of Michigan model outcomes with similar model outcomes in other states. The evaluation shall be completed within 6 months of the end of the pilot project or demonstration model and shall be provided to the department, 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.

(9) By October 1 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 and the remedies to address any identified barriers of the items described in subsections (2), (3), and (4). 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 are at risk of having a mental illness, an intellectual or developmental disability, a substance use disorder, or physical health need.

(10) Upon completion of any pilot projects or demonstration models advanced under this section, the managing entity of the pilot project or demonstration model shall submit a report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office within 30 days of completion of that pilot project or demonstration model detailing their experience, lessons learned, efficiencies and savings revealed, increases in investment on behavioral health services, and recommendations for extending pilots to full implementation or discontinuation.

DHHS Conference Committee Passes FY18 Budget Recommendations

Yesterday, the conference committee for the Fiscal Year 2017-2018 Department of Health and Human Services (DHHS) budget met and approved HB 4238 (H-2) CR-1. Please [click here](#) for the Conference Committee Documents including the substitute for HB 4238, analysis and comparison chart. The conference report reflects a target appropriation approved by both the House and the Senate, but in unusual fashion, does not include agreement by the Governor. The budget process continues to remain fluid and we anticipate the possibility of further changes. Below are the main items impact behavioral health services:

Specific Mental Health/Substance Abuse Services Line items

	<u>FY' 17 (final)</u>	<u>FY'18 (Exec Rec)</u>	<u>FY'18 (Conference)</u>
-CMH Non-Medicaid services	\$120,050,400	\$120,050,400	\$120,050,400
-Medicaid Mental Health Services	\$2,336,960,100	\$2,335,981,300	\$2,300,593,100

-Medicaid Substance Abuse services	\$53,392,400	\$50,369,600	\$52,408,500
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$73,811,800	\$77,917,400	\$77,075,000
-Children's Waiver Home Care Program	\$20,000,000	\$20,241,100	\$20,241,100
-Autism services	\$61,168,400	\$105,097,300	\$100,097,300
-Healthy MI Plan (Behavioral health)	\$247,822,900	\$268,199,000	\$286,465,600

Other Highlights of the FY18 Executive Budget:

- Reduces the .50 cent direct care worker wage increase to .25 cents for a full year and an additional .25 cents/hour effective June 1 for those workers making less than \$10.90/hour – Total spending \$27.7 million (gross) / \$8.7 million (GF) by \$22.5 million (gross) / \$7.08 (GF), reduces total spending from executive recommendation by \$17.3 million (gross)
 - Conference committee adds language to Section 1009 that outlines details and reporting provisions.
- Reduces the funding for the 72 acute care staff for the state psychiatric facilities by half and allocates 36 staff– Reduces spending by \$3.58 million (Gross) / \$2.4 million (GF)
- Reduces Medicaid Autism services by \$5 million
- Concurs with executive budget to includes restricted medical marijuana regulatory revenue to increase access to SUD prevention, treatment and education programming – \$3.2 million (gross).
- Reduces the mental health and wellness commission programming by 10% - \$2.2 million (gross) / \$745,000 (GF) reduction.
 - Protects funding for psychiatric transition unit for children at Hawthorn Center.

Boilerplate Sections

Section 234 – REMOVED

Section 928 – Local match draw down. Section 928 – Local match draw down , includes subsection (2) stating legislative intent that any lapse funds for Medicaid mental health services shall be redistributed to individual CMHSPs as a reimbursement of local funds.

Section 994 – Directs department by January 1 to seek federal approval through either a waiver request or state plan amendment to allow CMHSPs, PIHPs, or subcontracting provider agencies that are reviewed and accredited by a national accrediting entity for behavioral health care services to be considered in compliance with state program review and audit requirements that are addressed and reviewed by that national accrediting entity.

Section 1011 – Kalamazoo CMH Opioid Genomic Pilot, requires DHHS to provide \$850,000 to Kalamazoo CMH to develop a genomic based demonstration program to predict opioid response and abuse and to analyze cost savings to Medicaid. (NEW)

Section 1012 – Required the department to submit a report related to spend-down issues. Average number of people who do not meet monthly spend down, how the reduced CMHSP GF has impacted those with a spend down, what counts as protected income, action plan for changes, cost estimate.

Section 1852 – Long-term services and supports pilot – Requires the Department to implement a pilot in Wayne, Macomb, Barry, Berrien, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties, and the UP to transition HCBS Waiver recipients into a long-term service and support program administered by an ICO. The pilot program must include the following: (i) a continuity of care protocol, (ii) a single point of contact for members, (iii) auto-assignment of members to ICOs, (iv) an independent appeals process for grievances, (v) rate structure based on acuity and residential setting, and (vi) development of outcome measures. (REMOVED)

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](#).

Senate Moving Fast to Cut Medicaid, End Expansion

Senate negotiations on health care, including major changes to Medicaid, are moving forward with Senate Majority Leader Mitch McConnell still aiming to hold a vote prior to the July 4 recess. Despite the huge impacts of Medicaid restructuring and funding cuts, Senate leaders have yet to release the text of their bill and, in an extraordinary move, plan to bypass the committee process completely. It is critical that mental health and addiction advocates contact their Senators over the next two weeks and urge them to oppose any health care legislation that cuts Medicaid funding.

While reports indicate that a draft of the Senate's health care bill is nearly finished, Senate leaders have said that the bill will not be released to the public until the Congressional Budget Office (CBO) has scored the bill. It is still unclear when the CBO will have their analysis ready; CBO's analysis of the House repeal legislation, the American Health Care Act (AHCA), estimated that 23 million people would lose health care coverage.

Individuals who gained health care coverage through Medicaid expansion would be hardest hit by the AHCA's huge coverage losses. Americans with mental health and substance use disorders are the single largest beneficiaries of Medicaid expansion. Medicaid expansion has extended health care coverage to 1.29 million low-income individuals with substance use disorders and proven vital in the fight against opioid addiction by paying for between 35-50% of all medication-assisted treatment. For more facts and figures on the importance of Medicaid expansion, please see this [National Council Sheet on Medicaid Expansion](#) and find [data specific to your state here](#). Need additional resources? Contact Michael Petruzzelli at michaelp@thenationalcouncil.org.

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

Have a Great Weekend!