



Michigan Association of **COMMUNITY MENTAL HEALTH** Boards

July 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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 - St Joseph County CMH receives CARF accreditation
 - NACBHDD Receives 2017 Best of Washington Award
- State and National Developments and Resources
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WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

St Joseph County CMH receives CARF accreditation

Below is a recent announcement from St. Joseph County Community Mental Health and Substance Abuse Services regarding its recent receipt of full three-year accreditation from CARF. Congratulations to St. Joseph CMH.

St. Joe County Community Mental Health and Substance Abuse Services is proud to report that they have once again earned a three-year accreditation from CARF. SJCMH-SAS was described as a fully integrated facility and was commended for its commitment to persons served, sound financial stewardship, attractive and

functional facilities, and successful prevention and jail diversion programs. The three-year term is the highest level of accreditation offered by CARF, who complimented the staff's commitment to providing "accessible, evidence-based services," as well as the agency's "track record of providing excellent services for the citizens of St. Joseph County."

NACBHDD Receives 2017 Best of Washington Award

Below is a recent press release announcing the receipt of the Best of Washington Award by the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD). MACMHB is a longstanding member of NACBHDD and congratulates NACBHDD and its CEO, Ron Manderscheid on this recognition

Washington Award Program Honors the Achievement

WASHINGTON July 5, 2017 -- Natl Association-County Bhvrl has been selected for the 2017 Best of Washington Award in the Doctors category by the Washington Award Program.

Each year, the Washington Award Program identifies companies that we believe have achieved exceptional marketing success in their local community and business category. These are local companies that enhance the positive image of small business through service to their customers and our community. These exceptional companies help make the Washington area a great place to live, work and play.

Various sources of information were gathered and analyzed to choose the winners in each category. The 2017 Washington Award Program focuses on quality, not quantity. Winners are determined based on the information gathered both internally by the Washington Award Program and data provided by third parties.

About Washington Award Program: The Washington Award Program is an annual awards program honoring the achievements and accomplishments of local businesses throughout the Washington area. Recognition is given to those companies that have shown the ability to use their best practices and implemented programs to generate competitive advantages and long-term value.

The Washington Award Program was established to recognize the best of local businesses in our community. Our organization works exclusively with local business owners, trade groups, professional associations and other business advertising and marketing groups. Our mission is to recognize the small business community's contributions to the U.S. economy.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

MDHHS provides guidance on statutory changes in Michigan's confidentiality and disclosure protections

Below is the content of a recent memo from MDHHS on the impact of the impact of PA 559 on the state's Mental Health Code confidentiality and disclosure protections. Because of the significance of this change, MACMHB is including the full memo in this edition of Friday Facts.

TO: PIHP and CMHSP Executive Directors
FROM: Thomas Renwick, Director
Bureau of Community Based Services
SUBJECT: Public Act 559 of 2016

The Behavioral Health and Developmental Disabilities Administration (BHDDA) has received inquiries concerning [Public Act 559 of 2016](#). PA 559 revised Michigan's Mental Health Code to allow easier sharing of behavioral health information for care coordination purposes. Effective 4/10/2017, PA 559 increases alignment of state law with the HIPAA rules related to sharing of health information. Specifically, MCL 330.1748 section 748 (7) was amended to read:

Information may be disclosed by the holder of the record under one or more of the following circumstances:

(a) As necessary in order for the recipient to apply for or receive benefits.

(b) As necessary for treatment, coordination of care, or payment for the delivery of mental health services, in accordance with the health insurance portability and accountability act of 1996, Public Law 104-191.

(c) As necessary for the purpose of outside research, evaluation, accreditation, or statistical compilation. The individual who is the subject of the information shall not be identified in the disclosed information unless the identification is essential in order to achieve the purpose for which the information is sought or if preventing the identification would clearly be impractical, but not if the subject of the information is likely to be harmed by the identification.

(d) To a provider of mental or other health services or a public agency, if there is a compelling need for disclosure based upon a substantial probability of harm to the recipient or other individuals.

For reference, "care coordination" is defined in attachment P7.3.1 of the PIHP contract as follows:

"Care Coordination" means a set of activities designed to ensure needed, appropriate and cost-effective care for beneficiaries. As a component of overall care management, care coordination activities focus on ensuring timely information, communication, and collaboration across a care team and between Responsible Plans. Major priorities for care coordination in the context of a care management plan include:

- Outreach and contacts/communication to support patient engagement,
- Conducting screening, record review and documentation as part of Evaluation and Assessment,
- Tracking and facilitating follow up on lab tests and referrals,
- Care Planning,
- Managing transitions of care activities to support continuity of care,
- Address social supports and making linkages to services addressing housing, food, etc., and
- Monitoring, Reporting and Documentation.

For purposes of this document, Care Coordination also refers to the levels of coordinated care management and care coordination activities carried out under the auspices of PIHP and MCO contractors.

"Contractors" means Medicaid Health Plans and Prepaid Inpatient Health Plans.

"Responsible Plans" means Contractors with responsibility for Medicaid beneficiaries within the shared service area.

Please note that substance use disorder treatment information originating from a provider that meets the definition of a 42 CFR Part 2 "Program" continues to require a signed consent from the consumer in order to be shared for care coordination.

The Michigan Department of Health and Human Services is undertaking the following in response to PA 559:

- The standard consent form (MDHHS-5515: Consent to Share Behavioral Health Information for Care Coordination Purposes) which can be found at: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_58005-343686--,00.html is being revised, along with the associated FAQs and background documents. The statewide Consent Form Workgroup has provided input to MDHHS toward these efforts.

- MDHHS will work with stakeholders to set up training sessions for PIHPs and CMHs once revisions to the consent form and guidance are complete.
- MDHHS will be exploring ways to provide outreach and education to consumers on changes to the Mental Health Code and the standard consent form.
- The MDHHS Office of Recipient Rights, MDHHS Bureau of Legal Affairs, BHDDA, and MDHHS Policy, Planning & Legislative Services will continue to collaborate on developing guidance for recipient rights officers.
- MDHHS will work with stakeholders to implement health information exchange use cases and to address specific policy issues that are related to electronic sharing of behavioral health information.

It is recommended that PIHPs and CMHs assess the need to revise policies and procedures, training curriculum, and the Notice of Privacy Practices in response to PA 559. Additional recommendations may be forthcoming once consent form and related guidance updates have been finalized.

While the MDHHS is not able to provide legal advice, questions about the standard consent form can be directed to 844-275-6324 or MDHHS-BHConsent@michigan.gov.

CHCS issues list of resources on healthcare integration and related topics

The Center for Health Care Strategies (CHCS) has recently published a compendium of useful policy briefs and blogposts on a range of issues of interest to our system – especially in this era of healthcare transformation and the pilot projects called for in Section 298. This best of that list is provided below:

Recommended Briefs

Moving Toward Value-Based Payment for Medicaid Behavioral Health Services - Describes how states and their Medicaid managed care organizations are incorporating value-based payment arrangements into behavioral health programs. https://www.chcs.org/resource/moving-toward-value-based-payment-medicaid-behavioral-health-services/?utm_source=CHCS+Email+Updates&utm_campaign=582e605642-2017+Summer+Reading+List&utm_medium=email&utm_term=0_bbc451bf-582e605642-152144421

Measuring Social Determinants of Health among Medicaid Beneficiaries: Early State Lessons - Explores strategies that states are using to capture social determinants of health information for Medicaid beneficiaries. https://www.chcs.org/resource/measuring-social-determinants-health-among-medicaid-beneficiaries-early-state-lessons/?utm_source=CHCS+Email+Updates&utm_campaign=582e605642-2017+Summer+Reading+List&utm_medium=email&utm_term=0_bbc451bf-582e605642-152144421

Using a Cost and Utilization Lens to Evaluate Programs Serving Complex Populations: Benefits and Limitations - Takes a close look at the limitations of relying solely on using cost and utilization to evaluate complex care programs. https://www.chcs.org/resource/measuring-social-determinants-health-among-medicaid-beneficiaries-early-state-lessons/?utm_source=CHCS+Email+Updates&utm_campaign=582e605642-2017+Summer+Reading+List&utm_medium=email&utm_term=0_bbc451bf-582e605642-152144421

Integrating Community Health Workers into Complex Care Teams: Key Considerations - Examines effective strategies and best-practices for including community health workers in complex care teams. https://www.chcs.org/resource/integrating-community-health-workers-complex-care-teams-key-considerations/?utm_source=CHCS+Email+Updates&utm_campaign=582e605642-2017+Summer+Reading+List&utm_medium=email&utm_term=0_bbc451bf-582e605642-152144421

Providing Value-Added Services for Medicare-Medicaid Enrollees: Considerations for Integrated Health Plans - Explores how some Medicare-Medicaid integrated health plans are finding value in covering services that address the social determinants of health. https://www.chcs.org/resource/providing-value-added-services-medicare-medicicaid-enrollees-considerations-integrated-health-plans/?utm_source=CHCS+Email+Updates&utm_campaign=582e605642-2017+Summer+Reading+List&utm_medium=email&utm_term=0_bbc451bf-582e605642-152144421

Recommended blog posts:

Children's Behavioral Health Care Use in Medicaid: Data Update - Offers a preview of CHCS' upcoming analysis of Medicaid claims data for children using behavioral health services. https://www.chcs.org/data-update-childrens-behavioral-health-care-use-medicicaid/?utm_source=CHCS+Email+Updates&utm_campaign=582e605642-2017+Summer+Reading+List&utm_medium=email&utm_term=0_bbc451bf-582e605642-152144421

Reviewing Medicaid ACO Progress in Leading-Edge States - Shares key priorities from three state Medicaid ACO programs that are building on initial successes to further refine their programs. https://www.chcs.org/reviewing-medicicaid-aco-progress-leading-edge-states/?utm_source=CHCS+Email+Updates&utm_campaign=582e605642-2017+Summer+Reading+List&utm_medium=email&utm_term=0_bbc451bf-582e605642-152144421

Accountable Communities for Health: Multi-Sector Community Partnerships in Action - Explores early efforts by states to test Accountable Communities for Health — a new population-based care delivery model that may help close geographic and socioeconomic disparities in health outcomes. https://www.chcs.org/accountable-communities-health-multi-sector-community-partnerships-action/?utm_source=CHCS+Email+Updates&utm_campaign=582e605642-2017+Summer+Reading+List&utm_medium=email&utm_term=0_bbc451bf-582e605642-152144421

Preventing Early Childhood Adversity Before It Starts: Maximizing Medicaid Opportunities - Discusses the potential role that Medicaid can play in supporting high-risk, low-income families and introduces CHCS' *Medicaid Early Childhood Innovation Lab*. https://www.chcs.org/maximize-medicicaid-opportunities-prevent-early-childhood-adversity-starts/?utm_source=CHCS+Email+Updates&utm_campaign=582e605642-2017+Summer+Reading+List&utm_medium=email&utm_term=0_bbc451bf-582e605642-152144421

Damage of ACA repeal to opioid and other SUD treatment highlighted

Below is an excerpt from a recent press release from the national Legal Action Center on the impact of the repeal of the ACA on substance use disorder treatment, especially opioid addiction treatment.

July 7, 2017: Sixty-seven leading organizations and national experts in the field of addiction policy, research and treatment today issued a joint statement opposing the Senate's healthcare repeal plan, warning that it would undermine efforts to address the opioid crisis and significantly worsen the public health epidemic. The statement will be delivered to all United States Senators.

Organized by the [Legal Action Center](#), the statement argues that the proposed addition of up to \$45 billion dollars to a special opioid fund will not ameliorate the damage that will be caused by the enormous cuts to Medicaid funding and the weakening or removal of consumer protections against insurance discrimination. If enacted, the Senate plan would result in millions of people struggling with addiction losing the healthcare coverage they need to get and stay well.

As noted in the statement “No time-limited infusion of federal dollars for addiction treatment can fill the gaping coverage and financing holes, meet the unmet need for substance use treatment, or prevent the significant disruption in health care delivery that will result under the enactment of the Better Care Reconciliation Act (BCRA).”

A number of key provisions in the Affordable Care Act (ACA) significantly expanded access to addiction coverage and treatment, such as the requirement for Medicaid and commercial insurance to cover substance use disorders as Essential Health Benefits, and at parity with other illnesses; protections for people with pre-existing conditions including substance use disorder; and expanding Medicaid eligibility to cover more people. These are critical elements to ensuring that people with addiction have access to comprehensive healthcare coverage, and they must be retained or strengthened in order to meet the rising need due to the opioid crisis.

Paul Samuels, President/Director of LAC says “The Senate health repeal plan will strip coverage away from millions of Americans struggling with addiction. Emergency funding to address the opioid crisis must be in addition to – not in lieu of – the comprehensive healthcare coverage that people with addiction need. We must change the trajectory of addiction treatment in this country – not go back to the failed system of separate and unequal coverage that contributed to the current crisis.”

Michael Botticelli, who formerly served as Director of the White House Office of National Drug Control Policy and is currently the Executive Director of the [Grayken Center for Addiction Medicine](#), echoed this point saying that “No one should be fooled into thinking that a separate, inadequate and time limited infusion for addiction treatment funding can ever replace access to high quality affordable comprehensive health care. It is almost impossible to describe the devastating impact this bill will mean for every family and community struggling with addiction.”

Other leading experts echoed these statements.

The President of the [American Society of Addiction Medicine](#), Dr. Kelly Clark, noted that “Kicking people off their insurance or allowing “insurance” plans to exclude addiction treatment coverage is clearly the wrong approach when we’re fighting an epidemic, and no amount of targeted grant money can make up for these coverage losses.”

Patty McCarthy Metcalf, Executive Director of [Faces and Voices of Recovery](#), who said “With appropriate treatment and recovery support, people can and do find their path to long-term recovery. However, without insurance coverage, alcohol and other drug related health conditions will go underdiagnosed leading to greater costs for liver disease, heart conditions and much more. Furthermore, the impact on all other parts of society in child welfare, law enforcement, employment and education will escalate.”

Deputy Director of the [Drug Policy Alliance](#), Grant Smith, said “Having access to healthcare is critical to facilitating recovery and reducing overdose risk and other drug-related harms. The Senate healthcare bill would put millions of lives at risk by scaling back the Medicaid expansion and other guarantees of health coverage. Senators must understand that no amount of opioid funding can compensate for the intolerable harm that rolling back healthcare will inflict on millions and efforts to end the opioid crisis.”

Marcia Lee Taylor, Chief Policy Officer at the [Partnership for Drug Free Kids](#) says “At a time when overdoses are at epidemic levels and are the leading cause of accidental death in our country, we need to be expanding access to treatment, not putting up additional obstacles. Simply put, the cuts in the BCRA are going to make it more difficult for families to get their loved ones the help they need.”

Mark Parrino, President of the [American Association for the Treatment of Opioid Dependence](#) notes that “AATOD’s membership is extremely concerned about how any federal funding can be properly assessed since we are still in the grips of an expanding opioid epidemic. We have a limited understanding of how many people need access to care, especially when so many Americans may lose their health insurance, compounding the challenge of accessing desperately needed treatment.”

Ron Manderscheid, Executive Director of the National Association of County Behavioral Health and Developmental Disability Directors and the National Association for Rural Mental Health, says "The proposed Senate Better Care Reconciliation Act falls dramatically short in addressing the opioid crisis. As a concerned society, we should and can do better."

The full statement including all current signatories can be found at: <https://lac.org/wp-content/uploads/2017/07/AddictionExpertsStatementonBCRA.pdf>

2017 PAC Campaign Update

Earlier this year we announced our 2017 CMH PAC campaign with the goal of increasing member participation. This year's campaign exceeded last year's contribution levels, but participation remained about the same. Last month we held the drawing for the Detroit Tiger box suite tickets donated by Muchmore Harrington Smalley Associates and the winner was... Lapeer CMH.

Congratulations to Lapeer CMH and thank you to all who generously contributed to the CMH PAC.

Just because the Tiger drawing has been completed does not stop the need for CMH PAC support. If you would still like to support our PAC efforts please mail your contribution to our office, below are the details:

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.

MACMHB'S 2017 ANNUAL FALL CONFERENCE CALL FOR PRESENTATIONS!

MACMHB's Annual Fall Conference, "Honor the Past...Treasure the Present...Dream the Future," will be held on October 23 & 24, 2017 at the Grand Traverse Resort in Traverse City, Michigan.

Presentation Submission Form: Deadline Friday, August 4, 2017

CLICK HERE TO SUBMIT YOUR PROPOSAL:

https://CMHAM-web.ungerboeck.com/spa/spa_p1_authors.aspx?oc=10&cc=117071218721

DAVID PITONYAK EVENT – AUGUST 10, 2017

Save the Date for an "Evening with David Pitonyak" on August 10, 2017. The MOKA Foundation is hosting dinner and a talk by psychologist Dr. Pitonyak along with co-sponsors Network180 and TBD Solutions to be held at the Pinnacle Center located in Hudsonville, MI just southwest of Grand Rapids.

Association members may remember the David's inspiring keynote at the Fall Conference of the Association. David has focused his work and speaking on positive approaches to difficult behaviors. He speaks frequently on the importance of relationships and "belonging." He believes individuals that have difficult behaviors are trying to communicate through their actions, and the people who serve these individuals need to look beyond the behavior to understand the meaning behind the behavior in order to properly support the individual. David has consulted with families and organizations throughout Europe and the United States.

Tickets are \$25 and can be purchased online at www.moka.org/donate. Partial ticket scholarships are available. For more information contact Domenica at ddault@moka.org or (800) 644-2434 ext. 648.

WOODLANDS BEHAVIORAL HEALTH ANNOUNCES CHANGES IN AGENCY LEADERSHIP

Woodlands Board of Directors has accepted the resignation of Kathy Emans, CEO. Ms. Emans has accepted a position working with the University of Arkansas Medical Services, Regional Programs. Effective July 17, Kathy Sheffield will be Interim CEO. Ms. Sheffield has been with Woodlands since 1995 and is currently Director of Information Systems.

COOKIE GANT SPIRIT AWARD

Cookie Gant was a Michigan-grown, but nationally known, advocate for human rights. She was a disability activist, a performance artist, a diversity specialist in every aspect of life. Cookie fought for human rights in the mental health system every day, never giving up her tough spirit, her love for others, or her sense of humor. She was an unstoppable, irreverent activist, who always maintained loving support and affection for people in "the movement." Shortly after her death in 2003, the State Recipient Rights Advisory Committee established an award in her honor with the intent that it be presented annually to a person who exhibits the dedication, demonstrates the tenacity, and advocates diligently for persons with mental illness or developmental disabilities - just the way Cookie lived her life. This person may be a consumer of mental health services, a parent, guardian or someone who works in the field of public mental health. If you know of someone who exhibits the dedication, tenacity, and compassion of Cookie Gant and who advocates diligently for persons with mental illness or developmental disabilities, please use the link below to download and complete a nomination form. Nominations will be reviewed by the MDHHS Recipient Rights Committee and the honoree will be revealed during the Recipient Rights Conference in Kalamazoo on September 21st. The deadline for nominations is August 15th. [Cookie Gant Spirit Award Nomination Form](#)

MDHHS DIRECTOR'S AWARDS FOR RECIPIENT RIGHTS

Since 2000, the Director of the Michigan Department of Health and Human Services has recognized the outstanding contributions of Recipient Rights staff, offices, or affiliate organizations on the overall impact on Michigan's Recipient Rights Protection system. Recognition is awarded in three categories:

Director's Award for Innovation in Rights Protection

Nominees for the innovation award will have created a new or different way of enabling the vision of recipient rights or of a rights office. This may include creating a valuable new process or product, constructing a different way of approaching old problems, creating a new solution for systemic problems, etc. As a result of this innovation, there has been an increased ability to better provide rights services either directly (such as when performing standard rights activities) or indirectly (such as if the innovation improves or enhances the operation of the rights office.) The nominee will also have shown a demonstrated willingness to share the innovation with others when possible.

Director's Award for Advocacy on Behalf of Mental Health Recipients

Nominees for the Advocacy Award will have made an outstanding contribution toward, or have gone to extraordinary means, to advocate on behalf of people receiving mental health services. This may include exceptional effort or initiative by the nominee directly advocating on behalf of an individual consumer or a group of consumers. It may also include extraordinary indirect advocacy, such as a rights office acting as a catalyst for positive change, inspiring other entities or systems within or outside of mental health, to realize their roles in championing the rights or needs of recipients.

Director's Award for Consumer Empowerment

A nominee for the Consumer Empowerment Award will have made a profound or uniquely positive difference in the lives of consumers, so that consumers are empowered to transcend the "world of disability" and live a life of self-advocacy. Due to the initiative or effort of the nominee, consumers will now be able to advocate for themselves, to the fullest extent possible, in the protection of their own rights, creating hope, control of their own lives, and a valuable place in society.

Nominees may be either: 1] Individuals, 2] Recipient Rights offices operated by MDHHS, CMHSP, or Licensed Private Hospitals/Units (LPH/U), or 3] Programs/projects contracted with, or associated with those agencies. Use the link below to download the nomination form. Deadline for nominations is August 15th. The honorees will be recognized during the Recipient Rights Conference in Kalamazoo on September 22nd. [MDHHS Director's Award Nomination Form](#)

Save the Date: Annual Recipient Rights Conference!

The 24th Annual Recipient Rights Conference, "United in Rights", will be held from September 19th-22nd at the Radisson Plaza Hotel and Suites in Kalamazoo.

The Pre-Conference session on Tuesday, September 19th will feature Lena Sisco, the author of "You're Lying! Secrets from an Expert Military Interrogator to Spot the Lies and Get to the Truth," and "Marine Scout Snipers; True Stories From U.S. Marine Corps Snipers". She is a former Department of Defense certified military interrogator and Naval Intelligence Officer. Entities she has trained and currently trains include: Naval Special Warfare, Customs and Border Protection, Drug Enforcement Administration, Department of Homeland Security, Defense Intelligence Agency, United States Marine Corps, United States Navy, United States Coast Guard, local and federal Law Enforcement Agencies, International Association of Arson Investigators, and numerous private sector companies. She trains people to "Be a Detecting Deception Expert, Be a R.E.B.L.E.TM." The acronym R.E.B.L.E. stands for her 5-step detecting deception program that will teach you how to enhance your detecting deception skills and your confidence in detecting deception with the most accuracy a human can possess. Registration for the pre-conference session will be available for anyone interested in body language skills, investigations, etc. The content will be appropriate for rights staff, APS and CPS investigators, hospital administrative staff, local and state police, etc.

The Conference's opening keynote speaker will be author and ethics expert Chuck Gallagher. Chuck's practical tested and time proven methods will enhance your personal and professional performance. What Chuck shares in his presentations, are understandings of not only "how to", but also "what motivates behavior"—behavior of individuals that can create personal and professional success. Some of the 26 conference breakout sessions include:

- Creating Inclusive Spaces for LGBTQ+ Community
- Medication, What Every Rights Officer Needs to Know
- Confidentiality and Recipient Rights: The Intersection of Federal and State Laws Impacting Patient Privacy
- AFC Licensing Issues

Details about the conference can be found at: [24th Annual Recipient Rights Conference](#)

LEGISLATIVE UPDATE

PART-TIME LEGISLATURE PROPOSAL: NEW VERSION FILED

Lieutenant Governor Brian Calley announced on Monday an updated proposal for a part-time Legislature in Michigan has been circulated to supporters for signature, in response to questions regarding the legality of the original language.

Filed on Monday with the Department of State, the new language states that the Legislature would be required to adjourn sine die on or before April 15 instead of being given a set 90-day schedule. Another contentious issue addressed in the proposal is that of the salaries for legislators. The updated proposal still uses a pro-rated average teacher salary as the basis but calls for the State Officers Compensation Commission to meet "as soon as practical" to set the salaries.

Mr. Calley, along with the Clean Michigan Government Committee, circulated the updates with notification that the petitions would be out this week and available for signature (315,654 signatures are needed to put the proposal on the 2018 ballot). Due to the changes, any signatures collected thus far for the proposal have been nullified. Other alterations to the proposal include:

- The removal of the term “emergency session”
- More broad availability for the Governor to call a special session
- Decreased utilization of the Legislature related to overriding a veto and approving or disapproving a citizen initiative

Mr. Calley and the Committee have 180 days to collect the required signatures. In his message, Mr. Calley thanked supporters for their efforts and noted the proposal will push forward despite the opposition, saying, “The Lansing establishment has gone to great lengths to try and stall this effort, but we are standing with the people.”

Those in opposition to the proposal claim that by restricting or reducing the amount of legislative session days, the executive office would have increased oversight and therefore take away the power of citizens.

REDISTRICTING PETITION LANGUAGE SUBMITTED

The Legislature and the Governor would have no input regarding the restructuring of Michigan’s legislative districts, under new language submitted to the Board of State Canvassers last week. Voters Not Politicians, the group that filed the petition proposal, noted that the redistricting decisions would instead be made by a citizen’s commission “made up of 13 Michigan voters and NO politicians” and would “end the secrecy and corruption that surrounds the current process of drawing district maps...”.

The group also noted in the proposal that by eliminating Legislative and Executive oversight, the chance for gerrymandering to maximize party influence during an election cycle would be minimized. Under the language, the commission would still be required to follow the federal one person/one vote regulations, as well as respect city, township, and county lines while taking into account “communities of interest”. The commission would also need to be allocated funds for the allowance of hiring map technicians to assist in drawing the maps, holding hearings throughout the state and conducting other matters in relation to the redistricting process.

Any and all commission activities would be required to be public as well, with final versions of the map still subject to court challenge. No veto authority would be allowed from either the Legislature or the Governor, however, if the language is placed on the 2018 ballot, the Legislature could draft its own challenge proposal.

If the Voters Not Politicians proposal is approved in the election, it would not take effect until after the 2020 election, meaning the next redistricting wouldn’t take place until the 2021-2022 legislative session. The proposal was created following the group’s statewide town hall-type meetings on the issue, to which, the group notes, more than 3,000 people attended. No meeting date has been set for the Board of State Canvassers to take the issue into consideration.

NATIONAL UPDATE

US Senate Still Not Ready to Vote on Health Care Reform Bill

Senate Republicans from states that expanded Medicaid enrollment under ObamaCare are pushing back on pressure from Senate Majority Leader Mitch McConnell (R-Ky.) to support the conference’s new healthcare bill. The centrists want GOP leaders to agree to changes to the bill before they will back their party on a key procedural vote as early as next week.

They specifically want a formula for indexing Medicaid to inflation to be changed so that it is more generous to states getting federal support. They also want assurances from McConnell on how an additional \$70 billion in money to help lower-income people purchase insurance will be spent. And they are asking McConnell to put tens of billions of dollars more on the table.

Centrist Republicans pressed their demands during a Thursday meeting in McConnell's office after the new Senate GOP bill was made public. Republican Sens. Dean Heller (Nev.), Lisa Murkowski (Alaska), Rob Portman (Ohio), Shelley Moore Capito (W.Va.) and John Hoeven (N.D.) all attended the meeting.

McConnell is betting that the moderates will come to his side before next week's vote after he made several concessions to them in the new bill. The GOP leader can't afford to lose support from any of them.

Two Republicans, Sens. Rand Paul (Ky.) and Susan Collins (Maine), say they will vote against the procedural motion to begin debate on the bill. McConnell needs 50 votes, with every Democrat in the Senate prepared to vote no.

Moderates have doubts about their leadership's promises that the innovation fund will be enough to help people likely to lose health coverage after the generous federal subsidy for Medicaid expansion phases out by the end of 2024.

Leaders have also told moderates that the \$132 billion innovation fund can be used to subsidize the cost of high-risk pools as well but moderates are concerned this will leave less money to cover those likely to lose insurance coverage because Medicaid spending reductions.

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.](#)

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

Have a Great Weekend!