



Michigan Association of **COMMUNITY MENTAL HEALTH** Boards

August 11, 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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WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

Woodlands Behavioral Healthcare Network announces appointment of CEO.

At the July 25th meeting of the Woodlands Board of Directors, Kathleen Sheffield was appointed CEO effective August 1, 2017. Ms. Sheffield holds a Master of Science in Education and a Master of Social Work degree and is licensed in Michigan for both Clinical and Macro Social Work. She has been with Woodlands since 1995, most recently serving as the Director of Information Services.

Congratulations to Kathleen. Best of luck in this key leadership role.

Northern Lakes receives Michigan Health Endowment grant for mobile crisis teams for children and families

Northern Lakes Community Mental Health Authority has received a half million dollar *2017 Behavioral Health Proactive Grant* from the Michigan Health Endowment Fund to provide mobile treatment teams to help children and families in crisis.

Three Family Assessment & Safety Teams (F.A.S.T.) will be created to assist children and families in crisis in Grand Traverse, Leelanau, Wexford, Missaukee, Crawford, and Roscommon Counties. The goals of the F.A.S.T. project are to reduce the use of hospital emergency departments for non-medical behavioral health crises and the number of inpatient psychiatric hospitalizations for children; to integrate the services of children's medical and behavioral health care providers; and to avoid changes in the places a child calls home by ensuring a child's safe placement with caregivers.

Instead of having families go to an emergency room in a behavioral health crisis, F.A.S.T. team members will go directly to the child and family in crisis and will immediately respond with assessment, evaluation, and crisis interventions suitable to the child and family needs. The team is a rapid-response team and evaluation and intervention begins at the time of contact.

Using standard F.A.S.T. crisis response protocols and screening tools, a two-person team consisting of a Master's Level Clinician and case manager will help to resolve the crisis and put into place the supports needed to ensure safety and to meet the child's immediate and ongoing behavioral health care needs.

Through a community collaborative involving Northern Family Intervention Services, Third Level (a program of Child & Family Services of Northwestern Michigan), Pine Rest Clinic of Traverse City, four regional Departments of Health & Human Services, Northern Lakes Community Mental Health Authority, Munson Medical Center, area Systems of Care, and various local pediatricians, the F.A.S.T. project promises to improve access to high quality, person-centered, and integrated mental health services and diminish trauma to children and families in crisis.

According to Karl V. Kovacs, Chief Executive Officer, "We expect that the implementation of appropriate, integrated services will result in less unnecessary psychiatric treatment, emergency room visits, and juvenile detention, which will mean cost savings to the state of Michigan. Most importantly, there will be diminished trauma for children and families who are struggling. F.A.S.T. will streamline the coordination of all providers with a single, uniform plan and set wheels in motion for needed services in the community to help children and families to live healthy lives."

Michigan CMHs selected to strengthen cancer control through Community of Practice grants

"Individuals with a mental illness are at greater risk of receiving a late-stage cancer diagnosis due to the lack of screening options. By adopting cancer prevention and control practices, we can better support efforts to improve the overall health of people with mental illnesses and substance use disorders," said Linda Rosenberg, president and CEO of the National Council for Behavioral Health. Funded by the Centers for Disease Control and Prevention (CDC) and operated through the National Behavioral Health Network for Tobacco & Cancer Control, the National Council is pleased to announce a newly launched initiative aimed to help organizations develop and/or enhance their skills and knowledge in cancer control and prevention practices. Over the next six months, participating community behavioral health organizations (CBHOs) will partner with their peers and technical experts to develop and implement action plans to enhance their cancer control and prevention efforts directed toward people with behavioral health conditions. Eleven CBHOs were selected to participate in the 2017 Cancer Control Community of Practice (CoP) of which three are MACMHB members. Those Associations include:

- Saginaw County Community Mental Health Authority
- Shiawassee County Community Mental Health Authority
- Oakland Community Health Network

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Michigan begins to design 4 pilot projects to test mental health integration

Below is an excerpt from a recent article, by Jay Greene, in Crains Detroit Business, on the status of the state's Section 298 initiative.

What is going on at the Michigan health department about designing four pilot programs to test a controversial plan to combine physical and behavioral Medicaid services among mental health agencies, providers and HMOs? health agencies, providers and HMOs?

So far, nothing, at least on the selection and design of the pilots. That was the official word from Matt Lori, senior deputy director for policy planning and legislature services with the state Department of Health and Human Services. Lori is a former state representative who was on the House community health appropriations committee from 2009 to 2014.

More on the design of the pilots later.

But Phil Kurdunowicz, policy analyst with MDHHS, said staff is making good progress in selecting a project facilitator and a project evaluator — two key requirements set by the Legislature in June when they approved the so-called Section 298 that Gov. Rick Snyder last month signed into law with the state's 2018 fiscal budget that begins Sept. 1.

The full article is attached.

Kevin's Song - The Silent Epidemic: A Conference on Suicide 2017

The conference, Kevin's Song - The Silent Epidemic, was recently announced. The conference will take place on:

November 9 – 11, 2017

The Inn at St. John's

44045 Five Mile Road, Plymouth, MI 48170

Below is an excerpt from the conference announcement and website:

Building on the success of our first conference, Kevin's Song has assembled a roster of renowned and dynamic mental health professionals, educators and experts in the fields of suicide research, treatment, prevention, crisis intervention and aftercare - What Do We Know About Suicide and What Can We Do? The 2017 Conference will focus on the latest research on suicide and prevention, the impact of suicide on youth and education, suicide among the nation's veterans and suicide in the workplace.

We are anticipating that over 300 members of the public, parents, psychologists, psychiatrists, emergency and primary care physicians, first responders, social workers, counselors, crisis interventionists, and school and public health/prevention personnel as well as loss survivors of suicide and attempt survivors will convene in Plymouth, Michigan for this exciting conference!

Register at: <https://register.eventmobi.com/KEVINSSONGCONFERENCE/landing>

SAMHSA seeks comments on draft core competencies for peers in CJ settings

The Substance Abuse and Mental Health Services Administration (SAMHSA) through SAMHSA's GAINS Center for Behavioral Health and Justice Transformation recently convened a group of peer leaders to develop a draft set of core competencies specifically for individuals providing peer support in criminal justice settings.

The draft set of core competencies build upon SAMHSA's previous work – via its Bringing Recovery Supports to Scale Technical Assistance Strategy (BRSS TACS) – to develop core competencies for peer workers in behavioral health

services. The new draft set of core competencies are in addition to the existing core competencies and are specific to individuals providing peer support in criminal justice settings.

SAMHSA would like to give the public an opportunity to review and comment on each of the additional draft core competencies. We encourage you to print and review the Draft Core Competencies for Peers Working in Criminal Justice Settings (found at: <https://www.prainc.com/wp-content/uploads/2017/07/Draft-Core-Competencies-for-Peers-Working-in-CJ-Settings.pdf>) a hardcopy of the Public Comment Form (found at: <https://www.prainc.com/wp-content/uploads/2017/08/Public-Comment-Form.pdf>) before you respond. These documents will provide you with additional details regarding this effort and will hopefully answer many of questions that you may have. The better you understand this effort, the more prepared you will be to provide meaningful feedback that will help guide the final set of core competencies for individuals providing peer support in criminal justice settings.

The public comment period will be open through August 25, 2017.

To submit a public comment: <https://www.surveymonkey.com/r/GAINS-CJPeer>

Why Is our existence as humans still being denied?

A recent New York Times guest editorial, by Emily Rapp Black, makes a strong statement for the advocacy still needed around disability rights. An excerpt of that editorial is provided below.

In Denver in 1978, just after the July 4 holiday, 19 men and women with disabilities positioned themselves in front of public buses at the busy intersection of Colfax Avenue and Broadway. They chanted "We will ride!" until city transportation officials were willing to hear their complaints: Namely, that lack of access to public transportation led to disenfranchisement and discrimination, which led to joblessness, homelessness, despair and misery.

These pioneers, known now as the "Gang of 19," were not simply irritating commuters by blocking the intersection all day and into the night — they were demanding to be heard, and, perhaps most important, to be *seen*. They are praised now as important activists, although news coverage at the time was far from celebratory. The protest was an early sign of progress to come, including the passage of the Americans With Disabilities Act in 1990, which established the fundamental rights of access and equal opportunity that had so long been denied this marginalized group of human beings.

The full editorial can be found at:

<https://www.google.com/amp/s/mobile.nytimes.com/2017/07/26/opinion/why-is-our-existence-as-humans-still-being-denied.amp.html>

Whole person care takes another step forward

Below is an article by Steve Ramsland, carried in a recent issue of Open Minds on the whole person approach to health care being implemented in a number of pilot communities in California.

If you are looking for trends in the health and human services industry, California is often the place to look (see California As A Bellwether). Another great recent example of California at the forefront of industry trends is whole person care coordination – the practice of treating consumers with co-occurring health conditions and social services needs, specific to each consumer's needs.

In July, the California Department of Health Care Services (DHCS) launched seven new Medi-Cal Whole Person Care (WPC) pilots and expanded another eight – bringing the total number of pilot programs to 25 (see California Medicaid Launches 7 New Whole Person Care Pilots, Expands 8 Others at: https://www.openminds.com/market-intelligence/news/california-medicare-launches-7-new-whole-person-care-pilots-expands-8-others/?utm_source=OPEN+MINDS+Circle&utm_campaign=0d7b3c017e-EMAIL_CAMPAIGN_2017_07_31&utm_medium=email&utm_term=0_eecbede49c-0d7b3c017e-161155845)

These five-year WPC pilots are locally-based initiatives that coordinate physical health, behavioral health, and social services, including non-Medicaid services, housing, and supportive services for Medicaid beneficiaries. Also key to the initiative – the pilots rely on data sharing to identify the targeted populations, link them to services, and track the intervention impact on outcomes.

First and foremost, how will these pilots change the work done by provider organizations in the California market and how does this represent an opportunity? There are two elements to keep in mind:

Beyond electronic health records (EHRs) – EHRs are now just the first step in the data process. To the degree that provider organizations participate in the WPC, their data will be aggregated with that of medical, corrections, and social service providers, so that now you need some HIE capability and some degree of analytics to accept/understand the data. Some of this data isn't from what you might think of as a standard health care or behavioral health EHR. It's data from Homeless Management Information Systems, corrections data systems, and other siloed data tracking systems that aren't necessarily used in the same way as an EHR, and right now don't connect with one another.

Greater transparency in provider performance – All of the initial 18 WPC pilots are expanding their existing data sharing frameworks for health, public health, behavioral health, homeless services, jails and other social services, to better enable care coordinators, health providers, behavioral health and social service providers to share data and communicate effectively to improve outcomes of high-risk Medi-Cal beneficiaries. That will lead to greater transparency in provider performance, reduced duplication of effort, and greater opportunities to demonstrate value.

How will these two things happen? For the first year the lead entities will meet the other players to discuss how they might work together; what data they might aggregate within a data warehouse; what electronic data platforms are currently in place versus need to be created; and what resources and tech could potentially be leveraged to share data. Think of year one as a discovery process, with actual data exchange and analytics to occur in future years once they've figured these things out.

The caveat is that each county in California is approaching WPC in their own way, although each county participating in the WPC is doing some variant of the below:

1. Step one – The WPC pilots are identifying what siloed data sources to connect
2. Step two – Connect the data sources through some form of HIE
3. Step three – Aggregate the data within a data repository
4. Step four – Implement a data analytics platform
5. Step five – Utilize that data in a care coordination platform to deliver integrated care

With this greater transparency, I think that they'll find a fair amount of duplication of effort and expense, with no clear accountability for consumer outcomes and impact on total cost of care.

Whole person care has proven itself a great market opportunity as the influence of The Patient Protection and Affordable Care Act (PPACA) has spread through the health and human services field. The "perfect solution" is still out there to be found and while it's up in the air as to what that solution will ultimately look like, provider organizations that are already judging their opportunities to address gaps in care – possibly through managed care, accountable care, and health homes – should monitor these kinds of pilots as part of their market research.

Maura Corrigan: Lyon served state with honor

Below is an excerpt from a recent guest editorial by former MDHHS Director and Supreme Courts Justice, Maura Corrigan, in support of Nick Lyon's work at the helm of DHHS.

As the former director of the Michigan Department of Health and Human Services and a former justice of the Michigan Supreme Court, I have a unique perspective on public policy, the law and service to the vulnerable

people of Michigan. That's why I am saddened and disheartened to hear of the charges Attorney General Bill Schuette has brought against MDHHS Director Nick Lyon.

I know Nick very well from my days as director. I worked closely with Nick in state government and know him as a hard working, decent and honest person who has dedicated his life and career to serving the people of Michigan. To think he would intentionally harm anyone, or ignore his duty as director is beyond my comprehension. I worked with Nick on some of the most sensitive and crucial decisions in the service of the vulnerable and mentally ill in Michigan and he never let me down.

I don't think it's possible for most people to comprehend how difficult the job of director is unless they have had the honor to sit in that chair. The director is responsible for the health and well being of millions of people. The flow of information is faster than almost anyone can fathom and the necessity to make snap decisions is constant. It's an incredibly stressful job with unbelievable demands. As a public servant, you do the best you can with the information you have.

The full editorial is available at:

<http://www.freep.com/story/opinion/contributors/2017/08/06/flint-water-crisis-nick-lyon/539897001/>

Senate confirms new federal mental health chief

Below is an excerpt from a recent Politico article, by Brianna Ehley, on the appointment of Elinore McCance-Katz as the first (in the newly created position) of HHS Assistant Secretary for Mental Health and Substance Abuse.

The Senate today (August 3) confirmed Elinore McCance-Katz to be the first HHS assistant secretary for mental health and substance abuse — a position created under mental health reform legislation enacted last year.

A clinical psychiatrist who served as the first chief medical officer for the Substance Abuse and Mental Health Services Administration. McCance-Katz resigned in 2015 amid disagreements with SAMHSA leadership and has been publicly critical of their work, which she says prioritizes recovery programs over treatment for serious mental illness.

She will now return as the agency's top official.

The assistant secretary for mental health post was created as part of the 21st Century Cures legislation. It was designed to give the mental health agency a seat at the table at HHS and elevate behavioral health issues amid a nationwide opioid epidemic, and record high suicide rates.

Katz has support from mental health advocacy groups focused on treatment, including the American Psychiatric Association, the Treatment Advocacy Center and the LEAP Institutes.

She has advocated for expanding assisted outpatient treatment programs, or community-based court-ordered treatment, which some groups consider a violation of patients' rights. She has credited Obamacare and the law's Medicaid expansion as solutions to address barriers to mental health and substance abuse treatment

She also supports increasing access to inpatient psychiatric treatment facilities and expanding the behavioral health care workforce — efforts that will likely require significant new resources.

However, the Trump administration's 2018 budget proposal cuts roughly \$100 million from the Community Mental Health Services block grant, an vital source of mental health funding for programs nationwide.

The Senate also confirmed Jerome Adams for surgeon general, Lance Allen Robertson for assistant secretary for aging, and Robert Kadlec for the assistant secretary for preparedness and response, among others.

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.

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.™." 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 LGTBQ+ 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

House Mental Health CARES Task Force Update

The next meeting is just under 2 weeks away at Hope Network in Grand Rapids. The House C.A.R.E.S. Task Force webpage is now live and can be accessed at: <https://house.mi.gov/CARES/>. The schedule of our upcoming meetings, as well as summaries of each meeting will be posted here. There is also an option for the public to submit their comments through the website.

Upcoming meetings:

Thursday, August 17 at Hope Network Education Center, 775 36th St. SE, Grand Rapids, MI 49548

*10:30 a.m. Meeting in the Education Center (*please note corrected time)

Monday, August 21 at Mid-Michigan Community College, 1375 S. Clare St., Harrison, MI 48625

1:00 p.m. Meeting on Campus

Tuesday, August 29 at Oakland Community Health Network, 2011 Executive Drive, Auburn Hills, MI 48236

2:00 – 4:00 p.m. Meeting

4:00 p.m. Task Force Members are invited to stay for OCHN Annual Plan Forum

Thursday, September 7 in the House Appropriations Room, 352 State Capitol Building, Lansing MI 48933

1:00 p.m. – 3:00 p.m. Meeting after session (meeting to begin after as soon as session ends).

NATIONAL UPDATE

ACA Exchanges Expanding, Future Still Uncertain

Some insurance companies are stepping in to fill the void of health plans in multiple counties with bare health insurance exchanges across the country. While this bodes well for the stability of exchanges in the short-term, the long-term stability of the individual and small group market is uncertain under the Trump Administration's repeated threats to discontinue important cost-sharing reduction (CSR) payments. Meanwhile, some members of Congress are trying to ensure that these subsidies continue regardless of the President's actions.

With President Trump's looming threats to cut the CSR payments and the potential changes to Affordable Care Act being considering in Congress, insurers had been steadily pulling out of exchange markets. Bucking this trend is some insurers' recent decision to extend individual coverage options to bare counties in states like Ohio and Indiana for 2018, leaving only one county in each of those states without an insurance option on the marketplace exchange, and making the market stronger in the short-term than previously anticipated.

The CSR subsidies lower out-of-pocket costs for low-income individuals who purchase insurance through an exchange, accounting for roughly 7 million people this year. If the Trump Administration terminates the payments, insurers would be forced to either stop selling coverage or increase their rates as much as 20 percent, according to analysis by the [Kaiser Family Foundation](#).

Last month, Representative Kevin Brady (R-TX), Chairman of the House Ways and Means Committee, specifically called on Congress to provide funds to stabilize the individual insurance market. Additionally, a coalition of about 40

House members on both sides of the aisle have been discussing a marketplace stabilization bill, hoping to prop up struggling exchanges, particularly those in rural areas.

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!

CRAIN'S DETROIT BUSINESS

Detroit and Southeast Michigan's premier business news and information website

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Michigan begins to design 4 pilot projects to test mental health integration

By Jay Greene

What is going on at the Michigan health department about designing four pilot programs to test a controversial plan to combine physical and behavioral Medicaid services among mental health agencies, providers and HMOs?

So far, nothing, at least on the selection and design of the pilots. That was the official word from Matt Lori, senior deputy director for policy planning and legislature services with the state Department of Health and Human Services. Lori is a former state representative who was on the House community health appropriations committee from 2009 to 2014.

More on the design of the pilots later.

But Phil Kurdunowicz, policy analyst with MDHHS, said staff is making good progress in selecting a project facilitator and a project evaluator — two key requirements set by the Legislature in June when they approved the so-called Section 298 that Gov. Rick Snyder last month signed into law with the state's 2018 fiscal budget that begins Sept. 1.

MDHHS has \$2.8 million the first year as a supplemental to the fiscal 2017 budget to plan the pilots, and \$3.1 million for fiscal 2018 starting Oct. 1 to fund the pilots themselves. The \$5.9 million total includes \$2 million in general state tax funds.

Lori said the state is hoping to hire a project facilitator in the coming days, one who is based in Michigan and has been involved in physical and behavioral health issues. The Legislature mandated a facilitator be hired by Aug. 1. The facilitator will help design the pilots and establish performance metrics.

Background on the controversy

Before I go further into the weeds on this issue, here's some quick background: Section 298 is a controversial budget section that, under Snyder's original plan put forth in early 2016, would have allowed some of the state's health plans to manage the \$2.6 billion Medicaid behavioral health system. The Medicaid HMOs already manage a nearly \$9 billion physical health system.

Over the past two years, Michigan's 11 Medicaid health plans have lobbied legislators and the public to try a semi-privatized approach under Snyder's plan, which was finally approved in June. They contend they can run an efficient \$11.6 billion integrated delivery system, save the state several hundred million dollars of administrative money and plow the savings back into expanded services.

But many mental health advocates, providers and families object to Medicaid HMOs taking over the system — even to test an integrated approach that more than two dozen states are experimenting with. They believe health plans have insufficient experience at overseeing funding for complex populations and argue that private profit motivations of the health plans will trump public service.

Mental health advocacy leaders like Elmer Cerano of Michigan Advocacy and Protection Services and Mark Reinstein of the Michigan Mental Health Association in Michigan are concerned. They contend giving control of mental health funding to Medicaid HMOs is a mistake for the 350,000 people in the state's Medicaid program with mental illness, developmental and intellectual disabilities and substance abuse problems.

Currently, 10 prepaid inpatient health plans, which are operated by the public mental health system, manage the funding and contract with providers. There are three PIHPs in Wayne, Oakland and Macomb counties.

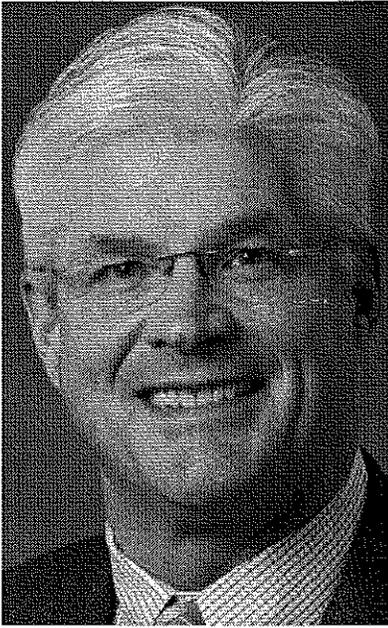
Cerano and Reinstein acknowledge there are problems in the current system, but believe mental health agencies and providers have been making progress in fixing them and should be allowed to continue doing so.

\$64,000+ question: Where will pilots be located?

Republicans in Michigan want to test the concept in four pilot projects that everyone believes will be Kent County, an urban area like metro Detroit, a northern Michigan rural area and in western Michigan, which could include Kalamazoo County, sources tell me.

Lori said the state has not received any formal suggestions for where the four pilots would be located. He also said the state hasn't received any formal offers from mental health agencies, providers or Medicaid HMOs.

But others have told me that numerous mental health agencies, prepaid inpatient health plans, Medicaid HMOs and hospitals have expressed interest. Earlier this year, managed care organizations proposed at least 14 integrated programs.

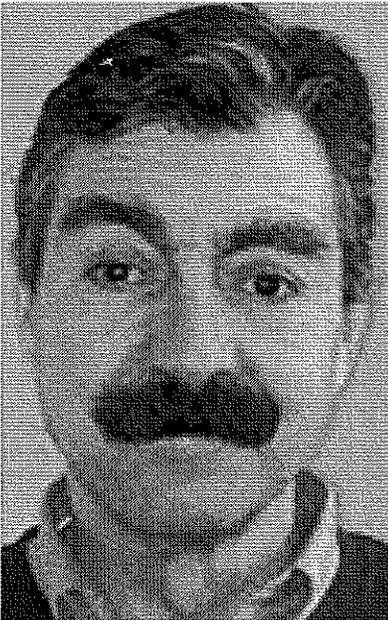


Sen. Mike Shirkey, R-Clarklake, one of the most vocal champions of financial and clinical integration, said his only goal is to reduce administrative costs and wring out service waste and duplication in order to spend more per person on physical and behavioral health services.

Shirkey, chair of the Senate health policy committee, said Medicaid HMOs will not be able to keep any savings from pilot programs they participate in. They must reinvest any savings into expanded services.

"I am author of the paragraph. I want to prohibit profit skimming. HMOs know what has to happen. Three years down the road, if the model is working, we need to change how we negotiate with (Medicaid HMOs and) providers to improve care delivery," Shirkey said.

Bob Sheehan, CEO of the Michigan Association of Community Mental Health Boards, said he has accepted the notion that HMOs will manage behavioral health funds in pilot projects. But he is concerned that the budget language allows Medicaid health plans to contract outside of the several dozen established community mental health agencies and provider networks.



Sheehan also said MDHSS must design the pilot projects with specific criteria for quality metrics and coverage. He also is concerned that existing PIHPs and mental health agencies not lose funding because of the four pilot projects.

"With Medicaid dollars making up 92 percent of the community mental health budgets, any loss of funding could harm and destabilize the services for more than 50 communities across the state," Sheehan said in a statement.

Asked if the state has discussed three locations besides Kent County, Lori said: "I don't know if we will have that many. We need to see how it shakes out. We are still in discussion phases and are looking for willing participants."

Priority Health, a Grand Rapids-based health plan owned by 15-hospital Spectrum Health, has proposed a pilot program in Kent County, where it already works closely with mental health providers on clinical care integration, Shirkey said.

Crain's was unsuccessful in contacting Priority Health for comment. However, previous Crain's stories showed Priority and Spectrum were working with mental health providers on various projects.

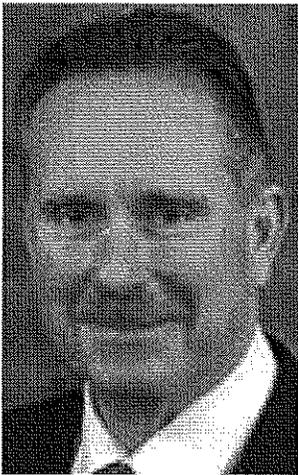
But Lori isn't sure who will participate. "We don't have anything definitive yet from anybody. ... Nobody has called me yet," he said.

When asked what the state has been doing the past two months since the Legislature approved Section 298 and gave the department a Nov. 1 deadline for an implementation time frame for the pilot projects, Kurdunowicz said MDHHS has done "an awful lot of work since Dec. 1, 2016, on the 298 process."

For example, MDHHS has developed a written scope of work for the facilitator and evaluator, Kurdunowicz said. "We have talked with research universities about our vision on evaluation," he said. "We are waiting to hear back from them on what they can do."

MDHHS also has investigated what type of federal waivers it might need and state policies it might need to adopt to implement "wide-ranging pilots," he said.

But Kurdunowicz said MDHHS decided it wants to wait for the facilitator to come in and suggest the types of models and designs. Waiting, he said, will mean staff will be especially busy from August through October.



Lori said the facilitator "will guide us through the process. He added that the department also is making progress on hiring an evaluator.

"We will make substantial progress in the fall for model development," said Kurdunowicz, adding the facilitator will take input from stakeholders. "We want to start project on the right foot."

Shirkey and other legislators told me they would like to see one pilot contain the developmentally disabled population. But mental health advocates are adamantly opposed to including this sensitive population in managed care. They say most states have excluded this population.

"We haven't talked about this yet. It makes some sense to include them, in my mind," Lori said.

Lori said a meeting with legislators to update them on progress was planned for July 15, but was canceled and nothing is planned before Labor Day.

But the MDHHS is responsible for developing the four pilots with a March 1, 2018, deadline of beginning the pilots that should run for at least two years.

What Shirkey favors

"My preference is to have three separate geographic locations. One rural northern one, one on the west side and one on the east side. Another more creative solution is to have one pilot to cover all the geography of Michigan. Pick a spot that has the best chance to get off the ground," Shirkey said.

Shirkey said his overwhelming goal for the pilots is to improve care delivery for the Medicaid population that requires both physical and behavioral health services.

"The singular ultimate goal is we can't afford to spend more on physical side. We must spend more on mental health side. We need to integrate care to do this to move more to behavioral health side," Shirkey said.

On the Kent County pilot, Shirkey said it was included because all provider groups have agreed to the broad outlines of integration.

"They can do it without Section 298 in Kent County," he said. "It doesn't require legislature support. I encouraged it. They want legislative cover. I am rooting for them. It involves the PIHP, the community mental health organization, plus Spectrum."

Shirkey said he also hopes at least one pilot includes the developmentally disabled population. "This also is the highest-cost population. We have very highly refined managed-care system in Michigan. I think we should be unfearful of redistributing funding" and management decisions using mental health providers.

But Sheehan does have concerns. He outlined them in a statement to Crain's.

He said the contracts with the Medicaid HMOs must include the following:

- Detailed language requiring Medicaid health plans in pilot communities to contract exclusively with the community mental health boards to retain a single comprehensive, organized provider network for both Medicaid and non-Medicaid behavioral health intellectual and developmentally disabled (BHIDD) services in the community
- Clear protocols to ensure the required BHIDD safety net is maintained throughout the entire duration of the pilot projects
- Acknowledge that the comprehensive and organized BHIDD provider network, managed by the local community mental health boards, will continue to be the local driving force to align clinical and fiscal risk in the provision, and management of Medicaid behavioral health benefits

Shirkey said he understands Sheehan's concerns.

"I think he has affected the language (of the Section 298 budget law) dramatically. If there is an entity that feels most vulnerable, it is the PIHPs" because they currently manage the \$2.6 billion in Medicaid mental health funds, Shirkey said.

"If we learn enough from pilots, working good, they (PIHPs) would be replaced. The community mental health agencies are more secure. The health plans don't have the resources to provide those services. HMOs have high tech information services to work effectively with the providers."

The bottom line for Shirkey is this: "We can't spend more money globally. We have to move money to the behavioral health side" to take care of a challenging group of Michigan residents.

The bottom line for Sheehan, Cerano and Reinstein is this: Michigan must not shortchange the 350,000 people and their family and caregivers who depend on Medicaid behavioral health services in its effort to improve the overall system.

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