Michigan Association of Community Mental Health Boards is now
Community Mental Health Association of Michigan.

October 27, 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:

- **Association soon to announce new membership opportunities**
- **50th anniversary of Association highlighted in national newsletter**
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- **MACMHB committee schedules, membership, minutes, and information**

Association soon to announce new membership opportunities:

In response to requests for a broader range of membership options and a fuller list of benefits of each membership type, MACMHB will soon be announcing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

50th anniversary of Association highlighted in national newsletter

Below is an excerpt from a recent letter, to the members of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) congratulating the CMH Association of Michigan on its fiftieth anniversary.

> Dear Colleagues:
>
> I want to take this opportunity to congratulate the Michigan Association of Community Mental Health Boards and Bob Sheehan, their Executive Director, on the 50th anniversary of the Association. This group has been doing wonderful work for the people of Michigan ever since the passage of the Community Mental Health Centers Act. I know that all of you will want to join me in extending our very best wishes to Bob and his members on achieving this landmark.
>
> Ron Manderscheid, PhD;Executive Director, NACBHDD and NARMH

WORK AND ACCOMPLISHMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

Macomb CMH to hold community forum on opioid crisis

Macomb County Community Mental Health Office of Substance Abuse (MCOSA) recently announced the community forum:

"Opioid Crisis in Macomb County – Impact and Response"
A Community Forum on Opioids
October. 30
6 p.m.
Macomb Intermediate School District, 44001 Garfield Rd, Charter Twp of Clinton, MI 48038, Room 100 B.

The agenda for the forum includes: Welcome and Introductions (Mark Hackel, Macomb County Executive), Opioids Overview, Level/Scope of Opioid Problem, Brain Disease of Addiction , MCOSA Response to the Opioid epidemic, State and Federal Grants, Recovery Story of Hope

Reservations not required but appreciated to mcosa2@mccmh.net. Questions call 586-469-5278.

Coalition in southwest Michigan receive HRSA workforce grant

Ann Chapleau and Jennifer Harrison, from Western Michigan University's College of Health and Human Services, in partnership with SouthWest Michigan Behavioral Health, Kalamazoo Psychiatric Hospital, and Recovery Institute of Southwest Michigan, recently received funding from the Health Resources Services Administration (HRSA) for the funding of the Behavioral Health Workforce Education and Training (BHWET) grant to fund the Interprofessional Peer Education and Evidence for Recovery (I-PEER) project. This funding is a 4 year, $465,000/year funding, for total funding amount of just over $1.8 million. The I-PEER project will allow Western Michigan University and public behavioral health providers throughout rural and medically underserved Southwest Michigan to develop an interprofessional workforce including social workers, occupational therapists, and peer supports to provide recovery-oriented and evidence-based behavioral health to communities in Southwest Michigan. The majority of the funding

provides stipends to graduate occupational therapy and social work students in their final year field placements in these communities providing behavioral health. The goals of the grant are to positively impact the interprofessional behavioral health workforce in Southwest Michigan to practice together and provide evidence-based and recovery-oriented services to individuals, families, and communities throughout the region

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

MDHHS issues L letter and announces webinar related to required enrollment changes for HMP enrollees

MDHHS recently distributed an L letter (an L letter is a formal communication to the field on operational issues) on the changes in enrollment status and the related actions that Healthy Michigan Plan (HMP) enrollees must take, as required by the Michigan law and federal 1115 waiver that initiated the Healthy Michigan Plan.

Below are the full contents of that letter. Note the November 7 webinar that is designed to provide guidance to the field, including CMHs, PIHPs, and providers, as they work with HMP enrollees to comply with these requirements.

RE: MI Marketplace Option Provider Information and Webinar

This letter provides information about implementation of the Healthy Michigan Plan 1115 demonstration waiver amendment approved by the Centers for Medicare & Medicaid Services (CMS) on December 17, 2015. Approval of this waiver amendment was required by Public Act 107 of 2013, and provides the framework for **a new health care coverage program known as the MI Marketplace Option**. Information about this waiver amendment, including the operational protocols, can be found at www.michigan.gov/healthymichiganplan.

Consistent with the waiver amendment, **the Michigan Department of Health and Human Services (MDHHS) will begin transitioning eligible beneficiaries from the Healthy Michigan Plan to a MI Marketplace Option health plan starting in April 2018.**

MI Marketplace Option health plans are not Medicaid health plans. They will provide a more limited benefit package, consistent with the Affordable Care Act's essential health benefits, and will have their own provider networks and prescription drug formularies. MDHHS will cover non-emergency medical transportation, family planning services provided by out-of-network providers, and any MI Marketplace Option Medicaid-covered services provided by out-of-network federally qualified health centers, rural health clinics and tribal health centers as wrap-around services.
Not all Healthy Michigan Plan beneficiaries will be required to transition to the MI Marketplace Option. For example, only individuals age 21 and older who have incomes above 100% of the Federal Poverty Level and have been enrolled in a Healthy Michigan Plan health plan for at least one year without choosing a healthy behavior through a Health Risk Assessment (HRA) may move to the MI Marketplace Option. MDHHS will also identify other individuals who are exempt from the MI Marketplace Option. Specifically, MDHHS will exempt beneficiaries with serious health conditions or complex needs from the MI Marketplace Option, and will review beneficiary exemption requests. Providers may work with beneficiaries to request this exemption. MDHHS will provide more information on the medical exemption process at a later time.

MDHHS will begin notifying beneficiaries who may be eligible to transition to the MI Marketplace Option in November 2017 via a beneficiary letter. The notices will encourage beneficiaries to complete an HRA and choose a healthy behavior. Primary care providers are encouraged to assist their Healthy Michigan Plan beneficiaries with completing the HRA and choosing a healthy behavior.

A MSA bulletin will be issued prior to April 1, 2018 with policies and guidance for the MI Marketplace Option. In order to provide additional information about the MI Marketplace Option, and to assist providers in answering beneficiary questions, **MDHHS will also conduct a live provider informational webinar on November 7, 2017 from 2:00 pm – 3:00 pm.** Providers may join the webinar at the following link: https://somdhhs.adobeconnect.com/rpzae6byxyho/

A recorded version of the webinar will also be available at www.michigan.gov/mimarketplaceoption for those unable to attend the live webinar. We will continue to post information about the MI Marketplace Option on this webpage as it becomes available.

Federal funding opportunity for rural healthcare outreach

The Federal Office of Rural Health Policy (FORHP) is pleased to announce the release of the notice of funding opportunity (NOFO) HRSA-18-030 for the Rural Health Care Services Outreach Program (Outreach Program). The fundamental goal of the program is to support the expansion of health care service delivery to rural populations by encouraging consortia of health providers to innovatively address their community's health concerns. Approximately $5 million will be awarded annually for up to 25 awardees during the 2018 - 2021 project period. **Applications are due December 6, 2017**.

The Outreach Program's all-encompassing nature allows communities to determine their most pressing health need and, accordingly, the best approach for addressing their identified barriers to health.

During this competitive cycle, applicants will have the opportunity to apply for one of two tracks: (1) through the regular Outreach Program track in which the applicant will address any specified health need or focus area, or (2) through a newly created track within the Outreach Program called the Health Improvement Special Project (HISP) which focuses on cardiovascular disease risk. HISP applicants will be required to meet certain requisites as outlined in the NOFO and, if awarded, will utilize the Centers for Disease Control and Prevention (CDC) Heart Age Calculator in order to assess cardiovascular disease risk among their community members by tracking the same subset of individuals throughout the 3-year project period.

Historically, awardees have used funding to establish telehealth services, combat substance abuse, address shortages of mental health services, and prevent lapses in care through care coordination efforts.

If you have any questions about the program or have opportunities for FORHP to present information regarding this funding opportunity, please contact Meriam Mikre: MMikre@hrsa.gov or 301-945-3110.

Michigan honors champions who show value of hiring employees who have disabilities

Below is a recent press release from MDHHS recognizing the work of a number of employees and Michigan employers with proven track records in breaking down the barriers to hiring, retaining, and promoting persons with disabilities.

> A Lansing woman who returned to work after a 15-year-absence and a Detroit newspaper photographer with multiple sclerosis who has pushed through barriers were among the honorees today at the annual Champions Award ceremony.
> Champions of outstanding commitment to Michigan's public vocational rehabilitation programs for people with disabilities gained recognition at the annual event.
>
> Michigan Rehabilitation Services (MRS) within the Michigan Department of Health and Human Services collaborated with the Michigan Council for Rehabilitation Services to recognize employers, partners, customers and MRS employees. MRS presented its ninth annual Champion Awards at an event at the Anderson House Office Building in Lansing.
>
> MRS offices around the state nominated champion candidates. The consistent theme from those nominated was demonstration of the value of hiring and retaining vocational rehabilitation customers.
>
> The event is part of Investing in Abilities Month in October, as proclaimed by Gov. Rick Snyder to encourage employers to hire qualified people with disabilities while focusing on their abilities and increasing the public's awareness of the contributions and skills of Michigan workers with disabilities.
> The 2017 MRS Champion Award recipients are:

Customers (including youth) who are motivated and committed to finding and keeping jobs:

- Mary Schroeder, Detroit, a photographer at the Detroit Free Press. MRS assisted Schroeder with continuing her career during progression of her multiple sclerosis.
- Tina Abraham-Amburgey, Lansing, who returned to full-time employment after being off work for 15 years based on the advice of her doctors.
- David Vogt, Ishpeming, who worked diligently with his MRS counselor and was hired by the U.S. Department of Agriculture Forest Service in Houghton County.
- Branden Hillman, of Battle Creek, who graduated from the MRS Michigan Career and Technical Institute and is now an electrical apprentice after being selected from 160 candidates for less than 10 positions.

Employers who have consistently employed or championed individuals with disabilities based on their abilities:

- Oakland County Government, Lori Taylor, deputy director, human resources, Waterford.
- Delton Family Pharmacy, Mike Holz, owner, Delton.

Business partners that are working in innovative ways with MRS and its customers:

- J. Maxx, Colene Hayes, manager, Frandor store, Lansing.
- Perrigo, Rebecca Herrington, talent acquisition manager/Alicia Carrasco, human resources manager, Allegan.

Partners who have demonstrated a strong commitment to empowering individuals with disabilities to take charge of their futures:

- City of Evart, Mark Wilson, supervisor, Department of Public Works, Evart.
- Mitch Morgan, project search business partner, Fifth Third Bank, Cincinnati.
- Anthony Kaylin, vice president, American Society of Employers, Livonia.

The MRS awards presented to the champions were engraved by students in the cabinetmaking/millwork program at the Michigan Career and Technical Institute.
MRS assists individuals with disabilities to achieve competitive employment and self-sufficiency. This is the 97th anniversary of the vocational rehabilitation program in Michigan.

For more information about MRS or the Michigan Career and Technical Institute, visit www.michigan.gov/MRS or www.michigan.gov/MCTI.

Michigan Attorney General announces efforts to combat opioid crisis

Below is an excerpt from a recent press release, from the Office of the Michigan Attorney General, regarding the Attorney General's efforts to combat the opioid crisis.

Michigan Attorney General Bill Schuette has joined with a bipartisan group of attorneys general from 17 state as well as the District of Columbia and U.S. Virgin Islands to call on more than a dozen health care companies that provide pharmacy benefit management (PBM) services to implement programs to reduce prescription opioid abuse.
In addition, the attorneys general sent a letter to the president and CEO of CVS Health Corporation applauding the company's recent program that automatically enrolled all commercial, health plan, employer and Medicaid clients in an opioid abuse mitigation program.

"Opioid addiction can take root as a result of an injury and a legitimate prescription for an opioid pain reliever designed to make the patient feel better," said Schuette. "Opioid addiction doesn't see race, gender, socioeconomic status, it just sees another victim. We can't fight this ever-growing threat with law enforcement efforts alone, we need partnerships across industries to make a dent in the problem."

In their letters to the PBMs, which can be found attached to this press release, the attorneys general asked that the companies adopt similar measures as CVS, including limiting to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, limiting the daily dosage of opioids dispensed based on the strength of the opioid, and requiring the use of immediate-release formulations of opioids before extended-release opioids are dispensed. The CVS program's requirements are similar to the opioid prescribing guidelines recently issued
by the Centers for Disease Control and Prevention (CDC).

The multistate PBM letters were sent to:
• Argus Health Systems, Inc.
• Benecard Servies LLC
• Envision Pharmaceutical Services LLC
• Envolve Health
• Express Scripts, Inc.
• Humana, Inc.
• Magellan Rx Management
• MedImpact Healthcare Systems, Inc.
• Navitus Health Solutions LLC
• OptumRX , Inc.
• PerformRx
• Prime Therapeutics, Inc.
• ProCare Rx
• RxAdvance
• WellDyneRx

"The opioid epidemic is the most pressing public health crisis our country faces," the attorneys general wrote. "It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, attorneys general are pooling resources and coordinating across party lines to address the crisis."

In addition to Schuette, those joining one or both of today's letters include attorneys general from Alabama, Arizona, Connecticut, Delaware, Georgia, Indiana, Iowa, Louisiana, Maine, Montana, New Hampshire, Rhode Island, South Carolina, Utah, Virginia, West Virginia, the District of Columbia and the U.S. Virgin Islands.

Opioids, both prescription and illicit, are now the main driver of drug overdose deaths nationwide. According to CDC, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999. According to statistics from the Michigan Department of Health and Human Services, approximately 1,365 people died as a result of an opioid overdose in 2016, compared to 884 in 2015 and 426 in 2012, meaning Michigan's overdose rate has tripled since 2012.

In September, Schuette joined a bipartisan coalition of 41 state attorneys general in an investigation of both the manufacturers and the distributors of prescription opioid drugs.

The attorneys general are actively investigating the following pharmaceutical manufacturers and their related entities:

- Endo International plc
- Janssen Pharmaceuticals
- Teva Pharmaceutical Industries Ltd./Cephalon Inc.
- Allergan Inc.
- Purdue Pharma

The attorneys general are also seeking documents and information about distribution practices from the following medical prescription distribution companies, who together manage approximately 90 percent of the nation's opioid distribution:

- AmerisourceBergen

- Cardinal Health
- McKesson

The investigation is ongoing.

On October 4th, Schuette joined another bi-partisan coalition of Attorneys General asking Congress to change federal law to make treatment for opioid addiction more affordable and accessible. The coalition of Attorneys General sent a letter to the U.S. House of Representatives regarding HR 2938, the "Road to Recovery" Act, asking Congress to allow for Medicaid to pay for large, residential addiction treatment facilities, opening new avenues for addiction treatment while maintaining appropriate restrictions on mental health facilities.

SAMHSA releases national drug use and health survey findings

Last month, SAMHSA released its 2016 national survey on drug use and health (NSDUH), providing the latest US estimates on substance use and mental health, including the misuse of opioids across the nation. In 2016, it reports an estimated 21.0 million people (age 12 and up) needed substance use treatment; of them, only around 2.2 million got care. Critically, 11.8 million misused opioids in the prior year; the majority of the misuse was with pain relievers (11.5 million users). Just over 1 in 5 of those with an opioid disorder, however, got treatment for illicit drug use at a specialty facility. Ironically, treatment for people with heroin use disorders (37.5%) was more than double the rate of treatment for those misusing prescription pain medications (17.5%). Rates of serious mental illness among those ages 26 and older have remained constant since 2008. However, among young adults, the prevalence of serious mental illness, depression and suicidal thoughts has increased in recent years.

Two collateral reports delve deeper into specific topics. One report, *Receipt of Services for Substance Use and Mental Health Issues among Adults: Results from the 2016 National Survey on Drug Use and Health*, reveals that of 19.9 million adults needing substance use treatment in the past year, only 10.8% got care at a specialty facility (2.1 million). That means 17.7 million adults needing treatment for substance use did not get it. Of 44.7 million adults with a mental illness in the previous year, 19.2 million (43.1%) received care. A second document, *Risk and Protective Factors and Estimates of Substance Use Initiation: Results from the 2016 National Survey on Drug Use and Health* reports that in 2016, 2.6 million people age 12 and up tried marijuana for the first time. Around 4.6 million tried alcohol for the first time; 2.1 million began misusing prescription pain medications.
Complete findings are available on the SAMHSA web site at: 2016 NSDUH (https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH) Respectively, the two other reports are available at: Getting Care for MI and SA 2016 (https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR2-2016/NSDUH-DR-FFR2-2016.htm) and at Substance initiation 2016 (https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR3-2016/NSDUH-DR-FFR3-2016.htm)

National Council for Behavioral Health launches new trauma-informed primary care initiative

The National Council for Behavioral Health (of which this Association is a member) is leading the three-year initiative, Trauma-Informed Primary Care: Fostering Resilience and Recovery, to educate health care providers on the importance of trauma-informed approaches in the primary care setting.

In July 2017, the National Council convened a multidisciplinary group of 11 health care stakeholders, who serve as the Practice Transformation Team for this initiative. Over the next five months, the team will develop a model for primary care providers and their behavioral health partners to effectively support patients impacted by trauma. In early 2018, selected primary care providers will begin piloting the model in their settings.

"An estimated 60 percent of adults in the United States have experienced adverse life events that can contribute to persisting physical health, mental health and addiction disorders," said Linda Rosenberg, president and CEO of the National Council. "With this initiative, we are giving primary care providers trauma-informed resources, approaches and tools that will help them better understand the impact of trauma and tailor treatments to improve health outcomes."
The process for implementing trauma-informed approaches in primary care, developed by the Practice Transformation Team, will focus on recommendations for standardized screening and assessment tools, evidence-based clinical interventions, relevant and replicable outcome measures and potential critical policy changes. Primary care

organizations that implement these processes will contribute to the advancement of primary care and behavioral health integration and achievement of the Triple Aim: improving care, health and costs.

"Effectively integrating trauma-informed approaches into primary care is a very promising strategy to address health disparities, strengthen resilience in vulnerable populations and support a healthy primary care workforce. Our Practice Transformation Team comes from a diverse array of backgrounds and experiences and aims to provide our health care system with an optimal path forward," said Glenda Wrenn, chair of the Practice Transformation Team and director of the Kennedy-Satcher Center for Mental Health Equity.

The Trauma-Informed Primary Care initiative is supported by Kaiser Permanente.

Practice Transformation Team participants:

- **Chair:** Glenda Wrenn, M.D., M.S.H.P., F.A.P.A., Director, Kennedy-Satcher Center for Mental Health Equity, Satcher Health Leadership Institute; Associate Professor, Department of Psychiatry and Behavioral Sciences, Morehouse School of Medicine
- Susan Briner, M.D., Chief Medical Officer, Center for Youth Wellness
- Roger Fallot, Ph.D., M-TREM; Former Director of Research and Evaluation, Community Connections
- Pamela Jacobs, Ph.D., Adult Mental Health Director, Native American Rehabilitation Association of the Northwest, Inc.
- Tracy Knight L.I.C.S.W., Social Services Director, Bread for the City
- Virna Little, Psy.D., L.C.S.W-R., M.B.A., C.C.M., S.A.P., Senior Vice President, Psychosocial Services and Community Affairs, The Institute for Family Health; Advancing Integrated Mental Health Solutions Center Consultant, University of Washington and New York State Office of Mental Health
- Edward Machtinger, M.D., Professor of Medicine and Director, Women's HIV Program, University of California, San Francisco
- Brigid McCaw, M.D., M.P.H., M.S., F.A.C.P., Medical Director, Northern California Family Violence Prevention, Kaiser Permanente
- Arabella Pérez, L.C.S.W., Assistant Clinical Professor, University of New England
- Suganya Sockalingam, Ph.D., Founding Partner and Chief Executive Officer of Change, Matrix, LLC; Co-Founder and Executive Director, TeamWorks International Inc.
- Sharon Wise, M.H.S., Founder, The House of Sharon

HMA launches new podcast: On the Horizon

Health Management Associates (HMA, a partner of this association) is launching a new series of 15-minute podcasts called On the Horizon, covering timely developments in Medicaid, publicly sponsored healthcare, and other topics important to managed care plans, providers, states, counties, and other healthcare stakeholders. The podcast can be accessed at: https://www.healthmanagement.com/knowledge-share/webinars/horizon-hma-launches-podcast-series-look-california-medicaid-managed-care-procurement/

The inaugural episode focuses on the California Medicaid managed care procurement, which encompasses more than 3 million of the state's Medi-Cal members and represents a huge opportunity for health plans. Margaret Tatar, managing principal of HMA's Sacramento office, will discuss key aspects of the procurement, including which health plans and programs are impacted, the size of the opportunity, the timing of the procurement process, and why this procurement is different from any other in the history of Medi-Cal. The session is moderated by Jason Silva, a senior consultant in HMA's Sacramento office.

CHCS announces new population health tools

The Center for Health Care Strategies recently announced a number of new resources designed to foster the population health work of practitioners and organizations across the country:

Organizations – Medicaid Fact Sheet and Partnership Assessment Tool for Health

With the nation's increasing focus on health care quality and cost comes a growing recognition of the role that social determinants of health (SDOH) – such as housing, food security, education, and employment – play in the well-being of individuals and communities. Many community-based organizations (CBOs) and health care organizations (HCOs) are exploring partnership opportunities to achieve better health outcomes. With support from the Robert Wood Johnson Foundation, the *Partnership for Healthy Outcomes* brought together Nonprofit Finance Fund, the Center for Health Care Strategies, and the Alliance for Strong Families and Communities to capture insights for effective collaborations between CBOs and HCOs, particularly those that serve low-income and/or vulnerable populations.

Following are new resources to help guide Medicaid stakeholders as well as CBOs and HCOs in supporting effective partnerships:

Using Medicaid Levers to Support Health Care Partnerships with Community-Based Organizations: https://www.chcs.org/resource/using-medicaid-levers-support-health-care-partnerships-community-based-organizations/?utm_source=CHCS+Email+Updates&utm_campaign=2466b0db1d-EMAIL_CAMPAIGN_2017_10_24&utm_medium=email&utm_term=0_bbced451bf-2466b0db1d-152144421 **)**This fact sheet outlines strategies to help Medicaid stakeholders encourage partnerships between CBOs and HCOs. States can provide: (1) financial support to build and sustain program capacity; (2) assistance in identifying metrics for evaluation; (3) incentives to providers to address SDOH; and (4) use of policy levers, including value-based contracts, managed care organization regulations, and state plan amendments, to support partnership efforts.

Partnership Assessment Tool for Health (PATH): (https://www.chcs.org/resource/partnership-assessment-tool-health/?utm_source=CHCS+Email+Updates&utm_campaign=2466b0db1d-EMAIL_CAMPAIGN_2017_10_24&utm_medium=email&utm_term=0_bbced451bf-2466b0db1d-152144421) Designed for CBOs and HCOs in existing partnerships, this tool provides a template to understand progress toward benchmarks characteristic of effective partnerships, identify areas for further development, and guide strategic conversation. The objective of the tool is to help partnering organizations work together more effectively and maximize their impact.

Complex Care Innovation in Action: Promising Care Models for Adults with Complex Needs

In Montana, community health workers and volunteers armed with iPads and a smile are traveling vast distances to connect individuals in remote rural areas with the primary care, specialty services, and social supports they need. In Richmond, Virginia, a University-based health care system is using geo-mapping to identify areas where people lack access to health and social support services, and deploy outreach workers to those areas to conduct home visits and coordinate care needs.

These are two examples of *Complex Care Innovation in Action* being piloted by pioneering organizations across the country to enhance care for individuals with complex health and social needs within a diverse range of delivery system, payment, and geographic environments. CHCS' new profile series highlights organizations at the forefront of complex care across the country that are tailoring approaches to improve patient engagement and reduce unnecessary care costs.

We invite you to explore innovations in Montana and Virginia, both participants in CHCS' *Transforming Complex Care* initiative, **(**https://www.chcs.org/project/transforming-complex-care/?utm_source=CHCS+Email+Updates&utm_campaign=36cb5f0a70-EMAIL_CAMPAIGN_2017_10_23&utm_medium=email&utm_term=0_bbced451bf-36cb5f0a70-152144421) a multi-site demonstration made possible through support from the Robert Wood Johnson Foundation that is fostering the development of replicable care models for individuals with complex needs:

- *Mountain-Pacific Quality Health Pilot: Closing the Gaps in Rural Complex Care* – This profile focuses on Mountain-Pacific's ReSource Team, which pairs community health workers and volunteers with technology to connect patients in hard-to-reach rural or frontier areas to health care and social services.

- *Virginia Commonwealth University Health System: Beyond the Walls and Into Communities* – This profile examines VCU Health's TakeCCARE program, which uses "hotspotting" and "coldspotting" techniques to identify high-opportunity neighborhoods where outreach workers can help individuals with complex health and social needs.

Look for more *Complex Care Innovation in Action* profiles in the future and explore CHCS' complex populations topic area for resources to help advance improvements in complex care delivery at:. https://www.chcs.org/topics/complex-populations/?utm_source=CHCS+Email+Updates&utm_campaign=36cb5f0a70-EMAIL_CAMPAIGN_2017_10_23&utm_medium=email&utm_term=0_bbced451bf-36cb5f0a70-152144421

Highlights from Kaiser/HMA 50-state Medicaid director survey

Below is an excerpt from a recent HMA report on the most recent annual survey of the nation's Medicaid Directors, conducted jointly by HMA and the Kaiser Family Foundation:

> This week, our ***In Focus*** section highlights and shares key takeaways from the 17th annual Medicaid Budget Survey conducted by the Kaiser Family Foundation. Survey results were released on October 19, 2017, in three new reports prepared by Kathleen Gifford, Eileen Ellis, Barbara Coulter Edwards, and Aimee Lashbrook from HMA, and by Elizabeth Hinton, Larisa Antonisse, Allison Valentine, and Robin Rudowitz from the Kaiser Family Foundation. The survey was conducted in collaboration with the National Association of Medicaid Directors. This survey reports on trends in Medicaid spending, enrollment, and policy initiatives, highlighting changes implemented in state Medicaid programs in FY 2017 and those planned for implementation in FY 2018 based on information provided by the nation's state Medicaid Directors. The report can be found at: **https://www.healthmanagement.com/wp-content/uploads/102517-HMA-Roundup.pdf#nameddest=hma-roundup**

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.

LEGISLATIVE UPDATE

House Committee Passes Auto No-Fault Bill

Yesterday, the House Insurance Committee approved HB 5103, which is the latest attempt to change Michigan's auto no-fault insurance law. Rep. Bellino (R-Monroe) did add an amendment that mandates rate reductions for two of the three tiers of personal injury protection (PIP) called for in the bill -- a 20 percent reduction for PIP coverage capped at $500,000 and a 10 percent cut for unlimited PIP coverage.

Initially, the bill had required only a 40 percent rate rollback for drivers who choose the lowest level of PIP coverage, capped at $250,000. Currently, under no-fault auto insurance, all drivers are required to carry unlimited lifetime PIP coverage, a rule that bill sponsor Rep. Theis (R-Brighton) says makes Michigan auto insurance rates the highest in the nation.

The bill now goes to the House floor, it is uncertain if there is sufficient support in the full House to pass HB 5103.

NATIONAL UPDATE

What Trump's opioid announcement means -- and doesn't mean

President Donald Trump declared a nationwide public health emergency to combat the opioid crisis Thursday at a White House event, rather than issuing a national disaster declaration. Both are forms of national emergency declarations, but the primary difference is the scope and funding for each order.

Trump, through the Public Health Services Act, directed his acting secretary of health and human services to declare a nationwide health emergency, a designation that will not automatically be followed by additional federal funding for the crisis, according to a senior White House official. Instead, the order will expand access to telemedicine in rural areas, instruct agencies to curb bureaucratic delays for dispensing grant money and shift some federal grants towards combating the crisis.

If Trump had used the Stafford Disaster Relief and Emergency Assistance Act, the federal government would have been able to immediately tap into funds from the Federal Emergency Management Agency's Disaster Relief Fund to combat opioids. The Stafford Act, though, has traditionally been used to provide recovery money to natural disasters, most recently from Hurricanes Maria, Irma and Harvey.

The nationwide health emergency that Trump ordered is more tailored and directed, but comes with less immediate action. By using the Stafford Act, Trump would have taken a dramatic step and immediately provided the federal government with money earmarked for natural disasters to combat the issue. But both Trump and Obama administration officials say that designation would have been too broad and put an undue burden on the Federal Emergency Management Agency's Disaster Relief Fund, a fund already cash strapped by recovery efforts from the three major hurricanes that hit the United States this year.

Using FEMA funds to combat the opioid crisis would be "a little bit like asking an engineer to bake a cake," said Rafael Lemaitre, the former communications director for the White House Drug Policy Office under President Barack Obama.

"I do think the Public Health Service Act is more appropriate route to take than the Stafford Act designation," he said. "I worked at FEMA for two years and dealt with multiple disasters. The Stafford Act is not structured to deal with a long term, complicated public health crisis like the opioid crisis."

Tom Coderre, a former senior official in Obama's Substance Abuse and Mental Health Services Administration office at HHS, echoed that sentiment.

"One of the things that I think is the most beneficial part of having a public health emergency is you really can marshal public support and then you can bring all the resources of the federal government to bear on it, bringing people from all of the agencies to combat the issue," he said.

Though both Lemaitre and Coderre said this step was important, both agreed that it was not, in Lemaitre's words, a "silver bullet solution to the opioid crisis." That, they said, would be additional funding from Congress.

NACBHDD Update – HILL HAPPENINGS: THE GOOD, THE BAD AND THE UGLY

BUDGET ACTION 2018

A month into FY 2018, while the House and Senate have both adopted their own budget resolutions, a final bill that sets fiscal parameters for funding federal programs and activities in FY 2018 has yet to be approved. The House vote was 219-206; the Senate vote, 51-49. Budget reconciliation doesn't set the actual funding levels; it, expresses the will of the House and Senate. Funding *per se* happens in the appropriations process. The "will" of the House and Senate in these budget resolutions clearly advances the Republican agenda. Both House and Senate resolutions open the door to the Republican tax reduction plan that benefits primarily businesses and the wealthy. However, the House took a meat ax to Medicare, Medicaid and many other domestic programs in an effort to mitigate the impact of a tax plan that would add as much as $1.5 trillion to the federal deficit over 10 years. On top of $203 billion in mandatory cuts to programs from nutrition assistance to education and social services, the House resolution calls for wholesale Medicaid restructuring and Medicare privatization. Moreover, it assumes adoption of the House-passed ACA repeal measure, despite its failure in the Senate. In contrast, the Senate plan keeps overall funding levels steady. While, like the House, it spells out $1.5 trillion in possible tax cuts for businesses and high-income individuals, the Senate measure doesn't propose specific fiscal offsets to avoid a serious deficit hike. Further, Senate cuts to domestic programs were somewhat less draconian than those in the House-adopted measure. Critically, by invoking the budget reconciliation mechanism, the measure was able to be adopted by a simple majority much like the situation under which ACA repeal-replace efforts were considered—and failed. It remains to be seen whether the two resolutions will be considered in House-Senate conference to iron out differences or if the Senate bill is simply adopted by the House and the resulting measure sent to the President. In either case, the implications for the most important healthcare programs for people of all ages are dire.

CHIP UPDATE

As we go to press, reauthorization of the Children's Health Insurance Program (CHIP) remains in limbo. The issues in both the House and Senate are not about the value of the program, but rather about how to pay for it. The Senate Finance Committee has adopted a 5-year program extension absent information about how the program will be funded. On the House side, following approval by the Energy and Commerce Committee without a single Democratic vote, negotiations continue. That's because Democratic members had objected to using changes to Medicare and Medicaid (e.g., charging wealthier Medicare beneficiaries higher premiums; defunding the ACA public health) as funding sources. The deadlock apparently continues, and states are beginning to suffer the fiscal repercussions of the loss of Federal CHIP funding.

BIPARTISAN SENATE MEDICARE VOTE

The Senate unanimously adopted the CHRONIC Care Act, a bill aimed at improving Medicare's payments for people with chronic conditions and reducing Medicare costs as well by streamlining care coordination services. It actually expands some programs created by the ACA, including one that provides seniors home-based care. It also expands telehealth and the use of Accountable Care Organizations. Senate Finance Committee Chairman Orrin Hatch (R-UT) and ranking Democrat Ron Wyden (D-OR) urged the House to consider and adopt the legislation. Ironically, this health-care reform measure was adopted on the same day the Graham/Cassidy ACA replacement bill was abandoned.

POST-INCARCERATION MEDICAID

The Medicaid Reentry Act (HR 4005), just introduced by Representative Paul Tonko (D-NY), would give states the flexibility to restart Medicaid coverage for eligible incarcerated individuals
30 days before their release into the community. Combined with innovative reentry programs, the availability of Medicaid to support opiate recovery services can help reduce rates recidivism and drug use. The bill was referred to the House Energy and Commerce Committee.

FY 2018 APPROPRIATIONS STATUS UPDATE

Last month, the Senate Appropriations Committee approved a $164.1 billion FY 2018 Labor/HHS/Education discretionary appropriation, $3 billion above the FY 2017 level and $27.5 billion above the President's budget request. As a whole, the measure rejects the Administration's draconian FY 2018 cuts. It includes $79.4 billion in HHS discretionary funding, up $1.7 billion over FY 2017. Some $816 million, was appropriated to fight the opioid epidemic. Mental health programs would be funded at their FY 2017 level. SAMHSA's substance abuse block grant would continue with $1.9 billion; ongoing opioid prevention and treatment programs would continue at their past level. The bill awaits Senate debate, and a floor vote. The House adopted an omnibus FY 2018 spending bill, the *Make America Secure and Prosperous Appropriations Act* (H.R.3354) by a 211-198 vote. It include $1.2 trillion in funding across the *entire federal government*, appropriated in ways that reflect Republican priorities. Thus, much of SAMHSA is flat funded; CMS cuts focus on ACA-related programs. Yet, CARA substance abuse programs got a significant increase, up to around $180 million from last year's $128 million. And an amendment by Rep. Ben Ray Lujan (D-NM) was approved to increase peer support program funding by $2 million. Once the Senate adopts its version of the measure, a House-Senate conference will determine the final FY 2018 appropriations numbers. *Remember, the continuing resolution expires December 8.*

BILL OFFERS CONTINUING LIFE FOR CCBHCS

Senators Debbie Stabenow (D-MI), Roy Blunt (R-MO), joined by Representatives Leonard Lance (R-NJ) and Doris Matsui (D-CA) introduced S 1905 and HR 3931, to expand the Excellence in Mental Health Act pilot program supporting implementation of Certified Community Behavioral Health Centers (CCBHCs). The bill continues funding for an additional year for the 8 current 8 pilot states and expands the pilot to 11 additional states.

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

A REMINDER TO VOTING DELEGATES, EXECUTIVE BOARD MEMBERS, AND CMH AND PIHP BOARD CHAIRPERSONS: NEW SCHEDULE FOR ASSOCIATION MEETINGS AT FALL CONFERENCE

Starting at this past Spring's Association conference, THE ASSOCIATION'S MEMBER ASSEMBLY, BOARD CHAIRPERSONS ROUNDTABLE, AND EXECUTIVE BOARD MEETINGS ARE BEING HELD AT DIFFERENT TIMES AND DATES THAN IN PAST YEARS. These meetings, at the upcoming Fall Association Conference, and at every spring and fall Association conference in the future, will be held at the following new day (the day before each conference in the spring and fall) and new times:

Sunday, October 22, 2017

2:00pm – 6:15pm:
Earlybird Registration for MACMHB Fall Conference (so that those participating in the Board Chairperson's Roundtable, Executive Board and Member Assembly can register prior to those meetings, if they find this helpful)

3:00pm – 3:40pm
CMH/PIHP Board Chairperson Roundtable & Networking

4:00pm – 5:30pm
Executive Board Meeting

5:40pm – 6:15pm
Member Assembly Meeting

Have a Great Weekend!