FRIDAYFACTS – pages

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

FROM: Robert Sheehan, Chief Executive Officer
      Alan Bolter, Associate Director

RE:

- Prescription Drug and Opioid Abuse Task Force releases findings and recommendations
- MACMHB joins NACBHDD in holding Capitol Hill briefing:
- Issues covered at venues of which MACMHB is a member
  - Summary of key issues covered at the Quarterly MDHHS Stakeholders Group (October 30, 2015)
  - Michigan Primary Care Consortium (October 30, 2015)
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Prescription Drug and Opioid Abuse Task Force releases findings and recommendations

On Monday, Gov. Rick Snyder announced that the Michigan Prescription Drug and Opioid Abuse Task Force has presented him with a comprehensive report of their findings and more than two dozen recommendations for changes in regulations and practices that could address a growing problem in Michigan.
The Governor formed the task force in mid-June and appointed Lt. Gov. Brian Calley as the chair with the direction to examine the recent trends, evaluate strategic options, and develop a statewide action plan by fall 2015.

“The impact of prescription drug and opioid abuse is being felt in every community across Michigan. It crosses all demographic, geographic and political lines,” Snyder said. “This problem is something we must work together to address as soon as possible and I appreciate the dedication of Lt. Gov. Calley and the task force in working on this issue and presenting their findings in such a short time frame.”

Pain killers are powerful opioids that are highly addictive and opioid dependence affects millions of people in the United States. Prescribed opioids can lead to the use of highly addictive and dangerous illegal substances, especially heroin. Michigan ranks 10th nationally in per capita prescription rates of opioid pain relievers and 18th in the nation for all overdose deaths. Task force members varied greatly in their professional backgrounds to provide a solid cross-section of input. They represented the Executive Office, the state Legislature, state departments, law enforcement, prosecutors, mental health commissions, pharmacists, doctors, hospitals and insurance companies.

The task force also held a public hearing and subcommittees gathered input from experts involved with the growing problem of prescription drug and opioid abuse in Michigan and across the country. Attorney General Bill Schuette and Michigan Department of Health and Human Services Director Nick Lyon served as subcommittee chairs.

The full report makes 25 primary recommendations and seven contingent recommendations in the areas of prevention, treatment, regulation, policy and outcomes, and enforcement. Highlights of the recommendations include:

- Updating or replacing the Michigan Automated Prescription System.
- Requiring registration and use of MAPS by those who are prescribing and dispensing prescription drugs.
- Updating regulations on the licensing of pain clinics, which hasn’t been done since 1978.
- Increasing licensing sanctions for health professionals who violate proper prescribing and dispensing practices.
- Providing easier access to Naloxone, a drug that reduces the effects of an opioid overdose.
- Limiting criminal penalties for low-level offenses for those who seek medical assistance with an overdose.
- Increasing access to care through wraparound services and Medication Assisted Treatment programs.
- Requiring additional training for professionals who prescribe controlled substances.
- Reviewing successful drug takeback programs for possible replication and expansion.
- Increasing the number of addiction specialists practicing in Michigan.
- Reviewing programs to eliminate doctor and pharmacy shopping and requiring a bona-fide doctor-patient relationship for prescribing controlled substances.
- Creating a public awareness campaign about the dangers of prescription drug use and abuse and how people can get help for themselves or family members.
- Increasing training for law enforcement in recognizing and dealing with addiction for those officers who do not deal directly with narcotics regularly.
• Considering pilot programs for the development of testing to reduce the increasing incidence of Neonatal Abstinence Syndrome, which leads to severe withdrawal symptoms for babies born to mothers who have been using opioids.

“We clearly have a lot to address but one of the goals of the task force was to present recommendations that we knew were achievable,” Calley said. “By working with our partners in the state Legislature and the medical community, I am certain we can achieve the recommendations presented. I want to thank Gov. Snyder for his leadership in calling for this review of current laws and practices and his commitment to protecting the people of Michigan.”

MACMHB joins NACBHDD in holding Capitol Hill briefing:

Below is an excerpt from a press release describing the Congressional briefing held by the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) which underscored the importance of the county-based community mental health systems across the country. MACMHB staff participated as members of the briefing panel

**County, congressional leaders highlight importance of local behavioral health systems**

*Counties invest $70 billion annually in community health*

**WASHINGTON, D.C.** – The National Association of Counties (NACo) and the National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD) today joined a bipartisan group of congressional leaders at a briefing on Capitol Hill to highlight the importance of county behavioral health systems and the need to reform the current system. Nearly one in five adults in the U.S. has a diagnosable mental illness, and one in 10 experiences a substance abuse disorder. Counties are at the forefront of helping these individuals.

“These are not just statistics for us; there are people behind these numbers — we know them. We are in a unique position to impact people’s lives through behavioral health services,” said NACo Pres. Sallie Clark. “Counties are on the front lines of treatment for mental illness, providing the safety net and systems of care for residents. We provide critical services for individuals with mental illnesses and substance abuse issues.”

The nation's 3,069 counties invest $70 billion annually in community health, and as comprehensive behavioral health reform gains momentum in Congress, counties are underscoring the essential role they play in delivering services at the local level.

Clark was joined by Cherryl Ramirez, NACBHDD president and executive director of the Association of Oregon Community Mental Health Programs, Rep. Doris Matsui (D-Calif.); Rep. Tim Murphy (R-Pa.); Rep. Paul Tonko (D-N.Y.); Harvey Rosenthal, executive director of the New York Association of Psychiatric Rehabilitation; Robert Sheehan, past chief executive officer of the Community Mental Health Authority for Clinton, Eaton and Ingham Counties, Mich. and incoming chief executive officer of the Michigan Association of Community Mental Health Boards; Matthew Chase, NACo executive director; and Dr. Ron Manderscheid, NACBHDD executive director.
“County behavioral health systems exist in 23 states that serve 75 percent of America’s population,” explained Ramirez. “It is imperative that Congress sustain funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) block grants, which help support county-based prevention and treatment services.”

Counties invest more than $70 billion annually in justice and public safety. There are an estimated 2 million people with serious mental illnesses admitted to jails, many of whom also have co-occurring substance use disorders.

Earlier this year, NACo, the Council of State Governments Justice Center and the American Psychiatric Association Foundation launched Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails. More than 130 counties have passed resolutions or proclamations supporting the effort and pledging to take action. For more information on Stepping Up, visit http://www.naco.org/resources/programs-and-initiatives/stepping-initiative.

**Issues covered at venues of which MACMHB is a member**

(MACMHB is a member of a number of state level discussion venues, at which key issues are outlined. MACMHB provides the readers of the Friday Facts with summaries of the issues covered in a number of these venues)

**Summary of key issues covered at the Quarterly MDHHS Stakeholders Group (October 30, 2015)**

(Given the range of issues that the CMH and PIHP system addresses, nearly the full range of issues covered in this briefing are summarized below.)

1. Prescription Drugs & Opioid Task Force findings were released earlier this week. (See the detailed discussion on the findings of this group, also included in this edition of Friday Facts)
2. HMP Renewal – Discussions continue with CMS. MDHHS is optimistic about these discussions and the prospect for approval prior to December 31, 2015 deadline.
3. Children’s Services – MDHHS is renegotiating the Children’s settlement agreement with a focus on safety for children in care and a focus on outcomes rather than processes. MDHHS is renegotiating the requirements regarding the completion of the 238 commitments – allowing for the phasing in of their completion.
4. Maxey Closure -Contracted arrangements with private residential providers are requiring: “no reject and no eject” actions by these providers; an assurance of behavioral healthcare. These contracts will move, in Phase 2, toward a case rate payment system. West Michigan Partnership for Children (Kent County) is piloting this performance-based system.
5. Infant Mortality – The rate of African American infant deaths are 2.3 times greater than white, non-Hispanic infants. When analyzed by geography, the high number of infant deaths are found in a small number of identifiable communities; most are urban, some are rural. Low birthweight, as a cause, is highest in rural communities as often as urban communities.
6. Medicaid Health Plan Rebid – Some changes in initial set of recommendations of MHPs to be awarded contracts. Several protests have been lodged by health plans; these are being reviewed by DTMB and are likely to be resolved by mid-November.

7. MDHHS’ common formulary discussion will be held from 9:30 am to 12:00 noon on November 19, 2015 at LCC West Campus. This session is open and can be attended by contacting Rita Subhedar at subhedarR1@michigan.gov by November 12.

8. BHDDA
   a. CCBHC will use a public engagement, to start in January, akin to, but more compressed than that used for MiHealth Link, with full plan to be developed by June 2016.
   b. Lynda Zeller and Kathy Stiffler are talking often about shared metrics between MHP and PIHPs (a workgroup involving PIHP and MHP representatives will be meeting on a regular basis to develop these)
   c. 1115 Waiver in development by Department via discussions with CMS.
   d. MDHHS working to address the needs of persons not covered by Medicaid for whom scarce GF dollars must be used to cover their care.
   e. Childhood trauma effort is a joint effort with Steve Yager’s MDHHS Children’s Services This “Defending Childhood” initiative aims as developing a system to screen all kids in the child welfare system for trauma and then assess and treat as appropriate.
   f. Health issues (smoking, etc.) among CMH/PIHP consumers is a common concern of BHDDA and MDHHS Medical Director.
   g. Stepping Up initiative – MDHHS is urging counties (MAC is supportive) to pass resolutions in support of this initiative (A NACo/NACBHDD initiative) to address the needs of jail inmates.
   h. Medicaid service reduction – BHDDA is developing guidelines for use by PIHPs and CMHS to use when making service reductions when PIHPs and CMHs need to take these actions.

9. Budget Update –
   a. FY16: MDHHS’s annual budget is $25 billion; $4.1 billion of which is GF, of which $3 billion is the required match for Medicaid (non-discretionary). The MDHHS budget represents 48% of the state budget; 272 line item.
   b. A FY 16 supplemental was passed ($800,000) to do investigation and provide nursing services to Flint residents relative to the recent water quality issue in Flint.

10. FY17: GF Pressures:
   a. FMAP (Federal share of Michigan’s Medicaid costs): Dropping from 65.5% to 65.15% (Due to the drop in the state’s unemployment) $45 - $50 million gap
   b. HICA and Use Tax: HICA will rise to 1% (from .75%) when use tax is halted. Even with this increase the Use Tax/HICA revenue budget is short by $130 million. To close this gap, the HICA would need to be increased to 1.3% to 1.4%. If the HICA sunset date is not addressed, the gap rises to $320 million.
   c. The first year of the state match for HMP (3.7% of the total cost) is estimated to be $118 to $130 million
   d. A number of FY16 cost reduction will not be continued into FY17 budget, causing a $100 million gap.
   e. Road funding-related GF needs are on top of this.

The total of these GF gaps, in the MDHHS budget, is $410 Million.
11. Some of the specialty drug costs (drugs for Hep C, etc.) are captured in the Medicaid cost base, but some specialty drug costs are yet to be seen and could cause the need for quarterly adjustments on these drugs come on line.

12. Winnable Battles & Population Health – Population health is becoming core concept around which MDHHS policy and actions will be wrapped. Winnable Battles as is the term that MDHHS uses to describe the areas in which a small change has dramatic impact. They include:
   a. Immigration
   b. Tobacco
   c. Nutrition, Physical Activity, Obesity
   d. Healthy babies
   e. Heart disease and Stroke

Strategies of MDHHS to be used in the Department’s Winnable Battles effort:
- Address social determinants of health
- Develop partnerships
- Focus on processes to improve outcomes

Michigan Primary Care Consortium (October 30, 2015)

Elizabeth Hertel, Director of the Office of Health Policy and Innovation, provided an overview of the State Innovation Model (SIM) Initiative. Michigan is part of Wave II cohort with the timeline:
   - 2015-2016 Pre-Implementation
   - 2017-2018 Model Test Period (January 2017 Population Health Implantation Plan Complete)
   - 2019-2020 Full State Implementation

CMS wants population outcome measurements built into this model development. Strong HIT Leveraging requirement to support care coordination to sub-state HIEs; real time data. Accountable Systems of Care (ASC) will be akin to ACOs (Accountable Care Organizations) but with a larger patient and provider mix. SIM may be able to promote financing to behavioral health provider to tie into MiHIN. A goal of SIM is to develop a common core set of measurements across payers. MDHHS will use a set developed by the Michigan State Medical Society as the basis for this effort. Probably in draft form by January 2016.

SIM will move toward shared savings and capitated models of payment and away from fee for service financing. Community Health Innovation Regions (CHIR) are key to this effort and will parallel the formation of DHHS. Focus will be on the social determinants of health

Target populations of SIM:
- Healthy babies
- Emergency Department overuse (Matt Lori, within Elizabeth’s shop, is leading a National Governor’s Association effort on super-utilizers)
- Multiple Chronic Conditions

MHP rebid was tied to SIM in a number of ways. The bid required:
- Require MHPs to participate in SIM
- System must be Patient Centered
- Care Management as a key intervention/support
- Use of Community Health Workers
Region and site selection will be done after Elizabeth’s office meets with the SIM applicants (In November or December 2015) to negotiate details. Initially SIM effort will not match the Prosperity Regions initially; however MDHHS sees the SIM regions becoming, over time, the prosperity regions.

**LEGISLATIVE UPDATE**

**House and Senate Still Differ Over Roads**

Last week the Michigan House of Representatives passed their version of a roads package that called for $600 million in new revenue and $600 million from existing state dollars. There was optimism Tuesday morning when Senators began arriving at 7:30 a.m. to quickly find consensus and put the issue to bed, but that has not happened. The Senate was planning on passing a revised roads package this week, but that has been pushed back until at least next week. Senators would like to come up with a compromise to the House plan. Below is a brief overview to the House plan — or the 600-600 plan — would:

- Shift $600 million from the general fund into roads, which would be phased in beginning in 2019.
- Increase the tax on diesel fuel from by 7.3 cents and on regular gas by 3.3 cents tax to raise another $200 million. The tax hike would be phased in beginning in 2018.
- Tie the gas tax to inflation, starting on Oct. 1, 2022.
- Generate $400 million in new revenue by a 40% across the board hike in registration fees for passenger cars, vans, light trucks and large commercial trucks. The average registration fee for a passenger vehicle is $100. The hike, which would begin Oct. 1, 2016, would increase that to $140.
- Create a new surcharge for electric-powered vehicles.
- And expand the number of people and the amount that can be claimed under the Homestead property tax credit to help lower-income Michiganders and roll back the state income tax, when state revenues exceed inflation, beginning in tax year 2022.

The Senate is working on some tweaks to the package to include:

- Putting $100 million into a "lock box" that would hold that revenue until the Michigan Department of Transportation developed plans to build roads that will last longer. The source of the $100 million would come from the increased revenues from the gas tax hike. The Senate put the lock box item in the plan it passed in July, but the bills passed last week by the House didn't include the lock box.
- Charging an additional surcharge of $30 for vehicles that weigh under 8,000 pounds, mostly electric vehicles, and $100 for hybrid cars that weigh more than 8,000 pounds.
- Pushing the income tax rollback by a year to 2023, instead of the 2022 passed by the House.

**NATIONAL UPDATE**
Understanding What the Bipartisan Budget Deal Does and Does Not Achieve

On Wednesday, the House of Representatives approved a bipartisan, two-year budget deal that was hammered out over the last few weeks between White House officials and congressional leaders. The Senate is expected to take up the same bill later this week before the November 3rd debt ceiling deadline. While the deal provides limited sequestration relief and paves the way for Congress to avoid a government shutdown in the coming months, it does not fully address the twin issues of Congressional gridlock and a continuing austere budget environment.

What the deal does:

1. Adds $80 billion to discretionary spending over the next two years. The new money will be allocated evenly each year between defense and non-defense funding, with a total of $50 million in sequestration relief earmarked for 2016 and the remaining $30 million for 2017. The deal effectively suspends 90 percent of sequestration cuts for 2016 and eliminates 60 percent of cuts for 2017. Though details remain to be worked out, this could mean additional money going to agencies within the Department of Health and Human Services.

2. Raises the debt limit until March 2017. In recent years, the periodic need to raise the debt limit in order to continue paying the country’s bills has served as a flashpoint for fiscal conservatives who have threatened to block the increase if it is not accompanied by major new spending cuts. With another debt ceiling deadline approaching on November 3, this agreement averts any potentially catastrophic debt defaults through the end of the Obama Administration in 2017. This should aid the smooth functioning of government for the next 18 months.

3. Makes structural changes to Social Security and Medicare. In January, the House approved a small provision that would prohibit routine transfers between the Social Security retirement trust fund and the Social Security Disability Insurance (SSDI) trust fund, setting the stage for an estimated 19% cut in SSDI benefits at the end of 2016. Today’s budget deal would eliminate this provision and allow for the transfer of funds to keep SSDI solvent through 2022. In Medicare, the deal staves off an estimated 50 percent increase in Part B premiums for millions of beneficiaries. Instead, premiums will rise by approximately 20 percent. For the remaining 70 percent of Part B beneficiaries, premiums will remain frozen in 2016.

While this deal is a step in the right direction, Congress is not out of the fiscal woods yet. Legislators still face major appropriations hurdles in the weeks ahead, with important ramifications for federally funded health and social services programs.

What the deal does NOT do:

1. It does not avoid a government shutdown. House and Senate appropriators must still approve all appropriations bills prior to the December 11 deadline when the continuing resolution that is currently funding the government will run out. It is expected that legislators will work to pass an omnibus appropriations package as opposed to individual
spending bills. However, this process could be stalled or complicated by individual policy amendments that were included in either draft or committee-approved versions of the appropriations bills. In order for the President to approve funding legislation, the Senate and House appropriations packages must be identical.

2. It does not reinstate pre-sequestration funding levels. The Budget Control Act of 2011 established caps on discretionary spending, forcing cuts of over $1 trillion dollars from the federal budget over ten years beginning in 2013. Even with the additional $80 billion in discretionary funding over the next two years, government spending is still nearing an all-time low for discretionary programs. In 2016, discretionary programming will account for just 6.2 percent of GDP – the lowest level in decades.

3. It does not ease Washington gridlock. This is still a tight fiscal climate. Approving additional programming and authorizing new money will be difficult to achieve. As the Obama Administration enters its final year, it is important for advocates to remain steadfast in efforts to increase the discretionary budget caps and fully end sequestration.

MACMHB Standing Committee Updates, September 2015

Children’s Issues Committee, September 15, 2015, 1:00pm

Children’s Administrators Forum Update
Ann Heerde reported that the Forum last met on Friday, Sept. 11. There was a presentation on the use of evidence based practices on the CMH level, and how they support that practice in the children’s field. Outcomes were discussed. Ann asked if there were any specific questions. Group agreed that if questions weren’t covered during Kim Batsche-McKenzie’s presentation, Ann would address those. Ann then shared that level 2 endorsements need to be obtained from DHHS. Ann also reported that E-DECCA (Devereux Early Childhood Assessment) is now being implemented in almost all CMH’s. It will be part of the MDHHS requirement for children receiving CMH services through age 47 months.

MDHHS Updates – Kim Batsche-McKenzie, MDHHS; Sheri Falvay, MDHHS
Kim Batsche-McKenzie reviewed the handouts that were distributed via email regarding CAFAS/PECFAS and the Wraparound Evaluation Project. She went over some of the results and details of data that was captured for CAFAS/PECFAS during the time period of Oct. 1, 2013 to Sept. 30, 2014. She then went over the results and details from the data collected for Wraparound Project collected from December, 2010 to April 1, 2015. In the CAFAS/PECFAS report, DHHS is striving for a 20 point drop from initial to exit. Currently it is at 16 point drop for CAFAS, and 13 point drop for PECFAS. She further reviewed some of the subscale scores, and the evident drops in scores, which reflects an increase in functioning. Kim then reviewed the Wraparound Evaluation Project in further detail, explaining that this was also a snapshot of the data collected, such as where children are living, family status report and fidelity measures. This snapshot report also includes subscale scores, functional changes and resiliency factors. Kim then reported that they were finishing up the Youth MHFA project. In Michigan, prior to Dec. 31, 2013, the state had trained 5,509 people in Mental Health First Aid. As of July 31, 2015, that number is up to 24,622, showing an increase of 19,113 people trained. The number of certified Adult instructors has increased from 126 to 249, showing an increase of 123 Adult
instructors, and the number of certified Youth instructors has increased from 58 to 272, showing an increase of 214. The data for certified trainers was during the same time period; December 31, 2013 to July 31, 2015.

Kim reported that due to an overage in Mental Health and Wellness funding, DHHS purchased a box of manuals which will be sent to the PIHPs.

Kim then reported on the Youth Peer Support Activities, including a webinar (info on this was distributed via email to the committee members) on Sept. 23. Also, a list of upcoming trainings and document release dates was distributed to the group. She stated that the Youth Peer Support manual is still in development and will be provided in October. Kim then reviewed some language changes to the Michigan Medicaid Provider Manual and the coding that affects those services. Michigan is unique amongst other states in these coding details.

**Update Discussions**

*Children’s Boardworks Module*

Connie reported that this module will be presented at the Fall Conference in October, at the Grand Traverse Resort.

**Committee Focus Areas for 2015**

*Substance Use Disorders in Youth*

Monique Stanton, CARE of SE Michigan

Monique explained that she was the representative from the Provider Alliance. Connie asked if she could describe how the Adolescent substance abuse issue was being kept on the radar. Monique explained that the treatment side and prevention side both were being addressed in the service array. She offered to have a conference call with Connie to go over data, sometime in the near future.

Mike asked the group if they wanted someone to participate from the Substance Use Disorders Directors of the PIHPs. Group agreed that both representations would be beneficial to the meeting. Mike will reach out to that group as well as the Provider Alliance. Sheri Falvay stated that Mary Chaliman from Child Welfare would like to join the Children’s Issues Committee. Monique will add her to the group.

*Child Psychiatric Beds*

Connie asked if anyone had any update regarding this topic. Kim reported that what she’s hearing is that sometimes the child is refused a bed due to a very high acuity, not truly a lack of beds. Group discussed briefly.

**Other**

Alan Bolter spoke briefly regarding Legislative updates, stating that Policy wise, there was not a lot going on. He expects that next week, the House Health Policy commission may be revising Kevin’s Law. There is some concern that some of these changes may make it easier to get into treatment, but the threshold to qualify for these services may be lowered, resulting in increased costs. It will likely be voted out in the next couple of weeks. Oakland County actually pays someone to work with the judges on who is eligible and who is not. This could turn out to be a big GF hit for smaller CMH Boards.

Another issue still active in Legislature is the Road Funding Package. They amount proposed in the package is $1.2 Billion. The most popular plan at this point is $800 Million in new revenue and $400 Million in cuts. MDHHS is 46% of the state budget, so how these cuts could affect services is something worth paying attention to.

**Legislation/Policy Committee – Sept. 16, 2015 (Combined meeting)**

**Legislative Update**
HB 4674 – Assisted Outpatient Treatment Revision
Alan reported on the Kevin’s Law changes that were distributed to the group. He stated that it will probably be voted out on Sept. 29. This bill is sponsored by Tom Leonard. This bill would allow people to get into treatment sooner then they previously could. Currently Oakland County is the only county utilizing this, due to having a staff person helping the judges along through this process. Mike and Alan met with the Governor’s staff, and they feel that there are no huge issues with the legislation, with the exception of financial implications. With the lowering of the thresholds for participation, the issue remains as to where the money will come from for these services. Alan stated that they hope to get clarification on lowering the threshold for services, which will mitigate the cost of services issue. Group wondered if this rewrite would affect covering the cost of alternative hospitalization. Mike stated that yes, it would. He also stated that we were unclear in the wording of the rewrite stating possible referral to “another entity”, and they have asked for clarification on this aspect as well. Liz O’Dell asked that the Board Association reach out to the CMHs to clarify which of them requested that this language be added to the rewrite. Alan stated that he was meeting with the House Fiscal Staff to go over numbers for funding should this go through, and he will keep the group updated.

HB4843 – Good Samaritan
Alan reported that recently, Rep. Al Pscholka introduced legislation that would preclude individuals under 21 years old from facing prescription drug related legal charges when reporting a medical emergency. The bill would protect them from possession charges if they present themselves or others for medical treatment from misuse of prescriptions medications. It would only shield the minors if the amount was small enough to be considered for personal use. This bill has been referred to the House Committee on Criminal Justice. Group suggested that we take the stand that NO one should fear facing legal charges, and there should be no age limit.

SB 444 – Critical Incident Stress Management Services
Alan reported that this bill is for first responders that go through some type of critical stress incident or trauma, and is intended to prevent PTSD from occurring. Currently there is no form of confidentiality during the debriefing process, and this bill would give the responder some protection of that sort. Alan will follow and keep the group updated. Some discussion followed regarding the fact that this bill fell under the Public Health Code, not the Mental Health Code. Statement was made that Practitioners fell under the Public Health Code due to licensure. Mike Vizena stated that MACMHB would be supportive of this bill, due to maximizing outcomes for critical stress incidents.

Roads Proposal / FY17 Budget
Alan Bolter spoke regarding the Road Funding Package. The amount needed is $1.2 Billion. The most popular plan at this point is $800 Million in new revenue and $400 Million in cuts. MDHHS is 46% of the state budget, so how these cuts could affect services is something worth paying attention to. 2016 will bring matching for the Healthy Michigan Dollars. With the current makeup of the House and Senate where they don’t seem to want anything to do with Medicaid expansion, Obamacare, etc., and the fact that there will be $150 Million hole from HICAA. With all of these added together, the possibility of funding cuts affecting Mental Health Services is very real. Tom Watkins suggested we send a letter to the Lt. Governor, stressing the cuts that the Mental Health Service Delivery System has already experienced be noted, stressing that we can NOT afford to experience any more. He also stated that in this letter, we officially request a meeting with the Lt. Governor to further stress these issues. Tom asked that MACMHB provide copy of this letter to Committee Members, as well as MACMHB membership, to be used on local levels as talking points too.

Michigan Prescription Drug and Opioid Abuse Task Force
Alan reported that this Task Force was created as a result of Governor Snyder’s plan to address prescription drug and opioid drug abuse, as stated in his 2015 State of the State address. Mark Witte offered testimony during the first public meeting of this group on July 23\textsuperscript{rd}. Mark stated that he offered the help of the SAPT Directors group in developing the work of the Task Force, but there has been no outreach from the group. Alan stated that the current FY16 Budget include a one-time funding of $1.5 Million to address statewide concerns on this issue. This task fork, which includes Mr. Robert Lathers, CEO of Ionia County CMH and is chaired by Lt. Gov. Brian Calley, is charged with presenting an action plan to the Governor this fall. This timeline may not be met.

Alan stated that we will keep this item on the agenda for further updates.

**Policy Updates**

*Healthy Michigan Waiver Update*

Alan stated that 2 weeks ago, the State provided their second Healthy Michigan Waiver to the CMS. The waiver must be approved by the federal government by December 31, if it is not, the Healthy Michigan plan would end on April 1, 2016. The second waiver is required by the state statute establishing Healthy Michigan and outlines two proposals for individuals making between 100 and 138 percent of the federal poverty level who have been on Healthy Michigan for 48 months. In the first proposal, individuals on Healthy Michigan will seek coverage through the federal exchange created by the Affordable Care Act. Persons who qualify will then be eligible for tax assistance in acquiring the coverage. In the second proposal, individuals would be able to stay with Healthy Michigan but would pay up to 7 percent of their income to acquire the coverage, instead of the 3.5 percent they paid before. However, the waiver proposal says that under the second option, recipients who meet the healthy behavior practices of the previous 12 months could see reductions in their cost-sharing amounts.

This second Medicaid waiver DHHS is seeking is being viewed nationally as the latest test case on how far the Centers for Medicare & Medicaid Services (CMS) is willing to bend to keep one of the hallmark pieces of the Affordable Care Act (ACA) afloat. The federal government has not allowed any state to increase the contribution limit past 5 percent of a families' income. Going to 7 percent will be a big jump. A single person at 138 percent of poverty is pulling in $16,000 a year; 7 percent of that is $1,120, according to *Modern Healthcare*. Will they go along with it?

*Medicaid Spend down*

Alan reported that this continues to remain a huge issue. Sen. Jim Stamas has had several meetings, asking DHHS if there is anything that we can do about fixing this issue. The continual response is that this is going to cost too much. Alan stated that we have not seen any numbers or data from the Department, which is what we’re asking for. He further stated that we seem to still be spinning our wheels, and there does not seem to be any foreseeable outcome. Lisa Morse stated that this was a Pended Issue from Contract Negotiations from FY15, with a promise from DHHS that this would be continued in FY16. She stated that the issue needed to be pushed by resending letters to the appropriate persons. Mike Vizena stated that last week in the GF Allocation workgroup meeting, there was a statement by DHHS that the report/calculations needed to continue with this process of handling the Spend Down issue, is being “developed”. Group further discussed the fact the in the Contract Negotiations, the pended issues were NOT added into the new contract, and did that constitute a breach of contract.

Tom Watkins asked that MACMHB stress the point that Michigan is the only state that provides Special Education through the age of 26, and that we consider continuing to serve through to the age of 26 for MH services as well.
Lisa Morse stated that the School Transition Policy also did not get addressed in the pended issues.

Waiver Renewal Update

Mike Vizena stated that DHHS leadership is Eric Kurtz, a former CMH Director. There is a workgroup that met last week to provide some sounding board reaction to materials initially shared with us from DHHS. Bob Sheehan is Chairing this group, and Mike expects to be sharing some notes from this meeting later in the week. The projected timeline for posting a draft of the 1115 Waiver may be as soon as this week. Basically, it proposes the same set of services as what is currently in effect. Going forward those Waivers would be fully financed by Medicaid. Also, it will explain how the integrated healthcare efforts are going to be enhanced. Jim Johnson stated it was interesting to hear how they were going to eliminate some aspects of some current waivers, and implement this new plan by changing a lot of little things without changing too much service wise. Mike stated that CMS expects a much fuller application than what is being proposed by DHHS. Jim also stated that there hasn’t been much done on conflict free Case Management. The timeline for an approved Waiver is Jan. 1, 2016, but in reality this timeline probably will not be met. Liz stressed that she would like to see clarification of unintentional consequences.

Certified Community Behavioral Health Clinics (CCBHCs)

MACMHB sent out the posted information that DHHS has on their website to Directors and in the Friday Facts. This was submitted in early August. The submission was developed by a small workgroup of MACMHB members from CMHs, PIHPs, financial members and Health Management Associates. Federal Legislation calls for up to 25 states to receive funding for a planning grant, and up to 8 of those states to be provided 2 year funding for implementation of the CCBHCs. We hope to hear soon that Michigan has been selected to receive the planning grant; possible early October. Michigan’s plan is to provide 8-10 sites, at least 2 of which would be certified by the end of the planning grant period. Mike reinforced that the submission from sites interested in being chosen get their information in showing that they are ready to be certified as such. Group discussed population requirements that were listed in the application, such as Tribal or Veterans populations.

Health Endowment Fund

Mike Vizena reported that as of Sept. 11, we had 13 or 14 letters of interest to start Senior Reach Programs, which MACMHB will be submitting a grant proposal to establish a number of sites for. Said proposal will be submitted by the end of September.

Member Services Committee Meeting, September 17, 2015

Fall Conference Contract Discussion

Group discussed the handout that was distributed regarding booking the Grand Traverse up through 2029. Some of the issues that were brought up were the overbooking of rooms by agencies, preventing others from securing overnights, and that if the agencies were required to give 2 weeks cancellation notice, this may help alleviate that issue. Chris Ward joined by phone and explained that the 10 year contract option was the most viable option for the Fall Conferences. Chris stated that she felt this was a good deal and the group should go forward with the contract. Group discussed the $1.50 increase/per room, per year, and whether it was for ALL rooms, and Chris stated that it is. Chris informed the group that due to the overbooking that is done by agencies, she has secured more rooms than in the room block in past years. Group further discussed whether it was an option to require that rooms booked be paid for immediately, but it was agreed that this was a facility rule, not a policy that MACMHB can enforce. Chris stated that the new practices seemed to be working well.
Group voted to accept and sign the proposed Contract on the Grand Traverse Resort through 2029.

**Board Member Involvement**

*BoardWorks 3.0 Production Update*

Bill Davie reported on the handout updating the recordings of the BoardWorks programs. He explained that there were 2 remaining to be recorded; One will be done on November 13, 2015, the other with Carol Mills to be recorded at the Winter Conference of 2016, due to Waiver approval (because this module is a Finance based training), and also because this training involves high audience participation. Bill asked the group how they would like to “roll out” the finalized package, and suggested the Spring Conference. Group asked where we stood with the Children’s Issues Boardworks training. Bill stated that Children’s Issues Committee wants to present one more time, and they are doing this at the Fall Conference. Bill also stated that the PIHPs are trying to figure out who they would like to do the presentation. Mike Vizena reported that the SUD module was piloted at the Spring Conference of 2015, and it is a work in progress. Group voted to use the term BoardWorks 3.0 when “rolled out” after completion, with subsequent modules added in this digital format for web based series to be included in BoardWorks 3.0 term.

Discussion followed on qualifications, and was not included in this motion. Question was also asked if certification would include any subsequently added modules. Group agreed this was not part of the motion either.

Group agreed to add the topic of qualification for certification of the BoardWorks 2.0 and 3.0 versions.

Clarification was requested as to the roll out date of the 3.0 version. Mike Vizena stated that the Spring of 2016 should work for a roll out date.

Group discussed whether the previous training completions would count toward the 10 total to be certified. No final decision was made. Further discussions will take place at the next Member Services Committee meeting in November.

**Long-Serving Board Member Recognition/Award**

*Update/Plaque Review*

Mike Vizena passed around the 3 different plaques that show 20, 30 and 40 years of service, with the names entered on them. These individuals will receive a certificate of appreciation, with additions each year being added to the plaques, and also recognized at that year’s Fall Conference. Question was asked if the person went from the 20 years of service plaque to the 30 years of service plaque, would the nameplate be moved, or left with a new one being ordered. Mike stated that a new nameplate would be ordered. Mike stated these would be displayed at the MACMHB office throughout the year, and brought to the Fall Conference each year, even if no additions were made.

**Award Nomination Criteria**

Mike opened discussion as to the criteria being met regarding documentation, and whether or not the person is eligible or not for the particular award they have been nominated for. Monique clarified on the Partners in Excellence Award that the nomination is made by the Regions, NOT needing to be brought to Member Services, but presented to Executive Board as a report. Language in the Partners In Excellence nomination form was discussed, and changes will be made and sent to the group by Monique for approval. Group also discussed the responsibility of providing supporting documentation for each nomination, as well as making sure the nominee is eligible. Mike suggested that an additional page be added to the Regional packet, further detailing the responsibility of eligibility and providing documentation. Group discussed and suggested that the wording be changed to include the rule that supporting documentation must be included for the nominee to be considered. Group agreed to have Monique do this and
forward to group for approval.

**Other**

**Board Member Forum**

Jan Plas asked about the plans moving forward on Forums for FY16. Mike Vizena stated that the Forums were going to be PIHP centered, hoping for interest and participation from them for these. He further stated that he would reach out to the PIHPs to seek out their level of interest in this. Jan Plas offered his assistance in the form of writing a letter to the PIHPs. Chair Sprague mentioned that in his Region, they coordinate their own regional forums that may or may not be same item topics. Mike stated that the decision was made for 2015, to suspend the forums due to the Regional structuring not being exactly lined up, but that 2016 could see the forums start back up for information sharing purposes, if Member Services agreed to re-implement them.

Jan again offered to write a letter to the PIHP Directors, asking them if they would be able to participate in such forums. Question was asked if there had been an interest in these forums in the past, and Mike reviewed past attendance patterns, by region. Group accepted Mr. Plas’s offer, and agreed that Jan Plas would write a letter to the PIHP Directors.

**PIHP Discussion**

Mike Vizena stated that currently, some PIHPs have semiannual retreats that include CMH Board Members as well. Mike stated that if you have a bigger audience of Regional PIHP Board Members, would the Directors see the opportunity with an expanded number of Board Members at the Conferences, in taking an opportunity to meet. Mike asked if Member Services felt it would be appropriate to reach out to PIHP leadership at the conferences for the purpose of information sharing or finding out what’s coming up in the near future. Group felt that some of the PIHPs, due to sheer size of CMH Board Members, may find this not workable. Mike clarified that since we have conferences 3 times a year, he wondered if there was any interest in PIHP communication and dialogue while everyone was collectively available in one spot. Group felt it was a great idea, but that it obviously would not be a fit for the stand-alone PIHPs. Group felt this idea needed further exploration. Group suggested that possibly an evening activity could be planned. Group agreed to add as agenda item, with follow up report from Mike after he reaches out to the PIHP Directors for their thoughts on this topic. Gail Mahoney suggested that Member Services Committee members also reach out to PIHP Board members to get their reactions as well. Suggestion was made to carve out an hour or hour and a half at the Fall 2015 conference to meet with PIHP Directors, but Mike stated that the agenda was already set, and that reaching out for their thoughts on this topic would be a best first step in this process. Clint suggested that Mike may want to reach out to PIHP Board Members as well as the Directors.

**Connections**

Clint Galloway gave a brief update on Connections. The Fall issue is completed and will be available at the Fall Conference. The Winter edition is on track to be completed by mid-January, with an early February print date.

**Contract & Financial Issues Committee, September 17, 2015**

**Updates**

**EDIT Update – Carol Mills**

Judith Taylor reported that for BH TEDS you can submit encounter reports now. Financial reporting workgroup will meet on Sept. 29. TANF payment for those who were missed during payments is going out today. Cost reporting templates for MiChild will be separate on the FSR’s. The FSR does include MiChild with Medicaid, but with separate cost reporting.

Judith further reported that there is a Supported Housing document that will open up ways to
report facilitating placements of people in housing, and explain how to code it. EDIT is also discussing coding for Healthy Michigan, and how Substance Use reporting on their side is not matching our reporting. Due dates in contracts for some of the reporting is not matching up with dates listed for PIHPs, which may present a problem for them.

**GF Allocation Methodology Workgroup**
Mike Vizena reported that there has been very good attendance at these meetings with around 25 to 30 CMHSPs participating. Mike asked for participant updates. Judith Taylor reported that they are trying to clarify intent and timelines from the Department on this issue. She stated she expects that the workgroup needs to come up with a finished product in the next 60 days to present to the legislature for FY 17 appropriations which will start around Feb. The three things being looked at are: A) Base Rate being given to each CMH; B) Targeted Expenses and; C) Per Capita Construct. Most of the discussions have been around the Targeted Expenses subject; IMD, Spend Down, Jail Diversion. One of the underlying principles during discussions is to keep it simple for Legislators to look at. She also stated that DHHS needs to figure out how they would roll this all out. It does seem that there is now some pressure for the Department to do a reformulation for the second half of FY 16. Carol Mills reported that for Spend Downs, some boards have not been serving this population. Judith went on to stress that there is only $117 Million in the appropriations, and this continues to not be enough. Judith stated that with the Road Funding issues, and possible dipping into what is already insufficient funding, we need to keep an eye on this closely. She stated that the beginning number should have been around $125 Million (Trade off $ that were not included.) Mike went on to state that the Association would like to see a statement issued at the wrap up of this process, from the Department, explaining to Consumers and Families what the changes in the allocation methodology were intended to reflect in terms of state policy and how it may affect them and their services.

**PIHP Rate Setting Workgroup**
Judith Taylor reported that the immediate issue is that DHHS had indicated they would issue the rates that would be in effect Oct. 1. MiChild will increase by 11% for Mental Health services. Medicaid rates will be trended at about 1.9% increase. Healthy Michigan rates will be set according to FY14 numbers as there are none for FY15. Statewide cost information will be used for this as opposed to local information. Healthy Michigan rates will go down about 25%. Appropriation is about $355 Million, and they are estimating we will only use about $250 Million. Again, this assumption is based on methods with limited actuarially sound information, or local reporting information. These rates should be in effect until March 31. After that date, rates will be looked at again.

New Medicaid rate methodology would be delayed until the new Waiver Cycle begins, assumable around April, 2016. The Medicaid rate methodology will also move to being figured with state averages, with historic geographical factor phased out. A new factor, “Staff Shortage”, will also be introduced into the rate setting methodology.

Judith went on to say that we don’t know how the new Waiver will affect what buckets we’ll be dealing with as far as funding sources. Autism will be folded into the Waiver somehow, and C-Waiver goes away. The question becomes what happens to those expensive cases with DD. DHHS is looking at changing rates in April, 2016, again in October, 2016 and a final in April, 2017 until full implementation. Judith stated that the need to keep the dialogue open with the actuaries is extremely important through this entire process. Steve Holda stated that the PIHP CFO group has reached out to Milliman, via Tom Renwick, inviting them to meetings, but they have thus far been unable to make it.

Judith expressed concerns that there just isn’t enough money to allocate. We are moving to flat eligibles. The number of people we serve will not go down. This is not sufficient for sustaining services to current and future consumers. She recommended that the system do more and talk
to more people to increase awareness of these challenges. Internal dialogue/challenges amongst ourselves for a piece of the pie is not helpful. Figuring out how to get a bigger pie to start with is key.

**FY16 CMHSP/MDHHS Contract Negotiations Input**

DHHS has issued contracts to the CMHs, with some issues in them that would require further deliberation, so additional sessions will need to occur for amendments. Lisa Morse reported that there were 5 pended issues from the previous years’ contracts. Updates on those are as follows:

- **GF Allocations** – already updated.
- **428 Local Match** – no update.
- **Purchase of State Services** – no update.
- **NGRI** – Lisa reported that the work plan is almost ready to be released. Lisa stated that when the protocol is rewritten, there is going to be a directive that each CMH have a NGRI Liaison. She wanted all to be aware of this.
- **Spend Down/Deductibles** – Lisa stated that this workgroup has only met once. A letter was sent to MSA, with no response. MACMHB will continue pushing forward on this issue to the Legislature.

A meeting is set for next week to go over Amendment 1.

Lisa stated that the previously 5 mentioned pended issues were written into the FY15 contract, and need to be worked back into FY16 contracts.

**COFR Policy Issue**

Lisa Morse reported that this is an issue that will be dealt with in Contract Negotiations with the Department. She has contacted Kendra Binkley to start a workgroup meeting regarding problems, concerns, etc. in the COFR policy. Lisa stated that the workgroup members so far are Ken Ratzlaff, Chuck Kopinski, Carol Mills, Bryan Krogman, Kendra Binkley and possibly Doug Ward. Lisa will work with Monique on getting out workgroup notices.

**Other**

Appointment of Co-Vice Chairs (one Director and one Board Member)

Mike reported that all standing committees are supposed to have Vice Co-Chairs appointed. He called for any volunteers. Mike explained that if any were interested to email Monique, and it will be added to the next meeting agenda for approval in November.

This topic will be added to the November agenda to be addressed again.

Question was asked if Mike was going to give an update on the 1115 Waiver. Mike reported that we had some conversations with Lynda Zeller, and a Sounding Board workgroup was established. This group is chaired by Eric Kurtz. There is a 5-6 page draft already created that may be posted any day now by the Department. Mike stated that hopefully we will have this document, or possibly a fuller document as indicated by Mr. Kurtz, to be distributed in the next week or so. Judith went on to state that this document will have a 45 day review period. The document will need to be looked at carefully, but this is coming down the pipeline extremely quickly. We will have until approximately mid-November to say what we like and what we think doesn’t work in the plan. The concern of HOW they are going to implement what this plan will do continues to remain a very big issue.

**MACMHB Meetings in November 2015**

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

- November 4th; 1:00 pm – PIHP CEOs
- November 13th; 11:00 – Budget and Finance Committee
- November 13th; 9:00 am - Steering Committee and Communication
- November 17th; 1:00 pm - Children’s Issues Committee
November 18th; 9:30 am – Legislation Committee
November 18th; 1:00 pm - Policy Committee
November 19th; 9:30 am– Member Services Committee
November 19th; 1:00 pm– Contract and Financial Issues Committee
November 23rd; 10:00 am – Provider Alliance

Have a Great Weekend!