



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

November 3, 2017

FRIDAYFACTS

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

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

RE:

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New e-mail addresses for Association staff: The Michigan Association of CMH Boards is now COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN!

Please update your email address for CMHAM staff:

Robert Sheehan, CEO: rsheehan@cmham.org
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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, the CMH Association of Michigan will soon be announcing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

Friday Facts to become a members-only electronic newsletter: Note that the receipt of this electronic newsletter will become a members-only benefit sometime in the next few months. While there will be another electronic newsletter for a wider range of non-members, it will not contain the depth nor breadth of information contained in this newsletter. **So, if you find the information in this newsletter useful and are not an Association member, consider becoming a member when the new membership opportunities are announced.**

WORK AND ACCOMPLISHMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

The Right Door CEO announces retirement

Below are the opening paragraphs of a recent article in the Ionia Sentinel-Standard highlighting the work of Bob Lathers, the CEO of the Right Door for Hope, Recovery, and Wellness (the CMH in Ionia county), as Bob announced his retirement. We wish Bob the best in his future endeavors.

Robert Lathers 'exemplifies servant leadership'

Robert Lathers, the chief executive officer of The Right Door for Hope, Recovery and Wellness for the past 16 years, plans to retire in March 2018.

Lathers began his tenure at The Right Door, formerly known as Ionia County Community Mental Health, in July 2001. During his time as the CEO, the average number of people served each year increased from about 1,000 in 2001 to more than 2,600 in 2016, while the number of employees decreased from 112 to 97.

"I have had the pleasure of knowing and working with Bob for many years, beginning years ago when he first became the director of what was then called the Ionia County Mental Health agency. We served together on the Ionia County Child and Family Coordinating Council for years, and that is where I really got to know Bob," said Ionia County 8th Circuit Court Judge Suzanne Hoseth Kreeger. "He exudes energy and enthusiasm and changes the atmosphere in a room. In addition to his energy and enthusiasm as standout character traits, the word 'innovative' jumps out there, too. He is all about ideas, dreaming big and making it happen by thinking outside the box."

The full article can be found at:

<http://www.sentinel-standard.com/news/20171030/right-door-ceo-announces-retirement>

DWMHA announces CEO position is reopened

Below is a recent notice from the Chairperson of the Board of Directors of the Detroit-Wayne Mental Health Authority (DWMHA) regarding the re-opening of the CEO position.

The DWMHA Board of Directors conducted a lengthy national search with the help of our search firm BE Smith. The Board unanimously selected Mr. Willie Brooks as the top candidate to lead our organization as our new President and CEO.

Unfortunately, in the midst of contract negotiations, on Friday, October 27th DWMHA was informed via email by Mr. Brooks that he was officially rescinding his previous acceptance as the DWMHA President and CEO. He indicated that he no longer wished to continue the negotiation process and was retaining his position in Oakland County.

The DWMHA Board of Directors worked earnestly throughout this process and are disappointed that Mr. Brooks removed himself from the negotiation process. However, we will continue to do what is best for the people we serve during this transition and continue the search for an exceptional President and CEO to lead our organization.

We have strong leadership in place and excellent staff. I am confident that you will continue to provide excellent service and quality care to the people and providers that depend on us every day.

Huron Behavioral Health receives COA reaccreditation

Below is a recent announcement from Huron Behavioral Health regarding its receipt of a full three-year accreditation from the Council on Accreditation. Congratulations to Huron.

On October 20th, Huron Behavioral Health was informed – “. . .The Council on Accreditation (COA), . . . (is) delighted to inform you that Huron Behavioral Health has been reaccredited. In addition, Huron Behavioral Health was expedited through the . . .process as a result of not receiving any out of compliance ratings in any of the fundamental practice standards. Congratulations on this amazing achievement.”

“COA’s program of quality improvement is designed to identify providers that have met high performance standards and have made a commitment to their stakeholders to deliver the very best quality services. COA is proud to recognize Huron Behavioral Health as one of these outstanding providers, and we wish you the very best in your continuing work with the individuals you serve. On behalf of the COA staff and board of trustees, congratulations again on your achievement.”

This is the third time (twelve consecutive years) that Huron Behavioral Health has received an expedited accreditation.

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.

MI Bridges resources and community partner opportunities announced

As the readers of the Friday Facts may remember, MDHHS is launching its MI Bridges Integrated Service Delivery initiative, statewide, over the next few months. (The CMH Association of Michigan is a member of the Advisory Council for this initiative.) Below are two recently announced opportunities for healthcare and human services organizations to continue to stay in touch with this initiative and to become a Community Partner.

Community Partner Bulletin: We (MDHHS) are excited to share with you the October issue of the [MI Bridges Community Partner Bulletin!](#)

As part of MDHHS's Integrated Service Delivery effort, MI Bridges and the Assistance Application are undergoing transformative changes. These changes have been made in close collaboration with clients, community partners, and MDHHS caseworkers, who have provided input and feedback throughout the process. The new MI Bridges will enable residents to identify their needs and connect to community resources that meet those needs to improve stability over time. These resources include community programs and organizations through a partnership with Michigan 2-1-1.

We hope you find the bulletin useful as it contains information specifically designed for community partners, such as upcoming events, key features of the new MI Bridges, a timeline of key dates, and frequently asked questions.

Included in this issue:

- MDHHS Launches New Community Partner Website
- MI Bridges Partner Registration to Begin in November
- MI Bridges Training for Community Partners
- A Sneak Peak at the Client Directory

If you have any questions or for more information, please contact Beth St. John at MDHHScommunitypartners@michigan.gov.

Becoming a Community Partner: As you may already know, there are exciting changes happening to MI Bridges and the application for assistance. These improvements are part of MDHHS's statewide efforts focused on supporting families and individuals in better achieving self-sufficiency and health outcomes through the redevelopment of customer and staff support tools.

Each organization that becomes a MI Bridges community partner will need one or two staff members that will serve as a Lead Point of Contact (LPOC). The LPOC should have a leadership role within the organization as they will receive all communication from MDHHS and ensure all requirements of their partner role are met. If you would like more information about the benefits and requirements of each partner role, please click [here](#).

To best support LPOCs, we are hosting a webinar on November 15, 2017 from 1 – 2:30 pm. Please see below for details and the registration link.

MI Bridges Community Partner Lead Point of Contact Webinar: Join us for a webinar on:

Nov 15, 2017
1:00 PM EST

This webinar is intended for the staff members who will be the Lead Points of Contact for their agency's MI Bridges community partnership.

Webinar content will include:

- The benefits of becoming a MI Bridges community partner
- The details and requirements of each partner role
- How to register your agency in the new MI Bridges
- How to manage your organization's users
- The items Authorized Representatives will be asked to certify for their organization during the registration process
- The resources available to support MI Bridges community partners.

There will also be an opportunity to ask questions and receive answers.

Register now!

<http://bit.ly/MIBridgesLPOCWebinar>

After registering, you will receive a confirmation email containing information about joining the webinar.

We hope you will be able to join us and please contact us if you have any questions.

Beth St. John; Liaison, MI Bridges Community Partners; MDHHS – Bureau of Community Services
(517) 241-2831; MDHHSCommunityPartners@michigan.gov

MDHHS issues Hepatitis A health alert

Below is a health alert recently issued by MDHHS regarding the hepatitis A outbreak that is being experienced in a number of counties across the state.

HEALTH ALERT NETWORK MESSAGE: CONTINUED INCREASE IN HEPATITIS A CASES — SOUTHEAST MICHIGAN, OCTOBER 2017. MDHHS REQUESTS SUPPORT FROM HEALTHCARE COMMUNITY

Local and State and Federal public health officials continue to investigate a large hepatitis A outbreak in southeastern Michigan. As part of the ongoing investigation, public health officials have been working to make the public aware of the outbreak, identify associated risk factors, and stress the importance of handwashing and vaccination to prevent hepatitis A infection.

Since August 1, 2016, there have been 457 confirmed cases of hepatitis A associated with this outbreak in the City of Detroit, Wayne, Oakland, Monroe, Macomb, St. Clair, Lapeer, Livingston, Sanilac and Washtenaw, Ingham and Huron Counties reported through the Michigan Disease Surveillance System (MDSS). Primary cases range in age from 20 to 87 years with median age of 42 years. The majority are male (63.0%) and have been hospitalized (85.6%). Eighteen deaths are associated with the outbreak. Forty-eight percent of cases reported illicit drug use, 27% of cases were co-infected with hepatitis C, and 3% co-infected with hepatitis B. Six percent report recent incarceration, and 7.7% percent of male cases reported having had sex with men. Twenty-four percent of cases have been lost to follow up. Transmission is believed to be multi-modal as no single source has been identified.

MDHHS urges all healthcare providers to promote hepatitis A vaccination. As there are indications that the outbreak could spread outside of the Southeast region of Michigan, hepatitis A vaccination should be a statewide priority. We need your continued partnership to proactively increase vaccination among the highest risk individuals including:

- Persons with a history of Substance Abuse
- Persons currently homeless or in transient living
- Men who have sex with men (MSM)
- Persons incarcerated in correctional facilities
- Food handlers
- Healthcare workers
- Persons with underlying liver disease
- Persons who are in close contact with any of the above risk groups
- Persons wishing to be Immune to Hepatitis A

Please note that due to the temporary limitations on the availability of Adult Hepatitis A vaccine, MDHHS recommends postponing routine administration of the second dose of Adult Hepatitis A vaccine unless individuals require the second dose to address high risk conditions including travel to a Hepatitis A endemic

country. Pediatric Hepatitis A vaccine should be administered routinely since there are no limitations on the availability of this vaccine persons 18 years and younger.

Healthcare providers across Michigan should maintain a high index of suspicion for hepatitis infection in high-risk individuals with elevated liver function tests and jaundice. Ordering a complete serology panel (hepatitis A, B, C) can be informative.

Of note, in order to better assess the rapidly changing environment of this outbreak, it is critical for healthcare providers to promptly report all suspected and confirmed hepatitis A cases to your local health department or by electronically entering the case in the Michigan Disease Surveillance System (MDSS). **MDHHS is now asking that these reports be made within 12 hours of case identification.**

Reporting at the earliest possible moment gives public health agencies better opportunity to reach and interview patients. The information gathered during those interviews is compiled for the region and analyzed in order to determine the best direction for interventions and to assess the impact of interventions already in place

The Community Health Emergency Coordination Center has been activated to provide support to impacted jurisdictions including local health departments, hospitals, EMS, healthcare coalitions and other healthcare providers. This coordination and communication support includes responding to requests for health related resources, developing and distributing guidelines and educational materials to meet the needs of this outbreak.

More information about the hepatitis A outbreak in Michigan and current recommendations are available at www.mi.gov/hepatitisAoutbreak. Please contact your local health department or MDHHS at 517-335-8165 with any questions or to seek consultation during this outbreak.

Michigan launches first Trauma Recovery Center in Flint for victims of violent crimes

Below is a recent press release, from MDHHS, announcing the opening of the state's first Trauma Recovery Center. The Center will open in Flint.

The Michigan Department of Health and Human Services (MDHHS) today announced that Hurley Medical Center in Flint will serve as the first Trauma Recovery Center in Michigan to provide crisis intervention to hospitalized traumatic violent crime victims.

Michigan will be just the third state in the nation to build a network of Trauma Recovery Centers (TRC). To launch this new center, MDHHS has granted \$365,927 to Hurley Medical Center.

"We are proud to launch Michigan's first Trauma Recovery Center in partnership with Hurley Medical Center to improve the services available to victims of crime, especially those who may face challenges in accessing services," said James McCurtis, Manager of Crime Victim Services, MDHHS. "After a violent crime has occurred, this new Trauma Recovery Center will ensure that victims are immediately connected to support services."

The TRC at Hurley Medical Center will operate in partnership with community service organizations to provide comprehensive treatment to crime victims. TRC trauma counselors will provide immediate mental health support and advocacy to hospitalized patients who are the victims of traumatic violent crimes such as gunshot and stab wounds, gang violence, physical attacks, sexual assault, human trafficking, domestic violence, and hate crimes.

"As the region's premier and leading academic medical center, we are proud to be the only Level I Trauma Center, providing the highest level of care available, in the region comprising Genesee, Lapeer and Shiawassee Counties. Unfortunately, many of the patients that we see each year enter the hospital as a victim

of crime. Their needs sometimes extend beyond strict medical care that we excel at providing. As such, having the state's first Trauma Recovery Center in Michigan, along with deploying the resources and comprehensive care necessary, would help us to expand the already high level of care patients and their loved ones can expect and count on, from Hurley. Victims inside Hurley's TRC would have the most personalized attention, which goes beyond medical service provision during their time here, as they would have a specialized and dedicated staff member to assist in meeting their varied and individual needs, around the clock" adds Michael Jaggi, DO, FACP, FACEP, Vice President and Chief Medical Officer at Hurley Medical Center.

In year one of what is planned to be a multi-year initiative, funded by Michigan's Department of Health and Human Services, Hurley will hire staff, and refine the TRC's scope of services while solidifying collaborative partnerships with other local service organizations.

When fully implemented, Hurley's TRC will follow and care for victims throughout their hospital stay and post hospital experience, providing them a familiar face to associate with during a time where they have been uprooted from everything in their lives. The TRC is being developed in collaboration and with the support of national partners including the Alliance for Safety and Justice, UC San Francisco Trauma Recovery Center, and local partners.

"Michigan is showing national leadership in how to help victims heal and stop the cycle of crime. Unaddressed trauma is too often an invisible epidemic," said Lenore Anderson, President, Alliance for Safety & Justice. "Trauma recovery centers are a critical source of comprehensive support for crime survivors, addressing emotional trauma after a crime occurs."

TRC advocates will provide patients with trauma counseling and assistance with any other immediate needs such as food, clothing, and housing. An advocate will also help victims apply for victim compensation and will, if needed, arrange for victims to receive more specialized assistance, such as substance abuse treatment, legal advocacy, joblessness, or psychological trauma treatment. Beyond leaving the hospital, the TRC will assist with services including follow up treatment, counseling, transportation and more.

Michigan's TRC is modeled on the California TRC network. The UC San Francisco Trauma Recovery Center reports that 74 percent of patients showed an improvement in overall mental health. There was also a 65 percent increase in sexual assault survivors who received follow-up treatment and a 56 percent increase in victims returning to employment. MDHHS aims to launch additional TRCs throughout the state in the future.

CMS proposes rule to allow states to define essential health benefits under ACA

Modern Healthcare recently reported that the federal Centers for Medicare and Medicaid Services (CMS) released a proposed rule Friday that would give states "more flexibility in stabilizing the Affordable Care Act exchanges and in interpreting the law's essential health benefits as a way to lower the cost of individual and small group health plans." The proposal would "give states greater flexibility in defining the ACA's minimum essential benefits to increase affordability of coverage." Modern Healthcare added that the "rule comes after months of calls from health insurers and provider groups for the federal administration to help stabilize the struggling individual insurance market."

Insurers to increase promotion of no-premium ACA plans

The Wall Street Journal recently reported that when the next ACA open enrollment period begins on November 1, insurers intend to increase efforts to promote no-premium healthcare plans. The article said a recent analysis shows that President Trump's attempts to eliminate ACA subsidy payments to insurers may have actually increased subsidies for consumers. As a result, some consumers may receive such high subsidies that they will be able to enroll in certain plans without having to pay any premiums.

Latest in NYT series featuring the views of persons with disabilities

The New York Times, over the past several years, has run a series of editorials, essays, and articles featuring the voices and views of persons with disabilities. The latest essay in this series is “My ‘Orphan Disease’ Has Given Me a New Family”, by Rosemarie Garland-Thomson. Below are the opening paragraphs of that essay.

The members of my family share a number of traits, but not one of them looks quite like me.

Many of us have the same sturdy physique, blue eyes, fine Northern European hair and skin that should never see bright sun. I look pretty much like that except for one very unusual characteristic. I was born with asymmetrical, atypical hands and forearms into a world where symmetry and typicality are the marks of good looks and proper function. In fact, I am so unusual that in the half century of my lifetime, I have encountered only one other person who looks precisely like me. In other words, I'm rare.

The full essay can be found at:

<https://www.nytimes.com/2017/10/26/opinion/my-orphan-disease-has-given-me-a-new-family.html>

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

No Fault Bill Fails in the House

The first state House roll call in years to reform the state's no-fault auto system with an eye toward lowering insurance bills fell 10 votes short last night when most Democrats and mostly Oakland County Republicans held tight in opposition. The 45-63 vote came after House Speaker Tom Leonard (R-DeWitt) agreed to a last-minute substitute that gave the hospitals several changes they requested while also creating a five-year sunset on the changes and had the Department of Insurance and Financial Services (DIFS) study the bill's impact after three years.

However, HB 5013 still allowed drivers the choice to pick different levels of personal injury protection (PIP) outside of the current unlimited lifetime benefit. It limited what a medical provider could receive from treating a car insurance victim to 160 percent of the Medicare.

In the end, these provisions were enough to sink the bill as opponents claimed it would create tiered coverage for car accident victims, leaving some to shed their life savings before Medicaid picked up the bill while others continued to receive the unlimited lifetime benefit.

Other changes in the substitute included:

- A reversal of the Supreme Court decision in the *Covenant Medical Center* case so that health care provider had a way to sue auto insurers for unpaid medical bills.
- Civil fines against insurance companies of up to \$20,000 if they deny a claim in bad faith and the ability of the Attorney General to go after insurers for up to \$100,000.
- Exempts ambulance service from the fee schedule
- Adds a member of the medical community to the Fraud Authority
- If a motorcyclist is hit by a driver with PIP coverage capped at \$250,000, the driver's insurance will pay until the cap is reached. After that, medical expenses are to be covered by the motorcyclist's own insurance.

Leonard told reporters after the vote, "This was not a defeat." No-fault reform is not dead, Leonard said, but he said he'll "move on" to other priorities on his legislative agenda.

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.

CHIP Reauthorization May Not See Action Until December

Almost three weeks after federal funding for the Children's Health Insurance Program (CHIP) lapsed, negotiations are still ongoing in Congress to reauthorize the program. Many experts on Capitol Hill now suspect that CHIP reauthorization may come as part of a bigger end-of-year spending package in December. Meanwhile, the Centers for Medicare and Medicaid Services have sent millions of dollars to cash-strapped CHIP programs in Arizona, Washington, and Minnesota to help them maintain coverage for CHIP beneficiaries until Congress can reach a deal.

CMHA committee schedules, membership, minutes, and information go to our website at

<https://www.macmhb.org/committees>

Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 14 & 15, 2017 at the Kellogg Hotel & Conference Center in East Lansing. We have 300 participants currently registered. This conference will provide technical assistance and training on the implementation and maintenance of the Children's Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference will provide training in ASD, evidence based services, highlight programs across the state, and provide technical assistance on implementation of the Medicaid/MiChild Autism Benefit. Here is the link to information <https://www.macmhb.org/save-the-date/2017-annual-waiver-conference>

Have a Great Weekend!