



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

January 12, 2018

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:

- New e-mail addresses for Association staff
- Association soon to announce new membership opportunities
- Friday Facts to become a members-only electronic newsletter
- Work and Accomplishments of CMH Association Member Organizations
 - CMH Services of Livingston County receives Gold Seal JCAHO approval
 - Tuscola Behavioral Health Systems receives CARF Three-Year Accreditation
 - Central Michigan CMH Medical Director named to The National Council's Medical Director Institute
 - Leadership changes at Lapeer County CMH
- State and National Developments and Resources
 - Michigan's Employment First draft mission statement
 - NPR announces "Abused and Betrayed" Series
 - Pscholka Leaving Budget Office
 - MATCP announces conference on justice and mental health
 - National Action Alliance for Suicide Prevention announces webinar
 - Arizona Legislator To Propose Medicaid Buy-In Option.
 - Opinions: Medicaid Work Requirements Are About Eliminating Coverage For Low-Income People
 - CBO cost estimate finds that CHIP saves money
 - Health Affairs discusses recent CHCS study on the impact of cross-sector initiatives on health status
 - Michigan Federal announces conference
- Legislative Update
 - January Consensus Revenue Estimating Conference
 - Opioid Bills Signed into Law
- National Update
 - CMS Issues Guidance Allowing Medicaid Work Requirements
- CMHAM Winter – Registration Open Next Week
- CMHAM Association committee schedules, membership, minutes, and information
- Webinar: Business or Exploitation?" Exposure of the Tobacco Industry's Exploitation of Individuals with Mental Health Conditions

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

Please update your email address for CMHAM staff:

Alan Bolter, Associate Director: abolter@cmham.org
Chris Ward, Administrative Executive: cward@cmham.org
Dana Owens, Accounting Clerk: dowens@cmham.org
Michelle Dee, Accounting Assistant: acctassistant@cmham.org
Monique Francis, Executive Board/Committee Clerk: mfrancis@cmham.org
Annette Pepper, Training and Meeting Planner: apepper@cmham.org
Anne Wilson, Training and Meeting Planner: awilson@cmham.org
Carly Palmer, Training and Meeting Planner: cpalmer@cmham.org
Chris Lincoln, Training and Meeting Planner: clincoln@cmham.org
Nakia Payton, Receptionist: npayton@cmham.org
Robert Sheehan, CEO: rsheehan@cmham.org

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 or 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

CMH Services of Livingston County receives Gold Seal JCAHO approval

Below is an excerpt from a recent announcement of the receipt, by the Community Mental Health Services of Livingston County of their receipt of the CAHO Gold Seal of Approval. Congratulations to CMH Services of Livingston County.

Community Mental Health Services of Livingston County today announced it has earned The Joint Commission's Gold Seal of Approval® for Behavioral Health Care Accreditation by demonstrating continuous compliance with its performance standards. The Gold Seal of Approval® is a symbol of quality that reflects an organization's commitment to providing safe and effective care.

Community Mental Health Services of Livingston County underwent a rigorous onsite survey on October 4 – 6, 2017. During the review, compliance with behavioral health care standards related to several areas, including care, treatment, and services; environment of care; leadership; and screening procedures for the early detection of imminent harm was evaluated. Onsite observations and interviews also were conducted.

"Joint Commission accreditation provides behavioral health care organizations with the processes needed to improve in a variety of areas related to the care of individuals and their families," said Julia Finken, RN, BSN, MBA, CSSBB, CPHQ, executive director, Behavioral Health Care Accreditation Program, The Joint Commission. "We commend Community Mental Health Services of Livingston County for its efforts to elevate the standard of care it provides and to instill confidence in the community it serves."

“Community Mental Health Services of Livingston County is pleased to receive Behavioral Health Care Accreditation from The Joint Commission, the premier health care quality improvement and accrediting body in the nation,” added Constance Conklin, Executive Director of Community Mental Health Services of Livingston County. “Staff from across the organization continue to work together to develop and implement approaches and strategies that have the potential to improve care for those in our community.”

The Joint Commission’s behavioral health care standards are developed in consultation with health care experts and providers, quality improvement measurement experts, and individuals and their families. The standards are informed by scientific literature and expert consensus to help organizations measure, assess and improve performance.

Tuscola Behavioral Health Systems receives CARF Three-Year Accreditation

Below is an excerpt from a recent announcement of the receipt, by Tuscola Behavioral Health Systems of full CARF accreditation.. Congratulations to Tuscola Behavioral Health Systems.

Tuscola Behavioral Health Systems (TBHS) Board of Directors are pleased to report to the residents of Tuscola County that TBHS has been accredited for a period of three years for the following programs:

Assertive Community Treatment: Mental Health-Adults; Case Management/Services Coordination Mental Health-Adults, Children and Adolescents; Integrated DD/Mental Health-Adults; Crisis Intervention-Mental Health-Adults; Community Employment Services: Employment Supports and Job Development; Community Integration; Intensive Family-Based Services-Family Services-Children and Adolescents; Outpatient Treatment Mental Health-Adults, Children and Adolescents program.

The latest accreditation is the *fourth consecutive* Three-Year Accreditation that the international accrediting body, CARF, has awarded to Tuscola Behavioral Health Systems. Prior to 2008 TBHS was accredited by the Joint Commission on Accreditation of Rehabilitation Facilities (JCAHO).

By pursuing and achieving accreditation TBHS has demonstrated that it meets international standards for quality and is committed to pursuing excellence. TBHS has established a history of using the CARF standards to guide administrative policies and program practices and consistently uses the CARF standards as a framework for quality improvement.

The survey report highlighted a number of items that CARF determined to be strengths of TBHS such as:

- Stakeholders reported satisfaction in working with the TBHS programs and staff. Individuals served reported they were treated as a member of the team and they were comfortable in seeking help and stating concerns to the TBHS staff all the way up to the CEO. TBHS’s facilities are attractive and spacious, providing a welcoming environment for the consumers and comfortable work setting for the employees.
- In the programs that were surveyed, the interdisciplinary staff members work together and are motivated by excellence in providing quality services to the consumers. The staff members are mission oriented and apply their skills with a commitment to the wellness and recovery of their persons served while also nurturing a supportive work and employment culture.
- TBHS staff members, including senior leadership and frontline staff, are active in Tuscola County by sitting on various boards such as: Tuscola County Child Advocacy Center, Tuscola County Recovery/Prevention Coalition, Tuscola County Suicide Prevention Council and the Michigan School Readiness Council and provides Mental Health First Aid curriculum free of charge to community members. TBHS’s CEO is engaged and committed to working with the organizations community partners. The CEO/Senior Leadership and all staff are recognized as a vital part of mental healthcare in Tuscola County by referral agencies and other stakeholders.

- The vocational staff members (Skill Building and Community Supports) have been positive and motivated to make the move into the Community Bound program successful. This has required the staff to develop new skills and to be able to use the skills in new community settings. The case management members are also recognized for their important role in making this transition happen.

Sharon Beals, TBHS Chief Executive Officer, stated “the survey results are confirmation of the staff member’s commitment of providing consistent delivery of quality services and commitment to individuals during their recovery process.”

This accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows our organization’s substantial conformance to the CARF standards. An organization receiving a Three-Year Accreditation has put itself through a rigorous peer review process. It has demonstrated to a team of surveyors during an on-site visit in October 2017, its commitment to offering programs and services that are measurable, accountable, and of the highest quality.

Central Michigan CMH Medical Director named to The National Council’s Medical Director Institute

Angela Pinheiro, the Medical Director of Community Mental Health for Central Michigan has recently been named to the The National Council for Behavioral Health’s Medical Director Institute.

The Medical Directors’ Institute:

- Informs National Council staff and board members on rapidly evolving policy and public relations questions heavily related to clinical practice and provide a menu of options for responding to the particular situation;
- Provides longer-term strategic guidance on policy issues heavily related to clinical practice through developing technical reports. The technical reports would consist of background information, analysis, and a menu of possible options for subsequent action;
- Provides National Council members with resources to better recruit and utilize clinicians;
- Provides National Council staff with an in-depth bench of immediate clinical policy consultation; and

Congratulations to Dr. Pinheiro.

Leadership changes at Lapeer County CMH

Below is an excerpt from a recent announcement from Lapeer Community Mental Health regarding its change in leadership.

This communication is to advise you of changes in the administrative personnel at Lapeer County CMH. The changes are as follows:

- Dr. Robert Sprague resigned as CEO effective December 15, 2017
- Lauren Emmons, LMSW, ACSW is the Interim CEO and COO
- Effective January 8, 2018, Dr. Christine Cucchi, DO, will assume the position of Medical Director

Best of luck to Bob Sprague in his future endeavors. Congratulations to Lauren Emmons and Dr. Christine Cucchi.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Michigan’s Employment First draft mission statement

For the past several years, the State of Michigan and a number of employment services providers have been involved in the Employment First initiative. In support of this initiative, the Governor and Lieutenant Governor issued Executive Order No. 2015-15, This EO can be found at: <http://files.constantcontact.com/f53f497b001/37dbbb47-5d9f-4e45-bde3-ec51e26f8a87.pdf>.

This Association is involved in this effort, in partnership with the Michigan Developmental Disabilities Council, MDHHS, and MARO. Many of the readers of this Friday Facts (CEOs of CMHs, PIHPs, and Provider Alliance members) may remember the announcement of the grant and technical assistance opportunities related to the Provider Transformation and Rate Restructuring initiatives, within the Employment First effort.

The context for these efforts is best found within the draft mission statement for Michigan's Employment First effort, below:

Employment First in Michigan

The State of Michigan has established Employment First as a policy priority. This document outlines the vision, mission, values and key objectives of this policy.

Vision Statement: All persons with disabilities in Michigan will realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Mission Statement: The purpose of Employment First is to maximize opportunities for persons with disabilities to achieve independence and economic self-sufficiency, promoting individual competitive integrated employment through a collaborative, seamless service model.

Values: Employment First partners believe that employment:

- Results in independence and economic self-sufficiency;
- Enhances purpose, dignity, self-esteem, a sense of accomplishment and pride;
- Creates inclusion in other community activities; and,
- Enriches local communities through a diverse workforce and promotes economic development

Objectives: The objectives of Employment First are:

- To build collaborative capacity among public and private sector service providers through intentional resource direction and program design;
- To create a strategic and measurable approach to accelerate the pace of systems transformation, including provider transformation and rate restructuring to increase competitive integrated employment outcomes;
- To clarify state and local agency roles and strengthen collaboration in order to braid and sequence resources, resulting in accessible, seamless, and non-duplicative services;
- To sustain and expand investments by state agencies, the business community, and additional stakeholders, by joint efforts and coordinated services, to increase competitive integrated employment for people with disabilities, including youth with disabilities through seamless transition from school to work;
- To promote and enhance the capabilities of support networks to assist individuals in their career journey and engage the business community to effectively assess their talent management and labor market needs;
- To establish a common space for business community resources to highlight additional available assistance and streamline the process for the business community to find the resources they want and need to better recruit, employ, and retain individuals with disabilities;
- To develop and utilize a shared communication strategy for all stakeholders inclusive of persons receiving employment services and their families so that individuals are aware of

- the benefits coordination and planning options available to enable competitive integrated employment as well as the full array of competitive integrated employment options;
- To foster innovation in program design and service delivery across agencies utilizing research-based practices;
- To further leverage innovation at the local level, with an eye toward scalability and sustainability;
- To collect service and outcome data in a consistent and useful manner among all stakeholders; and,
- To develop action items through collaborative workgroups that will advance implementation of Employment First.

NPR announces “Abused and Betrayed” Series

At a moment of reckoning in the United States about sexual harassment and sexual assault, a yearlong NPR investigation finds that there's little recognition of a group of Americans that is one of the most at risk: adults with intellectual disabilities. The series starts on Monday, January 8th and runs through Thursday, January 18th. There will be print stories (with photos and art) on-line at www.npr.org. And the radio stories can be heard there.

Schedule:

Jan 8: Morning Edition: Correspondent Joe Shapiro talks about the series with host Steve Inskeep.

Jan 8: All Things Considered: The epidemic of sexual abuse of people with intellectual disabilities. Numbers obtained by NPR show they are sexually assaulted at rates more than 7 times those for all adults without disabilities.

Jan 9: Morning Edition: A visit to a Sex Ed class for people with intellectual disabilities. They talk about how they want relationships, but how the sexual violence of their past often gets in the way.

Jan 10: All Things Considered: On cases that go unnoticed when people have difficulty communicating.

Jan 16: All Things Considered: Police and prosecutors are often reluctant to take these cases. NPR goes back to Essex County, New Jersey, where the first case to get widespread attention--in Glen Ridge, New Jersey, 25 years ago--was prosecuted. And look at what prosecutors have learned since.

Jan 18: Morning Edition: Therapists Nora Baladerian and Karyn Harvey talk about the stunning violence in the lives of their clients.

Jan 18: All Things Considered: Self-advocates speak--thoughtfully--of the effects of sexual violence. This piece is entirely in the voices of people with intellectual disabilities (plus Joe Shapiro).

The episodes of this series can be found at: <https://www.npr.org/series/575502633/abused-and-betrayed>

Pscholka Leaving Budget Office

State Budget Director Al Pscholka is resigning from his role effective Feb. 28, Gov. Rick Snyder announced today, clearing the way for Pscholka for a presumed run for the 21st Senate District that's coming open.

Pscholka was named the state's budget director in 2017 after terming out of the House. He'll be leaving soon after the finishing touches are put on the proposal of the Fiscal Year 2019 budget, the Governor's office announced today.

The 21st Senate District is currently held by Sen. John Proos (R-St. Joseph), who is term-limited.

"After seven years, more than 320,000 miles driven, and having worked on eight balanced budgets with surpluses, it's

time for me to return home full-time to spend more time with family and friends," he said.

Meanwhile, Snyder named John Walsh, the former lawmaker and Governor's director of strategy, to be Pscholka's replacement as budget director.

That means a promotion for Angela Ayers, who will become the director of strategy after serving as the deputy director in the strategic policy office and as deputy director of the Office of the Great Lakes.

MATCP announces conference on justice and mental health

The Michigan Association of Treatment Court Professionals (MATCP) recently announced its upcoming annual conference. MATCP's two day conference is designed to meet the educational needs of anyone who works within the justice system and deals with defendants and clients engaged in drug and alcohol abuse, dealing with mental health issues, trauma, and family matters. Whether or not your jurisdiction has a drug treatment court, veterans treatment court, or mental health court, this conference will enhance your skills in dealing with the needs of your defendants and clients. The conference will be held in Grand Rapids on March 13 and 14, 2018. More information on the conference can be found at: <https://www.matcp.org/conference-2018.html>

The registration fee (\$305.00) includes a one-year complimentary MATCP membership, continental breakfast, and snacks both days of the conference. All other expenses (including lunch, dinners, lodging, gratuities, phone calls, mileage, etc.) are the responsibility of the attendee.

Deadline to register is Thursday, March 1, 2018. Payment may be made with your registration online or by check before Thursday, March 1, 2018.

Cancellations before Friday, February 16, 2018 will receive a 50% refund. Cancellations after Friday, February 16, 2018, may result in, at the discretion of MATCP, forfeiture of the full registration fee. Register for the conference at": <https://www.regonline.com/registration/Checkin.aspx?EventId=2122927>

National Action Alliance for Suicide Prevention announces webinar

In 2016, the National Action Alliance for Suicide Prevention published "Crisis Now: Transforming Care is Within Our Reach." Alignment with these practices cuts cost of care substantially, reduces the need for psychiatric hospital bed usage, ED visits and law enforcement overuse; resulting in better health and declines in suicide rate, justice system involvement/ incarcerations and psychiatric boarding. These challenges are simply greater than previously acknowledged, but the Washington State supreme court ruling on the unconstitutionality of boarding, the suicide death of Virginia State Senator Deeds' son, the insistence of hospitals nationwide about the costs and safety and the series of violent incidents from Columbine forward are changing the expectations.

These issues will be the subject of the upcoming webinar, Crisis Now: What are We Learning?: to be held at 3:30 pm on January 24, 2018. Register for the webinar at: <https://attendee.gotowebinar.com/register/7703251419849927171>

Arizona Legislator To Propose Medicaid Buy-In Option.

The Arizona Republic recently reported that Arizona state Rep. Kelli Butler (D) of Phoenix plans to introduce a law this legislative session that would permit uninsured Arizonans to purchase Medicaid coverage. Butler "said the Medicaid buy-in option would provide a practical insurance option for residents who don't qualify for subsidized plans through the Affordable Care Act marketplace." Other states, including Nevada and Minnesota, have considered similar plans, but they have faced "an uphill battle." Butler said, "I can't imagine why everyone wouldn't support this. It is solving a problem in a real way."

Opinions: Medicaid Work Requirements Are About Eliminating Coverage For Low-Income People.

With the recent announcement, by the federal Centers for Medicare and Medicaid Services (CMS) of the willingness of CMS to consider the addition of work requirements on Medicaid enrollees, if requested by states through Medicaid waivers (see the article in the National Update section of this edition of Friday Facts, “CMS Issues Guidance Allowing Medicaid Work Requirements”) a number of policy centers, advocates, healthcare professionals, and elected officials have expressed concern over this change in longstanding federal support for access to Medicaid. Some of those voices are referenced below:

Judy Solomon, vice president for health policy at the Center on Budget and Policy Priorities, writes for CNN on its website that the Administration’s policy to “tie low-income people’s eligibility for Medicaid to work” is not aimed at “promoting work.” Rather, “It’s the first of several expected steps to shrink and weaken the Affordable Care Act’s Medicaid expansion that provided coverage for 11 million low-income adults.” Solomon argues that “the main impact of work requirements will be to eliminate health coverage for large numbers of low-income people, most of whom gained coverage through the Medicaid expansion – including people who are already working but don’t meet state paperwork requirements and those who can’t work due to illness or disability.”

The Boston Globe reports Massachusetts Governor Charlie Baker (R) “is rejecting the Trump administration’s new effort to allow states to force some poor people to work in order to get government-funded Medicaid health insurance.” Baker “said he does not back such a move for Massachusetts’ Medicaid program, which covers 1.85 million poor and disabled Massachusetts residents and is known as MassHealth.”

The Boston Herald reports that Massachusetts Health and Human Services Secretary Marylou Sudders also “said such a requirement has ‘not been something we’ve been pursuing,’ and indicated she likely won’t seek to add it amid other efforts to reshape the state’s Medicaid program, known as MassHealth.”

The Connecticut Mirror reports Connecticut does not intend impose a work requirement on “Medicaid recipients, Gov. Dannel P. Malloy said, even as the Trump administration moved Thursday to allow states to do so.” Malloy, a Democrat, stated, “Connecticut remains committed to providing Medicaid for all those who qualify, because it’s the right thing to do. ... The fact remains that the majority of individuals on Medicaid are working people, or those that cannot work, such as seniors and people with disabilities.”

CBO cost estimate finds that CHIP saves money

Vox reports the CBO’s new estimate that extending CHIP for 10 years would save the federal government \$6 billion was issued in a letter to Rep. Frank Pallone (D-NJ). The CBO wrote, “Extending funding for CHIP for 10 years yields net savings to the federal government because the federal costs of the alternatives to providing coverage through CHIP (primarily Medicaid, subsidized coverage in the marketplaces, and employment-based insurance) are larger than the costs of providing coverage through CHIP during that period.”

The Washington Examiner reports that the new projections released Thursday found that “a 10-year extension would increase the deficit from 2018 to 2020 but reduce it each year after that through 2027.” The Examiner adds, “Lawmakers say it is increasingly likely that CHIP will be addressed in the next continuing resolution to fund the government.”

The Washington Examiner, in a separate article, reports that as a result of the CBO score, some congressional Democrats “are pushing for a permanent reauthorization” of CHIP. Sen. Wyden said, “I would like this to be as long as possible,” adding that “he hasn’t heard of any Democrats that would vote against a much longer or permanent reauthorization,” according to the article. Wyden added, “Even I didn’t think it would be this eye-popping development where you could have permanent reauthorizations.” Sen. Chris Murphy (D-CT) agreed, but said, “It would be smarter to do a permanent deal, but I think we need to be realistic on what we can get done in the next couple of weeks.”

As noted in a recent edition of The Hill, House Energy and Commerce Committee Chairman Greg Walden (R-OR) said that “he is aiming to bring a six-year reauthorization of the Children’s Health Insurance Program (CHIP) to the floor next week.” Walden referred to the new CBO analysis and told reporters, “If we go to six years, it may have no cost. ... The

good news is you can do six years and it costs you nothing.” Walden added that the bill would probably only include CHIP and would not attach funding for community health centers or Medicare “extenders.”

Congressional Quarterly reports that Rep. Fred Upton (R-MI) confirmed that CHIP may be included in a vote on the continuing resolution, saying, “There’s a pretty solid group of folks that will not vote for a CR unless CHIP is part of it, and I feel pretty good that it’ll be there.”

Health Affairs discusses recent CHCS study on the impact of cross-sector initiatives on health status

The expansion of Medicaid coverage through the Affordable Care Act improved coverage for millions of low-income Americans. This population is known to have high rates of substance use disorders, mental illness, criminal justice involvement, and homelessness — which are associated with high emergency department and hospital services use, as well as involvement in other public sectors such as supportive housing.

Interventions aimed at reducing acute health care use among these high-need, high-cost individuals often focus on the integration of social and behavioral support within traditional medical care. Yet, planning and evaluation of integrated care models requires data on cross-sector service use and costs — data that are often difficult to merge across sectors.

A new article, in the January 2018 issue of Health Affairs, explores the results of a novel cross-sector data analysis — including health care, criminal justice, housing, and human services sectors — that looked at service use and costs of Medicaid expansion enrollees in Hennepin County, Minnesota. The article shares key findings from the **full study**, (found at: https://www.chcs.org/resource/cross-sector-service-use-costs-among-medicaid-expansion-enrollees-minnesotas-hennepin-county/?utm_source=CHCS+Email+Updates&utm_campaign=fb82afc53a-EMAIL_CAMPAIGN_2018_01_08&utm_medium=email&utm_term=0_bbc451bf-fb82afc53a-152144421) which was made possible through Center for Health Care Studies’ (CHCS) *Complex Care Innovation Lab*. The findings suggest that there are opportunities for cross-sector collaboration that may result in health improvements and cost savings across sectors. Hennepin County’s experience may help policymakers and local leaders in developing new and integrated service delivery models for the most vulnerable members of society. The Health Affairs article can be found at:

https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0991?utm_source=CHCS+Email+Updates&utm_campaign=fb82afc53a-EMAIL_CAMPAIGN_2018_01_08&utm_medium=email&utm_term=0_bbc451bf-fb82afc53a-152144421

Michigan Federal announces conference

The Michigan Federation for Children and Families recently announced the Sixth Annual Residential Treatment Conference Transforming Lives Through Innovative Residential Treatment Featuring national and state expertise in the areas of:

- Residential transformation efforts across the U.S.
- Aligning residential practices with desired outcomes
- Incorporating youth-guided family-driven principles of care
- Working through adolescent trauma
- Engaging and supporting families with complex challenges

The conference will be held on Monday, February 26, 2018 at The MTG Space in Lansing, Michigan Register today to lock in low prices! Group registrations are encouraged; lock in low price now, submit names later. Prices increase after January 31, 2018. Register at:

http://michfed.org/story/registration_open_michigan_federation_children_and_families%2%A06th_annual_residential_treatment

LEGISLATIVE UPDATE

January Consensus Revenue Estimating Conference

On Thursday, the Consensus Revenue Estimating Conference convened their biannual economic forecasting that state officials use to figure out how much money they have to spend. State economist projected the state's \$10 billion General Fund probably won't keep up with inflation over the next three years and the School Aid Fund (SAF) -- when adjusted for inflation -- should remain smaller than it was 10 years ago.

This means, once again, that the Governor and lawmakers shouldn't think about huge tax cuts, a wild spending spree or start hauling out their budget-cutting knives as they embark on the Fiscal Year (FY) 2019 budget-building project.

As a result of the meeting the heads of the Senate Fiscal Agency (SFA), House Fiscal Agency (HFA) and Department of Treasury agreed to reduce its revenue projections for this year's General Fund \$100.9 million, but increase its projections for the SAF \$114 million for a slender net nudge of \$13.1 million.

For the FY19 budget Gov Snyder will propose next month, General Fund projections are down \$149.9 million, but SAF is expected to go up \$133.5 million for a slight dip of \$16.4 million. Meanwhile, next year's 2019 budget will be spending \$350 million in new money for Michigan's roads according to the bill passed a couple of years ago, with that moving to \$800 million in 2021. Then there's the Personal Property Tax (PPT) elimination, the scheduled increase in the personal exemption as part of the road package and the already-scheduled elimination of the driver responsibility fees – all of this will have a negative impact of general fund revenues in the coming years.

In other news, State Budget Director Al Pscholka acknowledged \$280 million in lapsed money from FY 2017, which he wants to add to the \$800 million Rainy Day Fund so it can rise to \$1 billion. Pscholka also noted that the House and Senate fiscal agencies are projecting \$1 billion in lapsed money from 2017, but the Budget Director said about two-thirds of that money is already accounted for.

Opioid Bills Signed into Law

Over the holiday break, Lt. Governor Calley signed the package of bills addressing the opioid epidemic into law.

The package of bills included Senate Bills; 47, 166, 167, 270, 273, & 274 and House Bills; 4403, 4406, 4407, & 4408. The cornerstone bills of the package SBs 166 and 167 would require doctors to check on the Michigan automated prescription system (MAPS) for the history of new patients before prescribing schedule II-V drugs, and provides sanctions if doctors fail to check MAPS. Many believe by using MAPS, doctors will be able to tell if new patients have been getting too many prescriptions for opioids. Critics argued it is another step in the process for doctors treating a patient.

Other bills in the package required a doctor have a bona fide prescriber-patient relationship before a doctor can prescribe drugs, requires the doctor provide treatment service information to patients who have suffered an overdose, requires the consent of parents before minors are prescribed opioids, and a bill that requires education on opioids in schools.

NATIONAL UPDATE

CMS Issues Guidance Allowing Medicaid Work Requirements

On Thursday, the Trump Administration released guidelines for states to create the first-ever work requirements for Medicaid recipients. The guidance targets "able-bodied adults" with some exemptions. While details are still emerging, the National Council has grave concerns that the policy's exemptions will not be broad enough to protect all individuals

with mental health and substance use disorders. Ten states have asked the federal government for approval to institute Medicaid work requirements. With this new guidance, the Administration is expected to begin approving these requests.

Despite numerous attempts, work requirements have never been permitted in Medicaid's 52-year history. However, CMS Administrator Seema Verma recently proclaimed that Trump Administration will approve such proposals. In a letter to State Medicaid Directors, CMS outlined policy guidance for implementing Medicaid work requirements.

The guidance exempts Medicaid enrollees with disabilities, the elderly, pregnant women and children from job requirements. States must also exempt individuals who are considered "medically frail," which includes individuals with mental illness and addiction per a 2013 federal regulation. Specifically, that rule requires states to include people with "disabling mental disorders" and "chronic substance abuse disorders" in their definition of medically frail. The guidance also notes that people with substance use disorders must be afforded "reasonable modifications." These modifications can include counting time spent in treatment towards the work requirements or exempting individuals in participating in intensive addiction treatment from work requirements.

States that choose to pursue work requirements are given a great deal of flexibility from CMS' guidance. States can determine how "able-bodied adults" will be defined and what activities will count as work. The letter says that work activities "include, but are not limited to, community service, caregiving, education, job training, and substance use disorder treatment."

States are encouraged to help Medicaid enrollees successfully complete the work requirement through job training, child care, and other supports, but are prohibited from using Medicaid funds to do so. For enrollees that already have jobs, are in school or are caregivers, they will need to regularly document with the state's Medicaid agency that they are in compliance or risk losing Medicaid benefits.

The National Council opposes making employment a condition for health care coverage as mental health and substance use conditions can result in impairments that preclude individuals from consistent, full-time employment.

With this new guidance, reports indicate that federal officials will quickly act to approve Kentucky and Indiana's proposed work requirements. Any work requirement approval is likely to be challenged in the courts by a number of health care and legal advocacy groups. Other states that have requested work requirements through Medicaid waivers include: Arizona, Arkansas, Kansas, Maine, Mississippi, New Hampshire, Utah and Wisconsin.

CMHAM WINTER CONFERENCE – REGISTRTION OPEN

The Community Mental Health Association of Michigan's 2018 Annual Winter Conference is February 6 & 7, 2018 at the Radisson Plaza Hotel & Suites, Kalamazoo. The conference will feature 4 powerful keynote addresses, a wide variety of workshops, as well as a pre-conference institute on Enhancing Employment: The Workforce Innovation and Opportunity and Opportunity Act and Other Developments.

Keynote Addresses:

Current Efforts toward Behavioral Health and Justice Collaborations for Better Outcomes

- *Debra A. Pinals, MD, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services*

I Have Been Running my Entire Life - I am Finally Free

- *Dominic Carter, Veteran Newsman, Mental Health Advocate, Author, and Speaker*

What's Hot in Behavioral Health - A National Update

- *Charles Ingoglia - Senior Vice President, Public Policy and Practice Improvement, National Council for Behavioral Healthcare*

The Life, the Game, the Pain and the Transition

- *Adrian Muldrow, Founder, We Can Achieve Youth Advocacy Project*

Pre-Conference Institute:

February 5, 2018 from 1:00pm – 4:00pm

Enhancing Employment: The Workforce Innovation and Opportunity and Opportunity Act and Other Developments

– David Michael Mank, Ph.D., Professor Emeritus, Indiana University

For a detailed conference brochure, click here: <https://macmh.org/education>

To Register for the Full Conference, click here: <https://goo.gl/ATd6pb>

To Register for the Pre-Conference Institute, click here: <https://goo.gl/3UeQDc>

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

WEBINAR: BUSINESS OR EXPLOITATION?" EXPOSURE OF THE TOBACCO INDUSTRY'S EXPLOITATION OF INDIVIDUALS WITH MENTAL HEALTH CONDITIONS

The [Smoking Cessation Leadership Center](#) (SCLC) is excited to be hosting our 75th webinar with our partners, the [National Behavioral Health Network for Tobacco and Cancer Control](#) (NBHN), and the [Truth Initiative](#)[®]. We invite you to register for this One-Hour Power Break webinar: *"Business or Exploitation?" Exposure of the tobacco industry's exploitation of individuals with mental health conditions* on Thursday, January 18, 2018, at 1:00pm EST (60 minutes).

We are honored to have the following speakers presenting on this topic for us:

- **Margaret Jaco Manecke, MSSW**, Project Manager, Practice Improvement, National Council for Behavioral Health
- **Ashley Persie**, Senior Brand Marketing Associate, Truth Initiative[®]
- **Judith (Jodi) Prochaska, PhD, MPH**, Associate Professor of Medicine, Stanford University

Webinar Objectives:

1. Explain why people with mental health conditions (depression and ADHD, for example) and substance use disorders have been historically targeted by the tobacco industry.
2. State whether adults with mental health conditions and substance use disorders smoke more than adults without those conditions.
3. Describe the morbidity rates of people with mental health conditions and name specific causes of death that can be attributed to tobacco use.
4. Explain the impact of the **truth**[®] campaign among its target audience.
5. Describe evidence-based approaches for treating tobacco use and tobacco addiction in persons with co-occurring mental illness.
6. Describe how you can leverage the National Behavioral Health Network for Tobacco & Cancer Control's tools, resources, and network to combat tobacco use & cancer disparities among individuals with mental illnesses and addictions and network members.

REGISTER HERE: <https://cc.readytalk.com/r/eyjfkcfqgogs&eom>

CME/CEUs will be available for participants who join the LIVE session, on January 18, 2018. You will receive instructions on how to claim credit via the post webinar email.

January Consensus Revenue Estimating Conference

On Thursday, the Consensus Revenue Estimating Conference convened their biannual economic forecasting that state officials use to figure out how much money they have to spend. State economist projected the state's \$10 billion General Fund probably won't keep up with inflation over the next three years and the School Aid Fund (SAF) -- when adjusted for inflation -- should remain smaller than it was 10 years ago.

This means, once again, that the Governor and lawmakers shouldn't think about huge tax cuts, a wild spending spree or start hauling out their budget-cutting knives as they embark on the Fiscal Year (FY) 2019 budget-building project.

As a result of the meeting the heads of the Senate Fiscal Agency (SFA), House Fiscal Agency (HFA) and Department of Treasury agreed to reduce its revenue projections for this year's General Fund \$100.9 million, but increase its projections for the SAF \$114 million for a slender net nudge of \$13.1 million.

For the FY19 budget Gov Snyder will propose next month, General Fund projections are down \$149.9 million, but SAF is expected to go up \$133.5 million for a slight dip of \$16.4 million. Meanwhile, next year's 2019 budget will be spending \$350 million in new money for Michigan's roads according to the bill passed a couple of years ago, with that moving to \$800 million in 2021. Then there's the Personal Property Tax (PPT) elimination, the scheduled increase in the personal exemption as part of the road package and the already-scheduled elimination of the driver responsibility fees – all of this will have a negative impact of general fund revenues in the coming years.

In other news, State Budget Director Al Pscholka acknowledged \$280 million in lapsed money from FY 2017, which he wants to add to the \$800 million Rainy Day Fund so it can rise to \$1 billion. Pscholka also noted that the House and Senate fiscal agencies are projecting \$1 billion in lapsed money from 2017, but the Budget Director said about two-thirds of that money is already accounted for.

LEGISLATIVE UPDATE

Opioid Bills Signed into Law

Over the holiday break, Lt. Governor Calley signed the package of bills addressing the opioid epidemic into law.

The package of bills included Senate Bills; 47, 166, 167, 270, 273, & 274 and House Bills; 4403, 4406, 4407, & 4408. The cornerstone bills of the package SBs 166 and 167 would require doctors to check on the Michigan automated prescription system (MAPS) for the history of new patients before prescribing schedule II-V drugs, and provides sanctions if doctors fail to check MAPS. Many believe by using MAPS, doctors will be able to tell if new patients have been getting too many prescriptions for opioids. Critics argued it is another step in the process for doctors treating a patient.

Other bills in the package required a doctor have a bona fide prescriber-patient relationship before a doctor can prescribe drugs, requires the doctor provide treatment service information to patients who have suffered an overdose, requires the consent of parents before minors are prescribed opioids, and a bill that requires education on opioids in schools.

Have a Great Weekend!