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

January 26, 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**
- **State and National Developments and Resources**
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- **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**.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

MDHHS publishes answers to questions on 298 pilots

MDHHS recently published the answers to questions posed by the public relative to the content of the Section 298 pilot project Request for Information (RFI). The announcement of the release of these answers and the link to the answers are provided below:

> The Michigan Department of Health and Human Services (MDHHS) is providing another update on the Section 298 Initiative today. The Section 298 Initiative is a statewide effort to improve the coordination of physical health services and behavioral health services in Michigan. This initiative is based upon Section 298 in the Public Act 268 of 2016. The Michigan legislature approved a revised version of Section 298 as part of Public Act 107 of 2017.
>
> Under the revised Section 298, the Michigan Legislature directed MDHHS to implement up to three pilot projects to test the integration of publicly-funded physical and behavioral health services. The department posted a Request for Information (RFI) to select the pilot sites on December 20th, 2017.
>
> As part of the RFI process, MDHHS collected questions from interested applicants and other stakeholders on the content within the RFI. MDHHS has developed responses to each of these questions, and these responses have been posted on the State of Michigan's procurement website. The department also posted a PDF version of the responses on the project website, which can be accessed through the following link:

www.michigan.gov/stakeholder298

Interested applicants must submit their applications through the website by February 13, 2018. MDHHS will evaluate each informational response that meets all of the minimum mandatory requirements utilizing an evaluation process. MDHHS will use the results of the evaluation process to select up to three pilot projects in compliance with Section 298 of Public Act 107 of 2017. The anticipated notice of the pilot decision is February 28, 2018. The department is aiming to implement the pilots and demonstration model by July 1, 2018.

For more background on the Section 298 Initiative and the RFI for the pilots, visit www.michigan.gov/stakeholder298.

The link to the Q&A document can be found at:
http://www.michigan.gov/documents/mdhhs/QA_Document_on_the_298_Pilot_RFI_-_Final_Version_612027_7.pdf

LARA calls together group to examine SUD licensing redesign

The Michigan Department of Licensing and Regulatory Affairs (LARA) has recently called together a group of substance use disorder(SUD) payers (primarily PIHPs) and providers, and state associations, including this Association, to discuss the potential of refocusing Michigan's SUD licensing rules and practices. Recognizing that the SUD and health care world have changed dramatically since the 1980s, when the bulk of the state's SUD licensing rules and practices were developed, LARA is examining how it can better focus its efforts. As this workgroup progresses, this Association will keep its members informed.

Webinar on 1332 waivers announced

Health Management Associates (HMA) has recently announced an upcoming webinar on the lasts developments related to the federal Section 1332 waivers. These waivers, which allow states to waive components of the Affordable Care Act (ACA), are gaining momentum across the country with Michigan considering the development of such a waiver request.

New Life for 1332 Waivers: Next Steps in State Health Insurance Exchange Market Innovation
Wednesday, February 7, 2018
1 to 2 p.m. EST

With the current administration aiming to provide increased state flexibility in the use of federal healthcare funds, ACA Section 1332 State Innovation Waivers may attract renewed interest. Section 1332 waivers allow states to modify certain aspects of their health insurance Exchange markets and operating rules, for example, easing regulations on benefit levels, allowing flexibility in how subsidies are spent, and developing reinsurance programs to promote the stability of individual markets. While only a handful of states have applied to date, Section 1332 waivers remain an important policy lever to watch.

During this webinar, HMA experts will provide an update on the status of Section 1332 waivers, address the types of modifications states are applying for, and assess the potential impact on health plans, providers, regulators, and consumers.

Who Should Attend: State officials and staff; executives of Medicaid managed care plans; clinical and administrative leadership of health systems, behavioral health providers, FQHCs, and other provider organizations.

Register at:

https://hlthmgtevents.webex.com/mw3200/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.28311050070122323&main_url=https%3A%2F%2Fhlthmgtevents.webex.com%2Fec3200%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b00000004013b59b1ec0af2cc768aaea3671e1c4ea79219a9962aaed4bac7872e8e8ee572%26siteurl%3Dhlthmgtevents%26confViewID%3D84512485196988290%26encryptTicket%3DSDJTSwAAAARJAiS-Ft1ctapqgiuGhsni5EGQmh-kSaenmoHGPPDGKw2%26

CIHS announces integrated care workforce resource

The SAMHSA/HRSA Center for Integrated Health Solutions recently announced a publication designed to provide resources on recruiting, retaining, and developing the workforce needed for the growing integrated care systems within our communities:

> Sustaining Integrated Behavioral Health Services: Strategies and Tools for Recruitment, Retention, and Workforce Development
>
> Check out the Integration Edge today for Sustaining Integrated Behavioral Health Services: Strategies and Tools for Recruitment, Retention, and Workforce Development.
> Integrated care teams currently serve more than 25 million patients in the U.S. The key to successful integrated care is high-functioning multidisciplinary teams. Teams should be comprised of well-trained staff with the core professional competencies and personal qualities needed to deliver services in integrated care settings.
>
> To achieve this, organizations should develop strategies and utilize best practices to recruit, hire, train, and retain competent care providers who function well in a team environment. Integrated care is unique in that, although a clinician may have been effective as an independent provider, he or she may not necessarily function well and appreciate working in an integrated setting.
>
> This brief guide provides managers with the necessary framework for building integrated teams. Building on the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) resource on Core Competencies for Integrated Care which can be found at:
> https://www.integration.samhsa.gov/workforce/Integration_Competencies_Final.pdf
>
> This document offers HRSA-funded safety-net providers recruitment resources and interview questions to help develop an integrated care staff. Included are techniques to identify behavioral health clinicians with the right skills and qualities to work in integrated care settings, as well as training resources to continue strengthening an integrated care team. Additional resources are provided to support creating teams appropriate to the specific clinical environment.

Integration Edge can be found at: >https://integrationedge.readz.com/sustaining-integrated-behavioral-health-services-p

CHCS blog to provide latest on Medicaid ACOs

The Center for Health Care Strategies (CHCS) recently announced a blog post that focuses on the progress of Medicaid ACO development in Minnesota and Colorado. Given that much of the work of this Association's members revolves around ACO-like structures, this blog is a useful resource in these efforts.

> Medicaid Accountable Care Organizations Version 2.0 Underway in Minnesota and Colorado: In several states across the country, Medicaid accountable care organization (ACO) programs have been operating for more than five years now. Lessons from those early adopters are being used to enhance existing state programs as well as inform states that are newly pursuing ACO programs. Two early innovating states with successful Medicaid ACO programs — Vermont and Oregon — have already introduced new ACO "2.0 versions."

> This new CHCS blog post looks at how Minnesota and Colorado are building on initial ACO successes and rolling out enhanced 2.0 models. In the first versions of their ACO programs, these two states achieved both improvements in quality of care and cost savings. Minnesota's Integrated Health Partnerships program saved the state nearly $156 million in its first three years, reducing inpatient admissions by 14 percent and emergency department visits by seven percent. Similarly, Colorado's Accountable Care Collaborative demonstrated reductions in costs and utilization as well as growth in enrollment.

The blog can be found at:
https://www.chcs.org/medicaid-accountable-care-organizations-version-2-0-underway-minnesota-colorado/?utm_source=CHCS+Email+Updates&utm_campaign=6ea4499c66-EMAIL_CAMPAIGN_2018_01_18&utm_medium=email&utm_term=0_bbced451bf-6ea4499c66-152144421

Link of poverty to health status of Michigan residents' health status underscored in recent report

Bridge magazine recently highlighted the results, for Michigan, of a study of the health status of all fifty states, conducted by the United Health Foundation. The study found that, not surprisingly, health status is closely linked to poverty and racial disparities. A short excerpt from the Bridge article and the full article are provided below.

> If Michigan's nearly 10 million residents received a collective physical exam, the result would be a mixed bag – and likely a frown from the doctor.
>
> Michigan ranked 35th best among states in 2017 for a range of health metrics that include obesity, diabetes, cancer, and other health factors. The United Health Foundation, which compiles the annual rankings, considered Michigan the 28th healthiest state as recently as 2010.
>
> In many cases, adverse health outcomes are tied to the broader social disease of poverty. Troubling health signs show up in everything from higher infant mortality to exposure to air pollution to the poisoning of Flint's drinking water.

The full Bridge article can be found at:

http://www.bridgemi.com/special-report/michigans-adverse-health-trends-track-along-racal-poverty-lines

LEGISLATIVE UPDATE

State of the State

This week, Governor Rick Snyder presented his eighth and final State of the State Address to the Legislature and citizens of Michigan. As is typical, particularly in a final speech, the Governor reflected on the last seven years of his tenure. Governor Snyder highlighted consistent economic growth, significant tax reforms, a tangible commitment to paying down the state's long-term debt, and shepherding the City of Detroit through the country's largest municipal bankruptcy.

Below is a list of a few items the Governor highlighted during his speech:

- Preserving and building upon fiscally responsible budgeting/saving practices
- Investment in infrastructure with a likely acceleration of dedicated resources
- The need for an A-F grading system for public schools
- Additional resources dedicated to combating the statewide opioid crisis
- Talent, talent, talent. The Governor broadly outlined the "Marshall Plan", an enterprise wide transformation in talent creation and delivery
- The need to maintain and champion civility in government

- New initiatives in broadband access, recycling, clean water infrastructure, and combating PFAS and Asian carp

NATIONAL UPDATE

Congress Approves Six Year CHIP Authorization, Re-opens Government for Three Weeks

After a three-day government shutdown, the House and Senate passed a stopgap spending bill Monday to keep the government running through Feb. 8. The deal also provided a six-year extension of the Children's Health Insurance Program (CHIP) and delayed certain Affordable Care Act (ACA) taxes. With a new Feb. 8 funding deadline, lawmakers will once again start negotiating on a long-term FY 2018 budget deal and a potential immigration package, among some remaining health care measures that have been logjammed in the government funding process.

GOVERNMENT SHUTDOWN

Last Friday, the federal government shutdown after a short-term spending patch, known as a continuing resolution or CR, failed to pass both chambers of Congress before an all-important funding deadline. The original four-week CR, written by House Republicans, passed through the House but stalled in the Senate. Conflicts between Republicans and Democrats on appropriate levels of funding levels for defense and non-defense priorities as well as Democrats' commitment seeing an immigration debate ultimately resulted in the Senate's inability to pass the bill. However, the shutdown came to a close quickly the following Monday when Senate Majority Leader Mitch McConnell (R-KY) agreed to hold a debate on immigration in the coming weeks and the CR was shortened by one week.

Importantly, in spite of the Senate's "gentleman's agreement" and the shutdown drama, it appears that House Republicans and President Trump are resolutely against pairing the Senate's bipartisan immigration deal with any broader spending bill. That dynamic will be the one to watch as Congress tries to negotiate on a more permanent way forward.

HEALTH CARE MEASURES

The spending deal reauthorized CHIP for six years, ending a nearly four-month lapse in the program's long-term federal funding. The CR delays the ACA's medical device tax and the "Cadillac tax" on high-cost workplace health plans for two years and its health insurance tax for one year.

Notably, the bill does not contain a funding extension for community health centers or renewal of so-called Medicare "extenders." Many advocates expressed alarm that these measures are now separated from the more politically-expeditious CHIP program and ACA taxes — both of which were signed into law by President Trump as part of Monday's CR. Historically, these smaller health care measures have been assured regular extensions by being tied to CHIP – a bipartisan, priority health insurance program covering 9 million low-income children and families.
Despite a number of promises from lawmakers on which issues will be addressed in February's funding decision, it remains unclear what will ultimately be included in the next government funding package.

CMHAM WINTER CONFERENCE – LAST DAY FOR EARLYBIRD DISCOUNT!

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://macmhb.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.macmhb.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/eyjfkcfgqogs&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.

Have a Great Weekend!