Michigan Association of
COMMUNITY MENTAL HEALTH
Boards

November 18, 2016

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:
- State’s CCBHC application posted
- Surgeon General Issues Landmark Report on Alcohol, Drugs and Health: “How we respond to this crisis is a test for America”
- Revisiting Republican Governors’ 2011 Medicaid Reform Proposals
- New Report Explores How Cities And Counties Can Combat Opioid Epidemic
- HHS Works to Expand Medication-Assisted Treatment (MAT) to Address Opioid Epidemic
- Managed Long-Term Services and Supports Webinar announced
- National Council announces webinar on the Importance of Care Coordination: Real-World Considerations for Managing Individuals With Schizophrenia
- Barry County Community Mental Health Director to Retire
- Legislative Update
  - House Republicans and Democrats Select New Leaders
  - Trump Election Could Give GOP Legislature Second Crack At Healthy MI
- National Update
  - Post-Election Reaction Webinar
  - Stabenow Elevated to No. 4 Slot Among U.S. Senate Dems
- MACMHB committee schedules, membership, minutes, and information

State’s CCBHC application posted
The federal Certified Community Behavioral Health Center (CCBHC) process requires that states that are involved in the CCBHC planning process, who want to be designated as CCBHC Demonstration Site states, must submit an application for demonstrate site status to the federal Centers for Medicare and Medicaid Services (CMS), by October 31, 2106. The application that Michigan submitted to be considered a CCBHC demonstration site is now posted on the MDHHS website. It is found at:

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868---,00.html

**Surgeon General Issues Landmark Report on Alcohol, Drugs and Health**

“How we respond to this crisis is a test for America”

A new, landmark Surgeon General’s report finds alcohol and drug misuse and severe substance use disorders, commonly called addiction, to be one of America’s most pressing public health concerns. Nearly 21 million Americans – more than the number of people who have all cancers combined – suffer from substance use disorders.

“Alcohol and drug addiction take an enormous toll on individuals, families, and communities,” said U.S. Surgeon General Dr. Vivek Murthy. “Most Americans know someone who has been touched by an alcohol or a drug use disorder. Yet 90 percent of people with a substance use disorder are not getting treatment. That has to change.”

Today’s report, Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, marks the first time a U.S. Surgeon General has dedicated a report to substance misuse and related disorders.

For the full report and executive summary, visit:

https://addiction.surgeongeneral.gov/

**Revisiting Republican Governors’ 2011 Medicaid Reform Proposals**

Recently the 2011 report from the Republican Governors Public Policy Committee Health Care Task Force has surfaced as a potential source of themes for the future of Medicaid in the Trump administration. Below is a discussion of that report, provided by NACBHDD and others in the field.

The report, titled “A New Medicaid: A Flexible, Innovative and Accountable Future,” was prepared with input from governors, secretaries of health and human services, Medicaid directors, and other senior policy staff in the 31 states (including two territories) with Republican governors at the time. Across these 31 states, 20 of the governors in office at the time of the report are still in office. Only three of the 31 states (Louisiana, Pennsylvania, and Virginia) now have Democratic governors in office, although Alaska’s new governor is an Independent who expanded Medicaid this year. The report provides more than 30 recommended solutions across seven broad principles that would “increase Medicaid’s efficiency and effectiveness as a part of the overall health care delivery system regardless of whether or not [the Affordable Care Act (ACA)] is repealed.”
The solutions highlighted below align with some of the national policy positions coming from Congress and the incoming Administration, but also include additional ideas that the Republican governors offered for consideration. Given that these proposals are now five years old, some solutions are no longer relevant and are not included in the summary below. Additionally, certain concepts proposed in the Governors Public Policy Committee paper have since been incorporated into Medicaid waiver proposals, including value-based purchasing, health savings accounts, and bundled payments, with a mixed record of federal approval. The principles contained in this report are listed below, with a more in-depth discussion of each one found in the full report. The full 2011 Republican Governors Public Policy Committee Paper can be found at: 

Principle #1: States are best able to make decisions about the design of their health care systems based on their respective needs, culture and the values of each state.

Principle #2: States should have the opportunity to innovate by using flexible, accountable financing mechanisms that are transparent and hold states accountable for efficiency and quality health care. Such mechanisms may include a block grant, a capped allotment outside of a waiver, or other accountable and transparent financing approaches.

Principle #3: Medicaid should be focused on quality, value-based purchasing and patient-centered programs that work in concert to improve the health of states' citizens and drive value over volume, quality over quantity, and, at the same time, contain costs.

Principle #4: States must be able to streamline and simplify the eligibility process to ensure coverage for those most in need, and states must be able to enforce reasonable cost sharing for those able to pay.

Principle #5: States can provide Medicaid recipients a choice in their health care coverage plans, just as many have in the private market, if they are able to leverage the existing insurance marketplace.

Principle #6: Territories must be ensured full integration into the federal health care system so they can provide health care coverage to those in need with the flexibility afforded to the states.

Principle #7: States must have greater flexibility in eligibility, financing and service delivery in order to provide long-term services and support that keep pace with the people Medicaid serves.... [T]he innovative power of states should be rewarded by a shared-savings program that allows full flexibility to target and deliver services that are cost effective for both state and federal taxpayers.
New Report Explores How Cities And Counties Can Combat Opioid Epidemic

A new joint report from National Association of Counties (NACo) and the National League of Cities (NLC) examines how cities and counties can strengthen collaboration with each other and state, federal, private-sector and non-profit partners to tackle the opioid crisis. The report, A Prescription for Action: Local Leadership in Ending the Opioid Crisis, produced recommendations aimed at city and county officials. They include action steps on how to:
1. Leading in a crisis
2. Focusing on education and prevention
3. Expanding treatment
4. Reassessing public safety and law enforcement approaches

Several of the recommendations are accompanied by existing local practices from cities and counties. The report also includes recommendations for state and federal officials, who are pivotal partners in local efforts to combat opioid misuse, diversion, overdose and death.

To view the website accompanying the report, visit: www.opioidaction.org.

HHS Works to Expand Medication-Assisted Treatment (MAT) to Address Opioid Epidemic

On Tuesday, November 15th, the Department for Health and Human Services (HHS) announced additional steps to expand access to medication-assisted treatment (MAT) for opioid use disorders.

Starting February 2017, Nurse Practitioners and Physician Assistants will be able to prescribe buprenorphine, a medication typically used to treat opioid use disorders. Once training requirements are met, Nurse Practitioners and Physician Assistants can apply for a waiver to treat up to 30 patients.

Yesterday's actions build on one of the three main priorities of HHS Secretary Burwell’s initiative to combat the opioid epidemic: increasing access to MAT for opioid use disorder and reflects public input on the issue.

Updates on training information and the waiver application will be available at http://www.samhsa.gov/medication-assisted-treatment

Managed Long-Term Services and Supports Webinar announced

Health Management Associates (HMA), a partner of MACMHB, is hosting a webinar entitled “A Comprehensive Approach to Managed Long-Term Services and Supports: Assessing Health Plan Partnerships with Community-Based Organizations to Serve Members Who Qualify for MLTSS”

Wednesday, December 7, 2016
1 to 2 p.m. EST
Health plans serving the market for Managed Long-Term Services and Supports (MLTSS) have a unique opportunity to strengthen their relationships with existing and new community-based organizational partners to fill important gaps in care for elderly and disabled members. During this webinar, HMA Principal Karen Brodsky will discuss how managed care organizations can assess their MLTSS-specific partnerships to better serve members and foster a comprehensive approach to meeting the long-term needs of some of the most vulnerable and high-cost members.

HMA Speakers include: Karen Brodsky, Principal, New York; Liddy Garcia-Bunuel, Principal, Washington, DC

Register now for this free webinar at:
https://hlthmgtevents.webex.com/mw3100/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.39686544750425157&main_url=https%3A%2F%2Fhlthmgtevents.webex.com%2Fec3100%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b00000000296894a6f330ae49a7ed2d369d0659a313c1d6c561475c49334bb8dfeb31a7478%26siteurl%3Dhlthmgtevents%26confViewID%3D1758010498%26encryptTicket%3DSDJTSwAAAAKerOjSYXZMWrxr0knm40qGysImh25WI2-T_CFqMQSq2%26

National Council announces webinar on the Importance of Care Coordination: Real-World Considerations for Managing Individuals With Schizophrenia

Schizophrenia is a complex condition associated with a vast array of distinct clinical profiles, co-morbidities and significant medical expenditures\(^1\)\(^-\)\(^4\). In 2013, the economic burden for schizophrenia in the US was estimated at $155.7 billion\(^4\). The rapidly evolving healthcare landscape has created new fee schedules and payment models that may require a changed approach to treatment and service delivery\(^5\). How can payers address the complex challenges of expanding and improving services while simultaneously bending the cost curve?

Join the National Council on Monday, November 28, 2016 from 11:00am -12:00 noon, to learn about care coordination for people living with Schizophrenia. By examining real-world pilot projects, you may be able to garner insights on models of care coordination that may be relevant to plan challenges for the management of people with Schizophrenia.

A national integration expert will walk through the details:
- Chuck Ingoglia, Sr. Vice President, Public Policy and Practice Improvement at the National Council for Behavioral Health, drawing upon his experience working with payers, foundations, federal and state agencies, technology vendors, hospitals, health systems, outpatient health facilities, patients and families
- Co-presenter, Dennis Hobb, has been working in the field of mental health and community support for over 30 years. He is Executive Director at the McClendon Center, a DC based behavioral health organization, that in 2015 launched a new Patient Discharge Coordination program (PDC); a partnership effort between McClendon Center, AmeriHealth Caritas DC, and Beacon Health
Options to ensure that Managed Medicaid Organizations’ members who are admitted to a psychiatric inpatient unit (PIU) experience a seamless transition back into the community.

- Co-presenter, Karen Dale, is the Market President for AmeriHealth Caritas District of Columbia, the largest Medicaid Managed Care Organizations in Washington, DC, where she leads initiatives, including the PDC program, to strategically position the organization as a market leader.

Register for this webinar at: https://attendee.gotowebinar.com/register/4697922193478756099

Care coordination provides a compelling approach for practical and significant interventions that get results. By systematically coordinating and organizing care for persons living with schizophrenia, payers and providers can learn to maneuver through a fragmented healthcare system and untangle the intricate web of symptoms, functioning and treatment needs presented by this population.

For questions, contact Sharday Lewis, Project Manager, Practice Improvement at the National Council for Behavioral Health: shardayl@thenationacouncil.org

**Barry County Community Mental Health Director to Retire**

Below is a recent press release from Barry County CMH Authority announcing the retirement of its longtime Executive Director, Jan McLean. We wish Jan the best in her next endeavors.

The Barry County Community Mental Health Authority Board (BCCMHA) has announced that after 32 years of service, the last 15 as Executive Director, Jan McLean will be retiring on February 3, 2017. Jan began with the organization in 1984 as Office Manager and became the Executive Director in 2001 and made many notable contributions during her tenure.

Linda Maupin, Board Chair commented “Jan’s contributions have provided great benefits for our community and we thank her for her dedication, tenacity and leadership.” Some of Jan’s greatest accomplishments include obtaining approval of the County Board of Commissioners and establishing BCCMHA as a mental health authority, providing autonomy to the agency and less financial risk to the County; totally integrating Barry County Substance Abuse Treatment and Prevention Services with the Mental Health organization to offer one location for any behavioral health need; successfully moving from a single county provider to a partner in a regional network; adding Peer Support, Community Living, and Autism Services to the available mental health options. Most recently Jan led her team’s effort to build the new clinic on Barfield Drive which will be open for business in early February.

The agency has expanded from having 38 staff members in 2001 to 85 in 2016, and expenditures of $4.1 million in 2001 to approximately $10 million in 2016. Jan plans to continue her current volunteer work with her therapy dogs and spend more time with family.
After an extensive search the board of BCCMHA is pleased to announce that Richard Thiemkey will assume the Executive Director role and will begin his transition with Jan McLean on December 1, 2016. His most recent experience is as Director of Clinical Services at Allegan County Community Mental Health Services. He has prior experience at Lakeshore Coordinating Council, Hope Network and Saginaw County Community Mental Health. He has a Bachelor of Science Degree from Michigan State University and a Master of Arts in Clinical Christian Counseling from Cornerstone University.

“We feel fortunate that Rich brings a wealth of experience in the areas of Substance Abuse Prevention, Autism programming and development of community partnerships,” commented Maupin. “He is excited to step into the leadership of our community’s very robust mental health organization.”

**LEGISLATIVE UPDATE**

**House Republicans and Democrats Select New Leaders**

Last Thursday, State Rep. Tom Leonard, R-DeWitt Township, was unanimously elected the new Speaker of the House of Representatives by the House Republican caucus. The 35-year-old Republican will take over for the current Speaker, Rep. Kevin Cotter, R-Mt. Pleasant, who is forced to leave the Legislature at year-end because of term limits. Leonard was first elected in 2012 and easily won re-election in 2014 and on Tuesday. He is the current chairman of the House Insurance Committee.

The Speaker of the House has broad powers to set the agenda for the Legislature by determining what bills will be taken up in the chamber and setting rules that govern the body. Leonard said he’d also like to take a serious look at no-fault auto insurance reform and teacher pension programs; as well as switching public school employees to a 401(k)-type program, rather than a defined benefit pension plan. His top three priorities are: further mental health reforms, further reducing the state’s debt and beefing up skilled trades programs in the state.

**House Republican Caucus Leadership Team**
- Speaker of the House, Rep. Tom Leonard (R-DeWitt)
- Speaker Pro-Tempore, Rep. Lee Chatfield (R-Levering)
- House Majority Floor Leader Dan Lauwers (R-Brockway Twp.)
- House Majority Caucus Whip, Rep. Rob VerHeulen (R-Walker)
- House Majority Caucus Chair, Rep. Eric Leutheuser (R-Hillsdale)
- Associate Speakers Pro Tem. Reps. Gary Glenn (R-Larkin) and Jim Tedder (R-Clarkston)
- Associate Floor Leaders, Reps. Tristan Cole (R-Mancelona) and Lana Theis (R-Brighton)
- Chief Deputy Whip, Rep.-Elect Jim Lower
- Caucus Vice Chair, Rep. Mary Whiteford (R-South Haven)

The House Democratic Caucus also held their leadership elections on Thursday. Earlier in the week current House Minority Leader, Tim Greimel (D – Auburn Hills) announced he would not seek the Minority Leader position next term. The House
Democratic caucus selected Rep. Sam Singh (D-East Lansing) as the new House Minority Leader. Rep. Christine Greig (D-Farmington Hills) was elected as the Democratic floor leader. Minority Leader Singh will announce other caucus leaders in the near future.

These new appointments take effect on January 1, 2017.

**Trump Election Could Give GOP Legislature Second Crack At Healthy MI**

One Republican who helped build legislative agreement around expanding the state's Medicaid program sees one of the key provisions of President-elect Donald J. Trump’s health care platform as an exciting opportunity to improve Healthy Michigan. "I would be delighted if the federal government gave us block grants for Medicaid," said Sen. Mike Shirkey (R-Clark Lake), chair of the Senate Health Policy Committee.

Shirkey was commenting on item No. 6 in the Healthcare Reform To Make America Great Again platform that Trump talked about throughout the 2016 campaign.

That point, reads:

*Block-grant Medicaid to the states. Nearly every state already offers benefits beyond what is required in the current Medicaid structure. The state governments know their people best and can manage the administration of Medicaid far better without federal overhead. States will have the incentives to seek out and eliminate fraud, waste and abuse to preserve our precious resources.*

Shirkey describes block granting Medicaid to Michigan as "the very best thing that could happen from a Medicaid standpoint."

What would change?

Shirkey points to implementation of the second Healthy Michigan waiver request that never lived up to the letter and the spirit of the law the Michigan legislature passed. Specifically, the House and Senate wanted the second waiver to require that after four years, Medicaid recipients at 100 percent of poverty or higher would have to either move off Medicaid and get their insurance through the Affordable Care Act exchange or pay substantially more.

"That was the intent, that was the language in place, but the second waiver secured by Gov. Snyder and the Department of Health and Human Services did not parallel, did not frankly fulfill that second waiver."

Shirkey also sees block granting Medicaid as an opportunity to prioritize spending on programs that have the best return on the dollar and to innovate through pilot projects without having to get approval from Washington, D.C. "We could try all kinds of things. Because ostensibly a block grant would have little or no strings attached," Shirkey explained.

Bob Schneider, director of the Office of Health and Human Services within the state budget office, said there is a downside risk to the state of a federal block grant
approach to Medicaid. Specifically, he points to the Temporary Assistance to Needy Families block grant as an example of a fixed block grant. "We've gotten $775 million dollars, we've gotten that annually and we got that annually back in 1994 or 1995 when the block grant was first introduced." The question is, how will the block grant be structured? Will it keep up with health care inflation, which far outstrips standard consumer price increases. "If it's not keeping up with traditional health care inflation that's going to shift more costs off onto the state over time," he added. "If our caseload spikes, does the block grant react to that? That's a risk to the state as well."

**NATIONAL UPDATE**

**Post-Election Reaction Webinar**

The National Council has received numerous questions from its members regarding the implications of the national elections on access to care for persons living with addiction and/or mental illness, and they want to share with you their initial reactions, thoughts and plans as we move into 2017. Please join the National Council for a post-election update webinar on Thursday, December 15, 2016 at 1:00 p.m. (Eastern).

As we move into a new session of Congress and a new presidential Administration in 2017, much press has been given to what we know (and what we don't) about their plans for health care. The bad news: among the proposals on the table are changes that would repeal or roll back coverage, financing and benefits for vulnerable populations. The good news: as a field, we have experience playing defense, and we can do it well.

Like you, we are monitoring the proposed changes to the Medicaid program and are keenly aware of the potential negative impact that “block granting” Medicaid may have to ongoing services and supports for people living with addiction or mental illness. To that end, the National Council plans to hold twice a month “Update from Washington” webinars beginning in January. During these webinars we will provide the most up-to-date information available regarding Congressional negotiations and opportunities for advocacy. Stay tuned for registration information, coming soon.

Speaking of advocacy - we need you more than ever to join us in our big tasks ahead: education and advocacy. We need to educate policymakers at all levels of the importance of addiction and mental health care. And we need to show them the strong support for these issues in their community by being vocal about the need for investment in services!

**Here are 3 things you can do today:**

- **Register** for our December 15 post-election update webinar as we break down the election results and forecast what it means for your organizations, your members and your clients. Attendees will learn about opportunities to influence policy and effective techniques needed to succeed.
• **Sign up** to be a National Council Ambassador. Our superstar advocates devote extra time each year building relationships with their Members of Congress so that when votes come to the wire, they can help tip the scales. Contact Michael Petruzzelli to learn more.

• **Mark your calendars** for Hill Day 2017, to be held Oct. 2-3 here in Washington, D.C. Registration information is coming soon.

**Stabenow Elevated to No. 4 Slot Among U.S. Senate Dems**

During an organization meeting today, U.S. Sen. Debbie Stabenow (D-Lansing) was elevated to the No. 4 slot in the Senate Democratic caucus.

Stabenow will now serve as chairman of the Democratic Policy and Communications Committee.

Leading the caucus will be Sen. Chuck SCHUMER (D-NY) followed by Illinois Sen. Dick DURBIN as whip, the No. 2 slot. Serving as the third most powerful Democrat will be Sen. Patty MURRAY (D-WA).

"I am honored to be selected as the new Chair of the Senate Democratic Policy and Communications Committee," said Stabenow in a statement. "Our Caucus is unified and committed to fighting for middle-class families every day in an economy where too many people feel that they have been left behind."

Stabenow said the role is an "important leadership role that will continue to give Michigan families a strong voice at the table as we work to ensure that every family has a fair shot to get ahead."

**MACMHB committee schedules, membership, minutes, and information**

The meeting schedules, membership list, minutes of recent committee meetings, and additional committee-related information can be found at the “Committees” tab on the MACMHB website: [https://macmhb.org/](https://macmhb.org/)

**Have a Great Weekend!**