Southwest Michigan

BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB)
Air Zoo Aerospace & Science Museum
6151 Portage Rd, Portage, MI 49002

Monday, November 18, 2024
4:00-5:30
Draft: 11/11/24

1. **Welcome, and Introductions (Randall Hazelbaker)**
2. **Agenda Review and Adoption (Randall Hazelbaker)** (d) pg.1
3. **Board Actions**
    - 2025 SUDOPB meetings (d) pg.2
4. **Consent Agenda (Randall Hazelbaker)**
    - September 16, 2024 Meeting Minutes (d) pg.3
5. **Board Education**
    a) Fiscal Year 2024 YTD Financials (G. Guidry) (d) pg.6
    b) PA2 Utilization Fiscal Year 2024 YTD (G. Guidry) (d) pg.7
    c) Fiscal Year 2024 Outcomes Report (A. Miliadi) (d) pg.9
    d) Fiscal Year 2024 Michigan Profile for Healthy Youth (MiPHY) Results (J. Smith) (d) pg.17
    e) Recovery Incentives Pilot (J. Smith) (d) pg.20
6. **Communication and Counsel**
    a) Legislative and Policy Updates (J. Smith) (d) pg.25
    b) Michigan Medicaid Legislative Primer (d) pg.29
    c) MDHHS Overdose Rate Announcement (d) pg.38
    d) Membership and new appointments (M. Jacobs)
    e) SUDOPB Attendance and Year End Letters to County Commissioner Chairs (M. Jacobs) (d) pg.41
7. **Public Comment**
8. **County Updates**
9. **Adjourn**

The meeting will be held in compliance with the Michigan Open Meetings Act

Southwest Michigan Behavioral Health
Substance Use Disorder Oversight Policy Board Meetings

2025

January 27, 2025 4:00-5:30pm

March 17, 2025 4:00-5:30pm

May 19, 2025 4:00-5:30pm

July 21, 2025 4:00-5:30pm

September 15, 2025 3:00-5:30pm

November 17, 2025 4:00-5:30pm

All meetings to take place at the Air Zoo Aerospace & Science Museum
6151 Portage Rd, Portage, MI 49002

SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275
SWMBH does not limit or restrict the rights of the press or other news media.
Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.

Southwest Michigan

BEHAVIORAL HEALTH

Substance Use Disorder
Oversight Policy Board (SUDOPB) Meeting Minutes

September 16, 2024
4:00 – 5:00 pm
Draft: 9/17/24

Members Present: Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); Michael Majerek (Berrien County); RJ Lee (Cass County); Jonathan Current (Kalamazoo County); Mark Doster (Barry County); Paul Schincariol (Van Buren County); Jared Hoffmaster (St. Joseph County); Allyn Witchell (Kalamazoo County)

Members Absent: Rayonte Bell (Berrien); Rochelle Hatcher (Calhoun); Diane Thompson (Calhoun County);

Staff and Guests Present:
Brad Casemore, CEO, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Anastasia Miliadi, SUD Treatment Specialist, SWMBH; Erin Hetrick, SUD Treatment Specialist, SWMBH; Tiffany Jackson, Financial Analyst, SWMBH; Amy St. Peter, Clinical Grants Specialist, SWMBH; Lily Smithson, Gambling Disorder Specialist, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; various providers and persons served.

Welcome and Introductions
Randall Hazelbaker called the meeting to order at 3:00 pm. Introductions were made.

Agenda Review and Adoption

Motion	RJ Lee
Second	Jared Hoffmaster
Motion Carried	

Public Act 2 Dollars
SWMBH Fiscal Year 2025 PA2 Budget Summary
Garyl Guidry reported as documented.

Board Questions and Answers
No questions from the Board.

Public Comment
Joel Smith thanked the providers and persons served for attending today's meeting. Many comments and testimonials from providers and persons served. Provider agencies in attendance included Community Healing Center, Recovery Institute of SW MI, Gryphon Place, Abundant Life Ministries, Kalamazoo Health and Community Services, Kalamazoo and Calhoun County court systems and ISK.

Board Actions
2025 PA2 Budget Approval

	Motion	Michael Majerek moved to approve the 2025 PA2 Budget as presented.
	Second	Richard Godfrey
	Motion Carried	

SUDOPB Member Recognitions
Brad Casemore presented founding members Randall Hazelbaker, SUDOPB Chair, and Richard Godfrey, SUDOPB Vice-Chair awards for dedicated service to the SUDOP Board and persons served.

Consent Agenda

Motion	Michael Majerek moved to approve the 7/15/24 meeting minutes as presented.
Second	RJ Lee
Motion Carried	

Board Education

Fiscal Year 2024 YTD Financials
Garyl Guidry reported as documented, highlighting numbers for Medicaid, Healthy Michigan, MI Child, Block Grant, and PA2. Discussion followed.

PA2 Utilization Fiscal Year 2024 YTD
Garyl Guidry reported as documented.

International Overdose Awareness Day
Joel Smith noted the annual International Overdose Awareness Day is August 31 and summarized provider and partner activities that took place on August 31 to raise awareness of overdoses, memorialize those lost to overdose and Naloxone training and overdose reversal kit distributions.

Communication and Counsel

Legislative Updates
Brad Casemore reminded Board members of the 9th Annual Regional Healthcare Policy Forum as provided details on time, location, panelists, and other speakers. Michelle Jacobs to send another email to Board members with a QR code for registration.

Opioid Settlement Funds – County Perspectives - Amy Dolinky, Opioid Settlement Technical Advisor, Michigan Association of Counties
Brad Casemore noted report in the packet for the Board reference.

Opioid Settlement Regional Municipal Funds and SWMBH
Brad Casemore noted report in the packet for the Board reference.

2024 SUDOPB Attendance Report
Michelle Jacobs reported as documented.

County Updates
Mark Doster shared that the Barry County Administrator, Michael Brown retired and a replacement was hired. Mark will email contact information to Michelle Jacobs.
Randall Hazelbaker shared that the Branch County Administrator, Bud Norman will retire at the end of the year and Frank Walsh will be starting soon. Paul Schincariol thanked Richard Godfrey for his years of service and stated that Van Buren ISD has created a after school program for youth in the district.

Public Comment
None

Adjourn
Randall Hazelbaker adjourned the meeting.

Meeting adjourned at 4:08pm

Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2024

For the Fiscal YTD Period Ended 9/30/2024

	A	D	E	F	G	H	I	J	K
4		MEDICAID				Healthy MI			
5		Budgeted	Actual	YTD	Fav	Budgeted	Actual	YTD	Fav
6		YTD Revenue	YTD Revenue	Expense	(Unfav)	YTD Revenue	YTD Revenue	Expense	(Unfav)
7	Barry	243,860	225,961	19,584	206,377	548,610	401,384	21,183	380,200
8	Berrien	918,465	868,056	44,676	823,380	2,180,589	1,685,955	141,329	1,544,627
9	Branch	256,754	237,745	12,394	225,351	509,836	383,461	40,083	343,378
10	Calhoun	1,017,443	964,477	484,872	479,605	2,050,187	1,514,805	1,007,363	507,442
11	Cass	285,460	263,901	195,147	68,754	663,501	470,653	633,625	(162,973)
12	Kazoo	1,294,364	1,232,407	229,174	1,003,233	3,215,326	2,314,047	508,379	1,805,668
13	St. Joe	365,102	335,371	25,102	310,269	850,230	620,058	53,159	566,900
14	Van Buren	474,300	444,788	113,519	331,269	1,037,870	753,374	187,537	565,836
15	DRM	3,644,472	3,527,197	3,594,779	(67,582)	7,595,420	5,766,775	6,970,331	(1,203,556)
17	**Grand Total**	**8,500,218**	**8,099,905**	**4,719,249**	**3,380,656**	**18,651,570**	**13,910,511**	**9,562,990**	**4,347,521**
19		BLOCK GRANT				BLOCK GRANT BY COUNTY			
20	**EGRAMS**	Budgeted	Actual	YTD	Fav		Actual	YTD	Fav
21	**SUD Block Grant**	YTD Revenue	YTD Revenue	Expense	(Unfav)	County	YTD Revenue	Expense	(Unfav)
22	Community Grant	3,477,555	3,174,812	3,174,812	0	Barry	105,856	105,856	0
23	WSS	498,898	154,983	154,983	0	Berrien	386,937	386,937	0
24	Prevention	1,171,641	1,036,935	1,036,935	0	Branch	53,296	53,296	0
25	Admin/Access	386,395	185,114	185,114	0	Calhoun	470,857	470,857	0
26	State Disability Assistance	125,289	140,504	140,504	0	Cass	178,894	178,894	0
27	Gambling Prevention*	188,684	38,756	38,756	0	Kazoo	474,932	474,932	0
28	State's Opioid Response 3	3,260,000	2,650,041	2,650,041	0	St. Joe	87,193	87,193	0
29	Partnership for Advancing Coalition	95,000	95,000	95,000	0	Van Buren	215,014	215,014	0
30	Substance Use Disorder - Tobacco 2	4,000	3,298	3,298	0	DRM	2,288,733	2,288,733	0
31	COVID Community Grant Treatment	623,301	478,923	478,923	0	Admin/Access	340,131	340,131	0
32	COVID Prevention	474,705	474,705	474,705	0				
33	Women's SS Covid Supplemental	0	0	0	0		**4,601,844**	**4,601,844**	-
34	COVID SUD Admin	50,000	50,000	50,000	0				
35	ARPA Treatment	380,000	165,540	165,540	0				
36	ARPA Prevention	144,060	144,060	144,060	0				
37	**Mental Health Block Grant**								
38	Transitional Navigators	200,000	160,396	160,396	0				
39	Clubhouse Engagement	25,000	11,315	11,315	0	Legend			
40	Veterans Navigator	110,000	103,418	103,418	0	DRM - Detox, Residential, and Methadone			
41	Behavioral Health Disparities	250,000	259,527	259,527	0	WSS - Women's Specialty Services			
42	MHBG Childrens Covid-19	102,000	102,000	102,000	0				
43	SMI Adult Covid-19	75,000	71,003	71,003	0				
44	Bhvrl Hlth Wrkfrce Stabilization Spprt	68,000	63,000	63,000	0				
45	Admin/Access	0	0	20,154	(20,154)				
46	**Grand Total**	**11,709,528**	**9,563,329**	**9,583,483**	**(20,154)**				
47		PA2				PA2 Carryforward			
48		Budgeted	Actual	YTD	Fav		Prior Year	Current	Projected
49		YTD Revenue	YTD Revenue	Expense	(Unfav)		Balance	Utilization	Year End Balance
50	Barry	99,318	99,318	27,005	72,313	Barry	729,229	72,313	801,542
51	Berrien	417,276	417,276	360,057	57,220	Berrien	715,924	57,220	773,144
52	Branch	76,960	76,960	23,780	53,180	Branch	533,394	53,180	586,575
53	Calhoun	380,388	380,388	445,098	(64,710)	Calhoun	286,693	(64,710)	221,984
54	Cass	84,826	84,826	23,289	61,537	Cass	552,915	61,537	614,452
55	Kazoo	757,060	757,060	675,629	81,432	Kazoo	2,125,329	81,432	2,206,760
56	St. Joe	121,142	121,142	80,610	40,531	St. Joe	366,706	40,531	407,237
57	Van Buren	173,960	173,960	99,013	74,947	Van Buren	468,119	74,947	543,066
58	**Grand Total**	**2,110,931**	**2,110,931**	**1,734,481**	**376,450**		**5,778,309**	**376,450**	**6,154,760**

Public Act 2 (PA2) Utilization Report
Fiscal Year 2024

Program	FY24 Approved Budget	Utilization FY 24 September 2024	YTD Utilization
Barry	**481,596**	**27,005**	**6%**
Barry County-Adult Specialty Court	424,736	19,360	5%
BCCMHA - Outpatient Services	56,860	7,645	13%
Berrien	**441,642**	**360,057**	**82%**
Abundant Life - Healthy Start	73,500	73,500	100%
Berrien County - Treatment Court Programs (DTC)	23,225	17,307	75%
Berrien County - SUD Intake/Assessment Coordinator	54,540	53,880	99%
Berrien MHA - Riverwood Jail Based Assessment	18,036	-	0%
CHC - Jail Services	36,421	6,292	17%
CHC - Niles Family & Friends	6,545	19	0%
CHC - Wellness Grp	11,220	3,107	28%
CHC - Niles Recovery House	30,000	30,000	100%
Sacred Heart - Juvenile SUD Services	88,155	75,951	86%
Berrien County Health Department - Prevention Services	100,000	100,000	100%
Branch	**25,000**	**23,780**	**95%**
Pines BHS - Outpatient Treatment	25,000	23,780	95%
Calhoun	**491,535**	**445,098**	**91%**
Calhoun County 10th Dist Sobriety Treatment Court	174,535	140,179	80%
Calhoun County 10th Dist Veteran's Treatment Court	7,000	5,308	76%
Calhoun County 37th Circuit Drug Treatment Court	220,000	215,275	98%
Haven of Rest-Haven Life Recovery Program (Men's)	40,000	40,000	100%
Michigan Rehabilitation Services - Calhoun	25,000	25,000	100%
Calhoun County Juvenile HUD Services	25,000	19,336	77%
Cass	**93,940**	**23,289**	**25%**
Woodlands - Meth Treatment & Drug Court Outpatient Services	82,500	17,789	22%
Woodlands BHN-Family Education Group	11,440	5,500	48%
Kalamazoo	**773,163**	**675,629**	**87%**
8th District General Probation Court	14,850	14,327	96%
8th District Sobriety Court (OWI)	29,590	24,644	83%
8th District Mental Health Recovery Court	4,950	4,950	100%
9th Circuit Problem Solving Courts	80,000	80,000	100%
CHC - Adolescent Services	21,876	20,079	92%
CHC - Bethany House	26,154	26,154	100%
CHC - New Beginnings	47,627	47,627	100%
Gryphon Gatekeeper - Suicide Prevention	20,000	20,000	100%
Gryphon Helpline/Crisis Response	36,000	36,000	100%
KCHCS Healthy Babies	87,000	87,000	100%
ISK - EMH	56,400	56,400	100%
ISK - FUSE	25,000	25,000	100%
ISK - IDDT Transportation Participant Support	16,500	7,636	46%
ISK - Mental Health Services Court	65,000	65,000	100%
ISK - Oakland Drive Shelter	34,000	34,000	100%
Michigan Rehabilitation Services - Kalamazoo	17,250	17,250	100%
Recovery Institute - Recovery Coach	102,692	101,937	99%

WMU - BHS Engagement Via Text Messaging	7,623	7,623	100%
WMU - Jail Groups	80,651	-	0%
St. Joseph	**106,725**	**80,610**	**76%**
3B District - Drug/Alcohol Testing-Sobriety Court	31,200	16,330	52%
3B District -Ignition Interlock Court Services	5,000	884	18%
CHC - Hope House	27,325	27,325	100%
Pivotal (CMH) - Court Ordered Drug Assessments	43,200	36,072	83%
Van Buren	**172,138**	**99,013**	**58%**
Van Buren CMHA- Substance Abuse Treatment	107,373	62,501	58%
Van Buren County-Speciality Courts and Pretrial Services	64,765	36,512	56%
Totals	**2,585,740**	**1,734,481**	**67%**

FY24 PA2 FUNDED OUTCOMES REPORT
REPORTING PERIOD: 10/1/24- 9/30/24

SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD, **NOVEMBER 18, 2024**

BRIEF HISTORY

- Each County determines use of local PA2 SUD dollars.
- Each provider must submit their own outcome measures.
- SWMBH works with providers to make measures specific, measurable, attainable, and time limited.
- SWMBH works with providers to help determine the effectiveness of their programs.

OVERVIEW OF PA2 FUNDED PROGRAMS: YEAR END FY24

23
Providers

46
Programs

164
Outcome Measures

MEASUREMENT DEFINITIONS

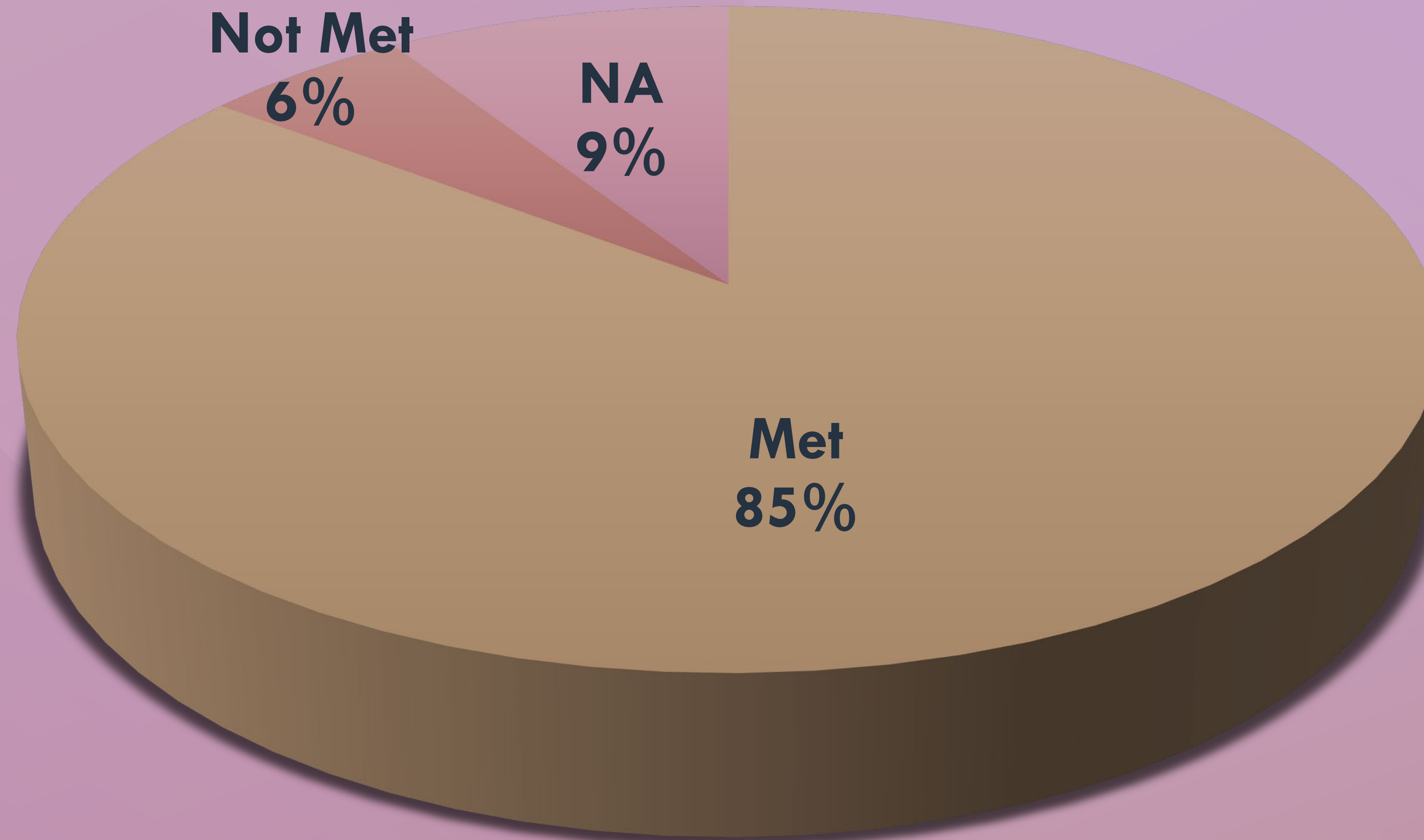
Met: Clearly meets or exceeds outcome.

Not Met: Not meeting outcome.

Information Not Applicable : No data due to no consumers fitting measurement requirements.

Not received: Provider did not submit their data.

FY24 PA2 End of the Year Outcomes



County	Total measures	Met	Not Met	NA	Information Not Received
Barry	7	3	3	1	0
Berrien	25	23	1	1	0
Branch	4	1	0	3	0
Calhoun	33	32	1	0	0
Cass	4	3	1	0	0
Kalamazoo	72	61	3	8	0
Saint Joe	8	7	0	1	0
Van Buren	11	10	0	1	0
	164	140	9	15	0

- Specialty courts, such as drug treatment courts, sobriety courts, and veteran's courts, continue to experience growing demand for their services.

- SWMBH continues to work closely with providers to create measures that are specific, measurable, timely, and simple and continues to review utilization of the programs.

- The turnover and shortage of staff continues to be a challenge.

- While jail restrictions are nearing completion, the current challenge is recruiting sufficient staff to deliver the necessary services within the facility.

THANK YOU!

Michigan Profile for Healthy Youth (MiPHY):
2024 Results for SWMBH Region

Michigan Profile for Healthy Youth (MiPHY)

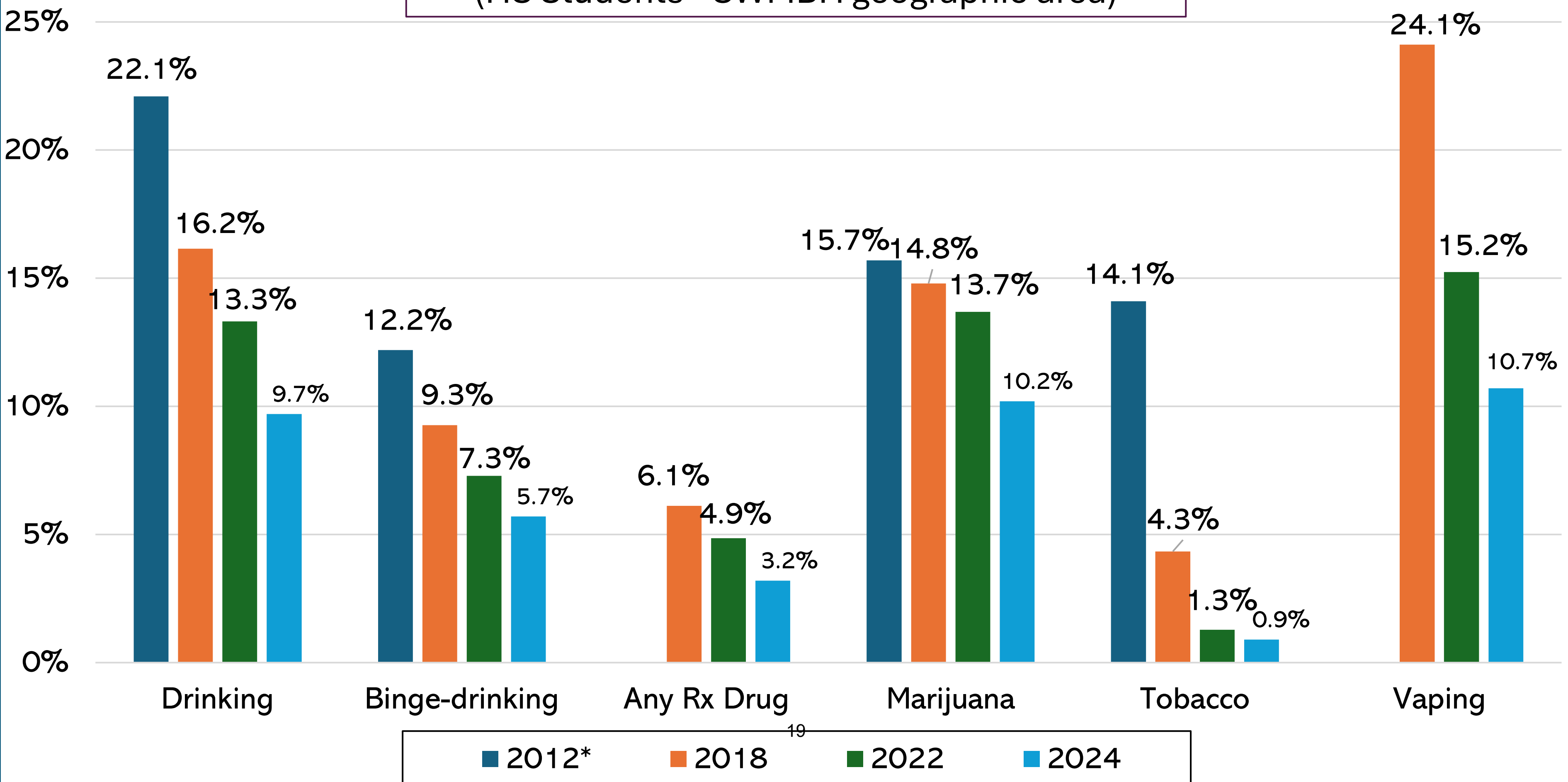
Online student health survey offered by the Michigan Departments of Education and Health and Human Services to support local and regional needs assessment. The MiPHY provides student results on health risk behaviors including substance use, violence, physical activity, nutrition, sexual behavior, and emotional health in grades 7, 9, and 11. The survey also measures risk and protective factors most predictive of alcohol, tobacco, and other drug use and violence.

MiPHY 2024 :

Selected indicators that can help us better understand how some High School student groups are being affected by drug use.

MiPHY Retrospect of HS "past 30-day consumption" by HS Students in the SWMBH Region

* 2012: First MiPHY Survey Cycle



MDHHS

MDHHS approves eight PIHPs to expand substance use treatment with Recovery Incentives Pilot

June 04, 2024

Media Contact:

Lynn Sutfin

517-241-2112

Program supported through opioid settlement dollars

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) approved eight pre-paid inpatient health plans (PIHPs) to participate in the Recovery Incentives Pilot. This pilot, supported by $6 million in opioid settlement funds over the next three years, will expand access to evidence-based treatment for Medicaid and Healthy Michigan Plan enrollees who are living with certain substance use disorders (SUDs).

MDHHS, participating PIHPs and providers will collaborate to deliver an evidence-based treatment that provides motivational incentives, such as gift cards, to people living with an SUD who achieve their treatment goals. Medicaid beneficiaries with a diagnosis of stimulant use disorder, opioid use disorder, or both, will be eligible to participate in the pilot.

“This marks a significant milestone in our goal to make available an effective and evidence-based treatment option for beneficiaries living with substance use disorders,” said Elizabeth Hertel, MDHHS director. “We are excited to work with our PIHP partners

who will play a key role in the pilot, including establishing and overseeing a network of providers who will administer this program."

By establishing this program as a covered benefit on a pilot basis for Medicaid and Healthy Michigan Plan enrollees, MDHHS believes it can improve outcomes and support individuals in making behavior changes that drive recovery. The Recovery Incentives Pilot is one of several projects addressing SUD needs through opioid settlement dollars.

Michigan is slated to receive nearly $1.6 billion from national opioid settlements by 2040, with half being distributed to the State of Michigan Opioid Healing and Recovery Fund and the other half being distributed directly to county, city and township governments.

"By providing immediate rewards to individuals who meet their treatment goals, this pilot helps tip decision-making toward abstinence," said Dr. Natasha Bagdasarian, chief medical executive and Michigan Opioids Task Force co-chair. "These incentives include gift cards to purchase certain items, such as food and gas, and will increase each week a participant does not use stimulants or opioids."

MDHHS is offering the pilot for two years beginning Oct. 1. PIHPs will establish and oversee a network of providers to deliver the Recovery Incentives Pilot within their region and be responsible for administration and oversight activities including reporting, monitoring and quality improvement. Participating PIHPs were selected based on responses to a non-competitive request for applications.

The list of PIHPs participating in the Recovery Incentives Pilot are as follows:

- NorthCare Network, Region 1
- Southwest Michigan Behavioral Health, Region 4
- Mid-State Health Network, Region 5
- Community Mental Health Partnership of Southeast Michigan, Region 6
- Detroit Wayne Integrated Health Network, Region 7
- Oakland Community Health Network, Region 8
- Macomb County Community Mental Health, Region 9
- Region 10 PIHP, Region 10

"The Detroit Wayne Integrated Health Network is thrilled to participate in the Recovery Incentives Pilot to provide this treatment option across our provider network to meet the needs of Medicaid beneficiaries," said Eric Doeh, president and CEO of DWIHN. "Expanding availability and use of recovery incentives aligns with DWIHN's vision and

long history of delivering evidence-based substance use disorder services that make a difference in the lives of the people we serve. We look forward to implementing the pilot and continuing to serve the people of Michigan."

"Southwest Michigan Behavioral Health is proud to partner with MDHHS to expand access to effective treatment options for people living with substance use disorders," said Bradley Casemore, CEO, SWMBH. "We look forward to implementing the pilot and improving access to treatment backed by decades of research to support individuals in southwest Michigan communities in their recovery."

Visit the RI Pilot website for more information. For questions regarding the pilot, contact MDHHS-RecoveryIncentives@michigan.gov.

# # #

Department of Health & Human Services MI Newswire

Department of Health & Human Services 06 - June

Press Release Opioids

Related News

Michigan residents reminded of carbon monoxide dangers; routinely check detectors and appliances

MDHHS seeks proposals designed to help families navigate long-term services and supports

MDHHS awards 312 schools MI HEARTSafe designation

MDHHS warns Michigan residents about increase in pertussis (whooping cough) cases

RECOVERY INCENTIVES PILOT

To address the substance use crisis in Michigan, the Michigan Department of Health and Human Services (MDHHS) is launching the Recovery Incentives Pilot to provide contingency management to eligible Medicaid and Healthy Michigan Plan (HMP) beneficiaries.

WHAT IS CONTINGENCY MANAGEMENT?

Contingency management is an evidence-based practice that provides motivational incentives to individuals living with substance use disorder (SUD) for meeting treatment goals.

MDHHS' GOALS FOR THE PILOT

- Improve access to effective community-based SUD treatment and recovery services.
- Address the SUD crisis in Michigan through a new evidence-based treatment.
- Improve the health and well-being of Medicaid and HMP beneficiaries living with either stimulant use disorder (StimUD) and opioid use disorder (OUD), or both.

HOW DOES CONTINGENCY MANAGEMENT WORK?

Substances, such as stimulants and opioids, can take over the natural reward pathway in the brain. By providing immediate rewards to individuals who meet their treatment goals, contingency management helps to revert that pathway in the brain into balance by offering people non-drug rewards in exchange for choosing abstinence. This immediate reward can help tip decision-making towards abstinence.

WHO IS ELIGIBLE TO RECEIVE RECOVERY INCENTIVES?

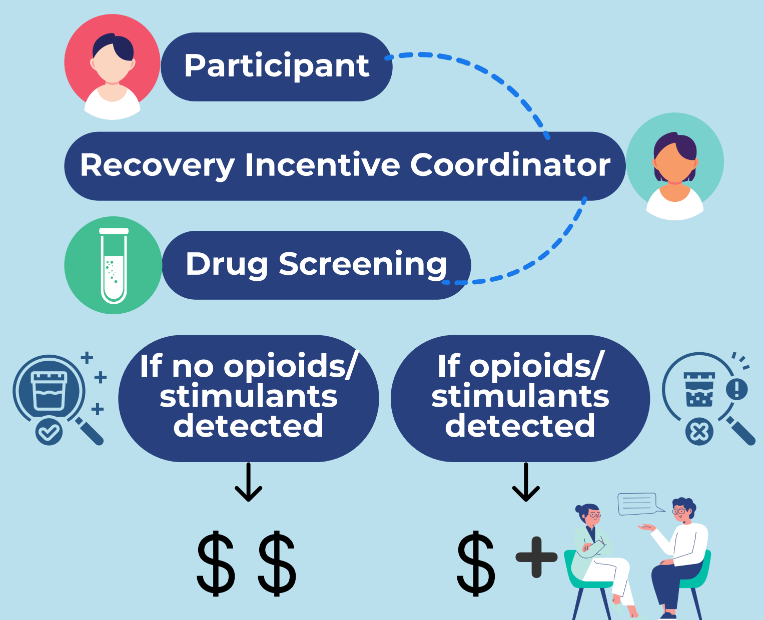
To be eligible to participate in the Recovery Incentives Pilot, individuals should:

- Be enrolled in Medicaid or HMP.
- Be diagnosed with either a qualifying StimUD or OUD, or both.

RECOVERY INCENTIVES PILOT DESIGN

Participants will receive incentives for meeting their treatment goals by providing negative drug tests for stimulants and/or opioids and for continuing to engage in treatment even when they have a positive test. Incentives will be provided to participants as gift cards to purchase certain items, such as food and gas.

- Incentives will increase each week a participant does not use stimulants and/or opioids.
- Incentives will reset to a lower amount when a participant's test shows they used a stimulant and/or opioid or has an unexcused absence. The participant's incentives will increase after they provide negative drug tests.



WHO CAN PROVIDE RECOVERY INCENTIVES?

- Licensed outpatient SUD providers
- Opioid Health Homes
- Certified Community Behavioral Health Centers
- Narcotic Treatment Programs

Contingency management is intended to supplement and reinforce other evidence-based practices, not serve as a replacement. These practices could include individual or group counseling, medication-assisted treatment, care coordination, or other recovery services.

For beneficiaries living with OUD, Medication for Opioid Use Disorder (MOUD) will continue to be strongly encouraged.

RECOVERY INCENTIVES PILOT

OTHER PILOT ELEMENTS

The Pilot will be complemented by ongoing training and technical assistance and a robust evaluation process.

Training

- Delivery of a training curriculum for providers.
- Assessments to determine PIHP and provider readiness.

Technical Assistance

- Ongoing technical assistance will be provided to all providers who participate in the Pilot.

Evaluation

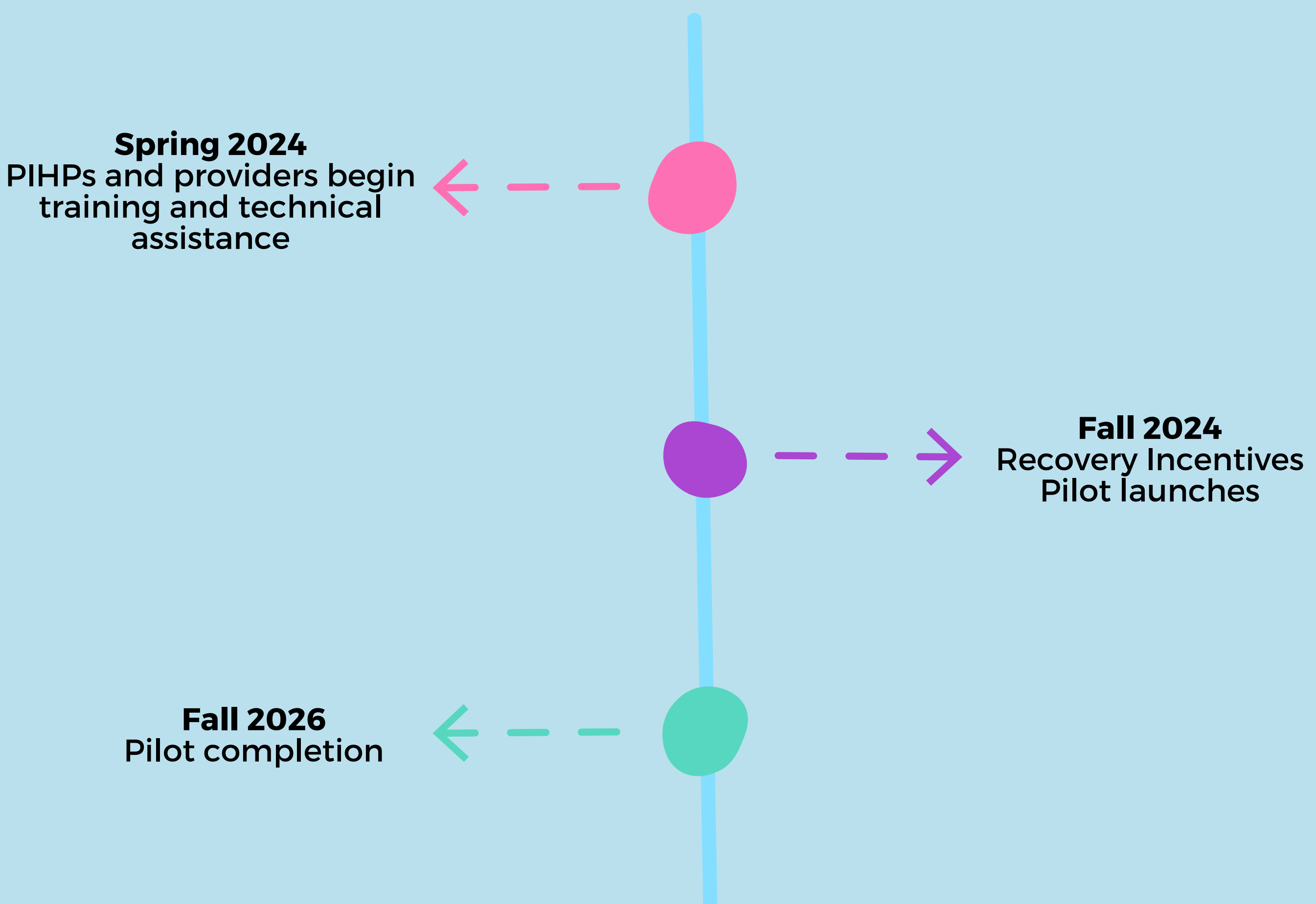
- The impact of the Pilot will be measured through a robust evaluation process and coordinated through a third-party evaluator.

INCENTIVE MANAGER

MDHHS will contract with a vendor to deliver a web-based platform that will provide a centralized, electronic mechanism for calculating incentive amounts. This platform will have the ability to disburse those incentives to Pilot participants in real-time and track those incentive payments for the purposes of reporting and oversight.

TIMELINE

The Pilot will be implemented through a phased approach with the first providers going online in fall 2024. MDHHS anticipates the Recovery Incentives Pilot will run from fall 2024 through fall 2026. MDHHS will share more information about the timeline in the coming months.



QUESTIONS

For more information regarding the Recovery Incentives Pilot, email: mdhhs-recoveryincentives@michigan.gov.

MDHHS Nondiscrimination Statement
(English, Arabic & Spanish)
Effective 12-1-22

English
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MDHHS
Michigan Department of Health & Human Services

Joel Smith

From: Monique Francis <MFrancis@cmham.org>
Sent: Thursday, November 7, 2024 12:41 PM
To: Monique Francis
Cc: Robert Sheehan; Alan Bolter
Subject: 2024 Election Recap
Attachments: Nov 2024 Unofficial House Results.pdf

CAUTION: External Email

From: Alan Bolter <ABolter@cmham.org>
Sent: Thursday, November 7, 2024, 12:40 PM
To: CMHA Board of Directors, Steering Committee, CMH & PIHP Directors, Board Chairpersons, Provider Alliance, Public Relations Committee, and PIHP SUD Directors
Subject: 2024 Election Recap

2024 Michigan Election Recap

Historic Voter Turnout

The November 2024 general election was record setting with 5,666,805 showing up, based on unofficial numbers. That number is 87,488 more voters than voted in 2020. More than 2.2 million absentee ballots were cast, 1.2 million voted in-person early, and more than 2 million voted in person on Tuesday, November 5.

Turnout rose in 74 of 83 counties, and the counties that saw declines were notable as key Democratic voter centers like Wayne, Muskegon, Kent and Kalamazoo counties.

The 37 counties with the largest increases in turnout from 2020 are all Republican-heavy counties, led by Kalkaska (10 percent), Lake, Montmorency and Montcalm (9 percent) and Crawford and Allegan (8 percent). Turnout in key Democratic counties like Kent (-1 percent), Wayne (-2 percent) and Kalamazoo (-4 percent) proved key to President-elect Donald Trump defeating Vice President Kamala Harris. Another key Democratic center, Oakland County, saw almost no change in turnout with only a nominal increase from 2020.

Presidential Race

In Michigan, former President Donald Trump defeated Vice President Kamala Harris by a little over 80,000 votes and capturing 49.7% of the vote. In a race that spared absolutely no expenses, where the two campaigns spent over $276 million dollars this cycle in Michigan alone. Trump ended up winning 74 of Michigan's 83 counties. Trump did win or is projected to win most, if not all, of the other significant battle ground states including; Pennsylvania, Georgia, North Carolina, Wisconsin, Arizona, and Nevada. He is also the first Republican presidential candidate since 2004 to win the National Popular Vote.

US Senate Race

Michigan's U.S. Senate race was an absolute barn-burner with U.S. Representative Elissa Slotkin narrowly defeating former U.S. Representative Mike Rogers. Slotkin's victory continues Michigan Democrats dominance in the U.S. Senate. Slotkin defeated Rogers by roughly 18,000 votes making it one of the closest races in the entire country. Both parties combined in the Michigan US Senate seat race to spend just over $200 million dollars. The seat currently occupied by democrat Debbie Stabenow, who announced her retirement in the beginning of last year.

US House

There were no shocking results in Michigan's Congressional races. The 7th Congressional district was undoubtably impacted by Trump's success which saw a Democratic seat flip. Below are the results of the races we highlighted in Winds of Change:

- 3rd Congressional District: Democrat Hillary Scholten defeated Republican Paul Hudson by a margin of 53.5% to 43.8%.
- 7th Congressional District: Republican Tom Barrett defeated Democrat Curtis Hertel Jr. by a margin of 50.3% to 46.6%. **(republican flip)**
- 8th Congressional District: Democrat Kristen McDonald Rivet defeated Republican Paul Junge by a margin 51.3% to 44.6%.
- 10th Congressional District: Republican John James defeated Democrat Carl Marlinga by a margin of 51.1% to 44.9%.

Kristen McDonald-Rivet was the only democrat to pull out a win in Michigan's toss up congressional seats against her republican opponent in the 8th Paul Junge. McDonald-Rivet's win will put the Michigan Senate chamber at a 19-18 democratic majority rather than its current 20-18 majority. A special election (if and when the Governor calls for a special election) in this swing senate seat will likely leave the Michigan Senate at an 19-19 tie, creating an interesting dynamic to watch in the months ahead.

Michigan Supreme Court

The Michigan Supreme Court races were the outlier of the evening, where democrats secured a 5-2 majority on the Michigan Supreme Court, by securing wins for both Justice Kyra Harris Bolden and newcomer Kimberly Ann Thomas. They defeated their Republican opponents Patrick O'Grady and Andrew Fink by significant margins. Last minute spending in these races proved to turn the tide, despite Republican wins across the board, with Harris and Thomas outspending their opponents in paid media by nearly $6 million to $330,000.

Michigan House of Representatives

The Michigan House of Representatives flipped back to Republican control with republicans claiming victory in 58 seats. Despite the sizable difference in spending with House Democrats spending over $50M to Republicans $30M they could not curtail the republican momentum that occurred.

Republicans had an extremely friendly environment in 2024 and they took advantage of it to take back majority after just one legislative session. The state House was expected to be close, but Republicans pounced on four seats held by Democrats and were able to defend all their vulnerable members.

Michigan is poised to enter a new era of divided government in 2025, with a Republican House, but Democratic Senate and Governor.

Below is a run-down of the key races from last night's House election, including the four seats the GOP was able to flip to capture majority:

- 27th House District: Republican Rylee Linting defeated Democratic incumbent Jamie Churches. **(republican flip)**
- 44th House District: Republican Steven Frisbie defeated Democratic incumbent Jim Haadsma. **(republican flip)**
- 46th House District: Republican incumbent Kathy Schmaltz defeated Democrat Daniel Mahoney.
- 54th House District: Republican incumbent Donni Steele defeated Democrat Shadia Martini.
- 58th House District: Republican Ron Dobinson defeated Democratic incumbent Nate Shannon. **(republican flip)**
- 103rd House District: Democratic incumbent Betsy Coffia defeated Republican Lisa Trombley.
- 109th House District: Republican Karl Bohnak defeated Democratic incumbent Jenn Hill **(republican flip)**

New House Members

With new term limits where members can serve up to 12 years in a single chamber there are fewer new faces and even some returning faces from legislatures past. Only 13 new members will join the chamber in January with 2 of those members Nancy Arno-Jenkins and Tim Kelly having served in prior terms. Below is the extensive list of "new members" who will help makeup the **103rd legislature.**

- Portage (HD 40) **Matt Longjohn** (Christine Morse)
- Ann Arbor (HD 33) **Morgan Foreman** (Felicia Brabec)
- Grand Rapids (HD 81) **Stephen Wooden** (Rachel Hood)
- Hamtramck (HD 7) **Tonya Myers Phillips** (Abe Ayiash)
- Hillsdale (HD 35) **Jennifer Wortz** (Andrew Fink)
- Port Huron (HD 64) **Joseph Pavlov** (Andrew Beeler)
- Lenawee County (HD 34) **Nancy Arno-Jenkins** (Dale Zorn)
- Sag. Twp (HD 93) **Tim Kelly** (Graham Filler)
- Petoskey (HD 107) **Parker Fairbairn** (Neil Friske)
- Marquette (HD 109) **Karl Bohnack** (Jenn Hill)
- Sterling Heights (HD 58) **Ron Robinson** (Nate Shannon)
- Downriver (HD 27) **Rylee Lingting** (Jaime Churches)
- Battle Creek (HD 44) **Steve Frisbe** (Jim Haadsma)

Alan Bolter
Associate Director
Community Mental Health Association of Michigan
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Michigan House of Representatives 103rd Legislature

District	Republican Candidate 58 Seats	Democratic Candidate 52 Seats
	*Yellow indicates likely winners**	
1	Valerie Whittaker	**Tyrone Carter** (Incumbent)
2	Ronald Kokinda	**Tullio Liberati Jr** (Incumbent)
3	Richard Zeile	**Alabas Farhat** (Incumbent)
4		**Karen Whitsett** (Incumbent)
5	Will Sears	**Regina Weiss** (Incumbent)
6	Brent Lamkin	**Natalie Price** (Incumbent)
7	Barry Altman	Tonya Myers Phillips
8	Alex Kuhn	**Helena Scott** (Incumbent)
9	Michele Lundgren	**Joe Tate** (Incumbent)
10	Griffin Wojtowicz	**Veronica Paiz** (Incumbent)
11	Dale Walker	**Donavan McKinney** (Incumbent)
12	Randell Shafer	**Kimberly Edwards** (Incumbent)
13	Ronald Singer	**Mai Xiong** (Incumbent)
14	Barbara Barber	**Mike McFall** (Incumbent)
15	Gary Edward Gardner	**Erin Byrnes** (Incumbent)
16	Brian Duggan	**Stephanie Young** (Incumbent)
17	Rola Makki	**Laurie Pohutsky** (Incumbent)
18	Mordechai Klainberg	**Jason Hoskins** (Incumbent)
19	Kevin Hammer	**Samantha Steckloff** (Incumbent)
20	Brendan Cowley	**Noah Arbit** (Incumbent)
21	Thomas Konesky	**Kelly Breen** (Incumbent)
22	Adam Stathakis	**Matt Koleszar** (Incumbent)
23	David Stamp	**Jason Morgan** (Incumbent)
24	Leonard Scott Jr	**Ranjeev Puri** (Incumbent)
25	Josh Powell	**Peter Herzberg** (Incumbent)
26	Jeff Gorman	**Dylan Wegela** (Incumbent)
27	Rylee Linting	**Jaime Churches** (Incumbent)
28	**Jamie Thompson** (Incumbent)	Janise Robinson
29	**James DeSana** (Incumbent)	Kyle Wright
30	**William Bruck** (Incumbent)	Rick Kull
31	Dale Biniecki	**Reggie Miller** (Incumbent)
32	Martin Church	**Jimmie Wilson Jr** (Incumbent)
33	Jason Rogers	Morgan Foreman
34	Nancy Jenkins-Arno	John Dahlgren
35	Jennifer Wortz	Don Hicks
36	**Steve Carra** (Incumbent)	Erin Schultes
37	**Brad Paquette** (Incumbent)	Angela Jones
38	Kevin Whiteford	**Joey Andrews IV** (Incumbent)
39	**Pauline Wendzel** (Incumbent)	Kerry Tapper
40	Kelly Sackett	Matt Longjohn
41	Terry Haines	**Julie Rogers** (Incumbent)
42	**Matt Hall** (Incumbent)	Austin Marsman
43	**Rachelle Smit** (Incumbent)	Danene Shumaker
44	Steven Frisbie	**Jim Haadsma** (Incumbent)
45	**Sarah Lightner** (Incumbent)	Doug Murch
46	**Kathy Schmaltz** (Incumbent)	Daniel Mahoney
47	Teresa Spiegelberg	**Carrie Rheingans** (Incumbent)
48	Brian Ignatowski	**Jennifer Conlin** (Incumbent)
49	**Ann Bollin** (Incumbent)	Andy Wood
50	Jason Woolford	Austin Breuer
51	**Matt Maddock** (Incumbent)	Sarah May-Seward
52	**Mike Harris** (Incumbent)	Caroline Dargay
53	Melissa Schultz	**Brenda Carter** (Incumbent)
54	**Donni Steele** (Incumbent)	Shadia Martini
55	**Mark Tisdel** (Incumbent)	Trevis Harrold
56	David Kniffen	**Sharon MacDonell** (Incumbent)
57	**Thomas Kuhn** (Incumbent)	Aisha Farooqi
58	Ron Robinson	**Nate Shannon** (Incumbent)
59	**Doug Wozniak** (Incumbent)	Jason Pulaski
60	**Joseph Aragona** (Incumbent)	Shelly Fraley
61	Robert Wojtowicz	**Denise Mentzer** (Incumbent)
62	**Alicia St. Germaine** (Incumbent)	Michelle Levine Woodman
63	**Jay DeBoyer** (Incumbent)	Robert Kelly-McFarland
64	Joe Pavlov	John Anter
65	**Jaime Greene** (Incumbent)	Shirley Tomczak
66	**Josh Schriver** (Incumbent)	Shawn Almeranti-Corsby
67	**Phil Green** (Incumbent)	Anissa Buffin
68	**David Martin** (Incumbent)	Matt Schlinker
69	Patrick Duvendeck	**Jasper Martus** (Incumbent)
70	Rob Waskoviak	**Cynthia Neeley** (Incumbent)
71	**Brian BeGole** (Incumbent)	Mark Zacharda
72	**Mike Mueller** (Incumbent)	John Dolza
73	Josh Rockey	**Julie Brixie** (Incumbent)
74	Tom Izzo	**Kara Hope** (Incumbent)
75	Frank Lambert	**Penelope Tsernoglou** (Incumbent)
76	Andy Shaver	**Angela Witwer** (Incumbent)
77	Cady Ness-Smith	**Emily Dievendorf** (Incumbent)
78	**Gina Johnsen** (Incumbent)	Christine Terpening
79	**Angela Rigas** (Incumbent)	Jason Rubin
80	Bill Sage	**Phil Skaggs** (Incumbent)
81	Jordan Youngquist	Stephen Wooden
82	Ryan Malinoski	**Kristian Grant** (Incumbent)
83	Tommy Brann	**John Fitzgerald** (Incumbent)
84	John Wetzel	**Carol Glanville** (Incumbent)
85	**Bradley Slagh** (Incumbent)	Marcia Mansaray
86	**Nancy De Boer** (Incumbent)	Abby Klomparens
87	Chip Chipman	**Will Snyder** (Incumbent)
88	**Greg VanWoerkom** (Incumbent)	Tim Meyer
89	**Luke Meerman** (Incumbent)	Lois Maassen
90	**Bryan Posthumus** (Incumbent)	William Higgins
91	**Pat Outman** (Incumbent)	Jason Dillingham
92	**Jerry Neyer** (Incumbent)	Timothy Odykirk
93	Tim Kelly	Kevin Seamon
94	Robert Zelle	**Amos O'Neal** (Incumbent)
95	**Bill Schuette** (Incumbent)	Sabrina Lopez
96	**Timmy Beson** (Incumbent)	Rudy Howard
97	**Matthew Bierlein** (Incumbent)	Mark Putnam
98	**Gregory Alexander** (Incumbent)	April Osentoski
99	**Mike Hoadley** (Incumbent)	Jon LeRoux
100	**Tom Kunse** (Incumbent)	Tracy Ruell
101	**Joseph Fox** (Incumbent)	Christopher Crain
102	**Curt VanderWall** (Incumbent)	Kathy Pelleran-Majoney
103	Lisa Trombley	**Betsy Coffia** (Incumbent)
104	**John Roth** (Incumbent)	Larry Knight
105	**Ken Borton** (Incumbent)	James Wojey
106	**Cam Cavitt** (Incumbent)	Trina Borenstein
107	Parker Fairbairn	Jodi Decker
108	**David Prestin** (Incumbent)	Christina Reynolds
109	Karl Bohnak	**Jenn Hill** (Incumbent)
110	**Greg Markkanen** (Incumbent)	Kim Corcoran

**Disclaimer: In some districts, votes are still being counted and are subject to change*

CHRT Institute for Public Policy and Social Research MICHIGAN STATE UNIVERSITY

MICHIGAN HEALTH ENDOWMENT FUND

LEGISLATIVE BRIEF

Medicaid in Michigan

Medicaid is a jointly funded federal and state program that provides health insurance coverage for many low-income children and adults, making it an important and powerful tool for improving the health of Michiganders.

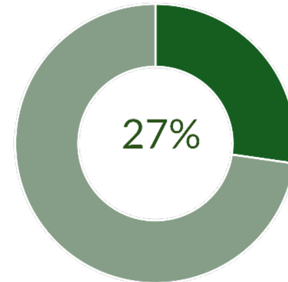
In June 2024, over 2.6 million of Michigan's 10 million residents were enrolled in Medicaid, 1.7 million adults and 946,314 children.[i] Most of Michigan's Medicaid costs —over 65 percent in 2024—are paid for by the federal government.[ii]

States have considerable power to tailor Medicaid policy, benefits, and services to address their residents' health and social needs. In Michigan, both traditional Medicaid and the Healthy Michigan Plan (HMP) cover Michiganders. HMP provides coverage for individuals who became eligible through the Michigan Medicaid expansion, implemented in 2014.

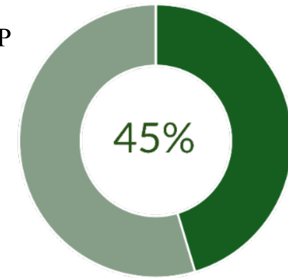
This primer provides key information about Medicaid in Michigan, including:

- Medicaid financing: The program is jointly funded by the state and federal government, with $18.5 billion in federal contributions in FY24.
- Eligibility and benefits: Michigan Medicaid covers people with incomes up to 138% of the Federal Poverty Level, providing a range of services like hospital visits, dentistry, behavioral health, and long-term care.
- Program challenges: Challenges that impact the program include costs and cost variation by beneficiary group, low provider reimbursement rates, and enrollment complexity.

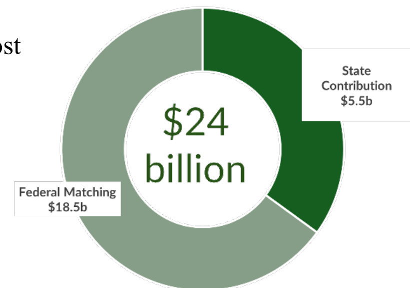
As of June 2024, more than one in every four Michiganders benefit from Medicaid coverage



As of June 2024, nearly half of all Michigan children benefit from Medicaid.



In FY24-25, The federal government pays two-thirds of the cost of Michigan Medicaid coverage.



Medicaid Program Overview

Annual spending

The largest spending category in the Michigan state budget is for the Michigan Department of Health and Human Services (MDHHS), which includes spending for Medicaid. At $37.7 billion, the MDHHS budget represents 45 percent of the total state budget in FY 2024-25. Within the MDHHS budget, the Medicaid program constitutes the largest category of annual spending, totaling approximately $24 billion. Of this, $18.5 billion is covered by the federal government, and $5.5 billion is state funding.[iii]

In FY 2025, the federal contribution to Michigan Medicaid, known as the Federal Medical Assistance Percentage (FMAP) or Medicaid matching rate, will cover 65.13 percent of the cost of coverage for traditional Medicaid, and 90 percent of the cost for those enrolled in the state's Medicaid expansion plan, the Healthy Michigan Plan (HMP).[1,iv] Michigan state Medicaid funds primarily come from General Fund/General Purpose (GF/GP) revenue.

[1] The FMAP is calculated using state per capita income. During the COVID-19 Public Health Emergency, the FMAP was increased 6.2 percentage points to provide additional support for states to continuously enroll individuals in Medicaid throughout the Public Health Emergency. This enhanced FMAP ended December 2023.

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Medicaid eligibility

Medicaid provides health insurance coverage for those in Michigan with incomes up to 138 percent of the federal poverty level (FPL). In 2024, that is equivalent to an annual income of $20,783 per year for a single-person household and $35,632 per year for a family of three.[v] Certain individuals in special populations who earn more than the income limit may also qualify, including pregnant women, people with disabilities, and aging seniors receiving long-term services and supports (LTSS).[vi]

Prior to expanding Medicaid in Michigan, eligibility for Medicaid coverage for individuals making over 100 percent of the FPL was categorical. In other words, to qualify for Medicaid coverage, low-income Michigan residents earning more than the FPL had to fall into specific non-financial classifications (e.g., pregnant women; individuals with disabilities).[vii]

The relationship between poverty and health status is well documented; low-income individuals are more likely to have a higher burden of chronic disease and poorer health outcomes.[viii] A contributing factor to this disparity is access to healthcare, including health insurance coverage.[ix]

Flexibility

The federal government establishes certain eligibility and benefit requirements for Medicaid but leaves much flexibility to states to structure and implement their programs. [xi] This flexibility is available to states through Medicaid demonstration waivers or state plan amendments. With approval from the federal government, states that submit waivers and amendments can expand the scope of services offered through Medicaid as well as the populations they serve.[xii] Though these program levers are powerful tools, they are also complicated to design and implement, and require detailed reporting and evaluation.

As of July 2024, Michigan has 10 approved Medicaid waivers implemented through Section 1115 or Section 1915 authority of the Social Security Act. These waivers serve a variety of functions, including:

- expanding Medicaid eligibility to Michiganders impacted by the Flint water crisis,
- providing additional community-based services for individuals with behavioral health needs,
- providing guidance for Medicaid managed care programs, and
- supporting home and community-based services.[xiii]

These waivers are time-limited and are generally approved for up to five years. If a Medicaid program is successful under the waiver authority, states may submit requests for extensions to the Centers for Medicare & Medicaid Services (CMS). In addition, all waivers must be formally evaluated for impact.

Expansion of dental coverage for adults

Michigan significantly expanded dental coverage for adult Medicaid beneficiaries in April 2023. Increased access to dental services can help prevent and detect costly oral health diseases and related chronic conditions, reducing emergency room visits and lost work hours. These redesigned Medicaid dental benefits and increased provider payments cost $115.1 million in total state and federal funding for FY 23-24.[12]

Newly covered dental services include root canals and gum care, and the expansion significantly increased reimbursement rates for dental services to encourage more dentists to serve Medicaid patients. As of July 2024, however, long waitlists for dental care persist as there are still too few dentists accepting Medicaid patients.[x]

Benefits and services

Services covered by Medicaid can vary widely across states. However, federal guidelines do require all states to cover a minimum set of benefits and services.

Mandatory benefits

Mandatory benefits include but are not limited to inpatient and outpatient hospital care, laboratory services, ambulance services, family planning, and home health services. All children enrolled in Medicaid are eligible for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. EPSDT provides preventive care for children related to dental, mental health, and specialty services.[xiv]

Optional benefits

CMS also designates certain benefits as optional for states to cover.[xv] Michigan Medicaid covers many common optional benefits such as dental, vision, prescription drugs, and hospice care as well as less common benefits like chiropractic care and doula services.[xvi] In the wake of the COVID-19 pandemic, Michigan, along with many others states, are choosing to enact benefit expansions to address behavioral health, maternal infant health, and social needs, such as food insecurity.[xvii]

Long-Term Services and Supports

Michigan, like most states, is working to support beneficiaries who prefer to age in their homes rather than in costly nursing homes. Medicaid is the primary funder for long-term services and supports (LTSS), which provide enhanced program coverage for individuals who require additional assistance with activities of daily living such as eating, bathing, and managing medications, as well as those who need much higher levels of care.[xx]

Examples of LTSS programs in Michigan include:

- the Program of All-Inclusive Care for the Elderly (PACE),
- the MI Choice waiver,
- Home Health benefits,
- Community Transition Services (CTS),
- MI Health Link, and
- Home Help.[xxi]

Direct care workers in Michigan

Direct care workers (DCWs) provide long-term care services to vulnerable populations—largely older adults and people with disabilities—and often help keep people in their homes. Many Medicaid funded long-term care services are provided by DCWs. According to the 2024 Michigan Healthcare Workforce Index, Michigan's home health aides, personal care aides and nursing assistants have some of the highest shortage levels and turnover rates of all healthcare workers in the state.[xviii]

Strategies to support DCWs in other states include wage and benefit increases, employment benefits, recruitment and retention bonuses, and more. During the COVID-19 pandemic, the Michigan legislature enacted three wage increases for DCWs. This continued in FY24, resulting in a $3.20 per hour wage increase from October 1, 2023 to September 30, 2024.[xix]

Enrollment in managed care

Michigan is a national leader in enrolling Medicaid beneficiaries in managed care plans, first introducing managed care into the state's Medicaid program in 1996. In contrast to traditional fee-for-service models that pay providers for each service they deliver, managed care works to reduce health care costs and improve quality of care by paying providers a fixed amount per person (a "capitated" payment) for all of their care. This creates incentives for providers to reduce any unnecessary care and to keep patients as healthy as possible.[xxii] Two-thirds of Michigan Medicaid beneficiaries are enrolled in a managed care plan rather than receiving care on a fee-for-service basis.[2]

[2] CHRT calculation based on the total number of individuals enrolled in managed care in Michigan and total number of Medicaid enrollees for June 2024.

As of June 2024, nine Medicaid Health Plans (MHPs) provide managed care for nearly 1.8 million Medicaid enrollees across the state (none of the MHPs serve the entire state). MHPs receive a capitated payment for each enrolled beneficiary, assuming full financial risk for care and services provided for their enrollees.[xxiii] This arrangement can save Medicaid program costs for the state and incentivize MHPs to provide appropriate, preventive, high-quality care for beneficiaries. It also encourages MHPs to cover additional evidence-based benefits and services beyond what the state and CMS require.[xxiv]

Behavioral health

Michigan is one of seven state Medicaid programs that "carves out" behavioral health (BH) benefits for beneficiaries with moderate to severe BH needs, and for those with intellectual or developmental disabilities (I/DD).[xxvi] Most of those with mild to moderate BH conditions receive BH coverage under the same Medicaid managed care benefit that covers all their physical care services. Those with moderate to severe BH conditions and those with I/DD, however, receive coverage through a separate funding mechanism for more specialized BH services. This separate mechanism is administered through 10 prepaid inpatient health plans (PIHPs) across the state that fund the mental health, substance use, and disability services for the "carve out" population through a capitated funding arrangement. In recent years there have been unsuccessful efforts to "carve in" the Medicaid benefit for those with moderate to severe BH needs, [xxvii] with Medicaid health plans generally favoring a "carve in" and behavioral health advocates generally opposed to the change.[xxviii]

Michigan's Behavioral Health Landscape

About six million Michiganders live in Mental Health Professional Shortage Areas, with areas of Northern Lower Michigan and the Upper Peninsula particularly impacted. The state would require an estimated 249 more psychiatrists to alleviate these shortage designations. Provider shortages are particularly acute for children: rates of child behavioral health (BH) conditions are rising while suicide rates fluctuate. Many of those seeking BH services endure long waits for outpatient appointments and in emergency departments ("ED boarding"). Options for improving access to behavioral health care in Michigan include supporting reimbursement for BH telehealth in Medicaid, Medicare, and private insurance, BH provider loan repayment programs, and streamlined licensure processes through interstate licensing contracts.[xxv]

Impact of the Affordable Care Act

In 2014, Michigan expanded Medicaid coverage in the state through the 2010 Affordable Care Act (ACA). The expansion, known as the Healthy Michigan Plan (HMP), was made possible through a Section 1115 Medicaid demonstration waiver, Medicaid state plan amendment, and Michigan Public Act 107 of 2013.[xxix] A Supreme Court ruling in 2012 provided states with the option to expand their Medicaid coverage rather than requiring states to expand as a condition for receiving federal funding.[xxx] Michigan was one of the national leaders in Medicaid expansion, implementing the expansion just three months after the authority began. As of June 2024, 41 states including the District of Columbia have expanded Medicaid coverage.

Healthy Michigan Plan

The Healthy Michigan Plan changed income eligibility requirements for Medicaid in Michigan. Instead of limiting coverage to individuals at or below the federal poverty level (FPL) or those that meet categorical requirements (e.g., pregnant women), Michiganders became eligible for HMP through the ACA expansion if their income was at or below 138 percent of the FPL. As a result of expanded eligibility, Medicaid enrollment in the state increased by 22 percent in the first year, with HMP enrollment alone exceeding 400,000 in the first six months and 600,000 after the first year.[xxxiv]

When the HMP section 1115 waiver was renewed in 2018, new requirements were added for HMP beneficiaries, including cost-sharing and completion of a Health Risk Assessment.[xxxv] In December 2023, the HMP 1115 demonstration waiver expired along with the cost-sharing and health risk assessment requirements. All beneficiaries who were eligible for Medicaid through the expansion have been reassigned to the Michigan Comprehensive Health Care Program (CHCP), but the state still refers to this beneficiary population as HMP.[xxxvi] This reassignment has had no impact on beneficiary eligibility.[xxxvii] As of June 2024, nearly 1.8 million Michiganders are enrolled in HMP Medicaid coverage; the federal government pays 90 percent of the cost for this population.

Healthy Michigan Plan Evaluation

The Section 1115 waiver that established the Healthy Michigan Plan required the state to conduct an independent evaluation of the program. The Institute for Healthcare Policy and Innovation (IHPI) at the University of Michigan was selected by MDHHS to lead the evaluation work.[xxxi] The evaluation report from the first five years of the HMP Medicaid expansion, submitted to CMS in 2020, found multiple improvements for beneficiaries and for systems, such as improved physical, mental, and oral health and reduced uncompensated care costs for hospitals. In 2022, an interim evaluation showed similar findings and focused on findings related to key provisions unique to HMP, including the Healthy Behaviors Incentive Program and cost-sharing requirements for some beneficiaries. The final evaluation report for the second five years of HMP (through 2023) is expected to be submitted to CMS in late 2024.

Challenges in Medicaid

Due to the size and complexity of the Medicaid program, there are several challenges that have financial and operational implications for states and providers.

Cost

Including state and federal spending, Medicaid is the largest individual budget item for the state.[xxxviii] Medicaid is “countercyclical” by nature, meaning that when the state’s economy is in a downturn, more residents will qualify for Medicaid coverage because more people will meet low-income designations. This type of increased enrollment in Medicaid can present major challenges for state budgets.

Variations in cost by beneficiary group

Individuals who qualify for both Medicare and Medicaid coverage, or “dual eligibles,” are particularly high cost.[xxxix] These individuals tend to have complex medical and social needs, often requiring greater care and support. Children tend to be the lowest cost Medicaid beneficiaries.[xl]

Reimbursement rates

Medicaid reimbursement rates for providers are generally very low compared to commercial insurance payments and to Medicare reimbursement. For example, in Michigan, the Medicare-to-Medicaid fee index for opioid use disorder services was 58% compared to a national average of 64% as of 2021.[xli] Low reimbursement rates impact the number of providers willing to serve Medicaid beneficiaries. As a result, low-income residents across the state have greater difficulty accessing care. MDHHS increased reimbursement rates for some providers and services for

the two most recent budget periods (FY 23-24 and FY 24-25), including for home health agency services, ground ambulance services, dental care, and behavioral healthcare.[xlii]

LTSS "rebalancing"

Medicaid long-term services and supports (LTSS) programs encompass a broad range of care for older adults, those with disabilities, and individuals who otherwise need assistance with activities of daily living. Most people in need of LTSS prefer to receive care in their homes instead of in nursing homes or other institutions. When delivered at home, LTSS are generally less costly than care provided in an institutional healthcare setting.[xliii]

As the primary payer of LTSS, Medicaid plays an important role in "rebalancing" the proportion of services delivered in home and community-based settings versus in institutional settings.[xliv] Rebalancing LTSS has been a federal and state priority for at least the last two decades.[xlv] In 2023, 29.4% of Medicaid LTSS spending in Michigan went towards home and community-based services (HCBS), compared to the national average of 53.3% of LTSS spending.[xlvi] MDHHS provides some incentives for HCBS, and Michigan has participated in Medicaid demonstration pilots to expand HCBS through waiver authority.[xlvii] American Rescue Plan Act funds were also approved to enhance HCBS in Michigan.[xlviii] Strategies to improve rebalancing of LTSS services include strategic infrastructure investments, enhancing the LTSS workforce (including direct care workers and family caregivers), and expanding services to at-risk populations who are not eligible for full Medicaid benefits. [xlix]

Enrollment complexity

High proportions of Medicaid beneficiaries frequently enroll and disenroll from Medicaid coverage. This enrollment "churn" results in increased administrative burden for beneficiaries and for program enrollment specialists. Churning may be caused by monthly income fluctuations, job instability, switching enrollment between MHPs, and changes in pregnancy or disability status, as well as by frequent administrative redetermination of eligibility.[liii] Churning can result in periods of uninsurance, leading to delayed care, increased emergency room visits, as well as increased program administration costs.[liv]

Reducing Enrollment Churn

Common state strategies to minimize enrollment churn:
1) policies that allow for longer periods of eligibility, and
2) increases in automatic (called ex-parte) renewals based on other data sources, thereby eliminating the requirement for renewal applications.[l]
Michigan uses both strategies and offered 12-month continuous eligibility for children before it was mandated in the 2023 Federal Consolidated Appropriations Act.[li] Five states have active Section 1115 waiver demonstrations that implement 12-month continuous Medicaid eligibility for certain adult populations, and three more states have such waiver applications pending. [lii]

The COVID-19 Public Health Emergency (PHE) of 2020 required states to enact continuous Medicaid enrollment, thereby not disenrolling anyone enrolled in Medicaid during the PHE. In return, states received a temporary 6.2 percentage point increase in their FMAP to help with emergency-related increases in program costs. Once the PHE ended and states began redeterminations for Medicaid eligibility, millions lost Medicaid coverage nationally. As of July 2024, 979,900 Michiganders have lost Medicaid coverage due to the redetermination processes. Some have higher incomes and no longer qualify for coverage; others are still eligible but have not been able to enroll for procedural reasons. [lv]

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Michigan's overdose death rate declines nearly five times faster than national average

While significant decline, racial disparities persist

LANSING, Mich. – Overdose deaths in Michigan decreased by 5.7% in 2023, with 2,826 deaths provisionally recorded compared to 2,998 deaths in 2022, reported the Michigan Department of Health and Human Services (MDHHS). Additionally, MDHHS notes the overall overdose death rate has dropped from its peak of 31.1 deaths per 100,000 in 2021 to 28.2 in 2023.

The decline marks progress in the ongoing fight against the opioid crisis in the state. Based on currently available data, the decline in Michigan from 2021 to 2023 is almost five times greater than the national decline seen in that same time frame.

"Michigan is a leader in addressing opioid addiction and has been recognized for our harm reduction efforts by the National Governor's Association," said Elizabeth Hertel, MDHHS director. "We will continue investing in programs that further our efforts to save lives by decreasing substance use disorders, expanding treatment options and improving recovery success."

The decline in the overdose death rate can be credited in part to public health measures like the launch of Michigan's Naloxone Direct Portal, which provides the opioid overdose reversal medication at no charge to community groups and helps boost distribution of naloxone in high-risk areas. The state has also increased access to fentanyl and xylazine testing strips, enabling individuals who use drugs to detect these dangerous substances and reduce their risk of accidental overdose.

While this data is promising, the racial gaps continue. Based on 2023 provisional data, Black residents are 2.8 times and American Indian/Alaska Native residents are 2.2 times more likely to die of an overdose than white residents.

"Public health officials, state agencies and community partners have been working tirelessly to reverse overdose trends," said Dr. Natasha Bagdasarian, chief medical executive. "The harm-reduction tools we have implemented are saving lives, but we

must ensure that their benefits are felt equally across all communities, particularly among those residents who are disproportionately affected.”

The disparities in death rates reflect a broader systemic issue that is being addressed through targeted interventions in communities of color. MDHHS is taking a data-driven approach to ensure substance use disorder funding reaches communities with the highest need.

“Limited access to care has been a key driver of racial disparities in Michigan communities, from the COVID pandemic to the opioid crisis,” said Tommy Stallworth, MDHHS senior advisor. “The state’s commitment to expanding funding for community-based and mobile health services is crucial. By including substance use disorder interventions and improving access to care in marginalized communities, the state is taking important steps toward addressing these disparities in a meaningful way.”

As the state continues to combat the opioid crisis and substance use disorder (SUD), MDHHS and the Opioids Task Force prioritize implementing targeted strategies to address the unique needs of communities of color. This includes expanding access to life-saving resources, improving outreach and addressing social determinants of health that contribute to overdose risk. The state remains committed to reversing the harm caused by the overdose epidemic and will ensure that all communities, regardless of race, benefit from prevention efforts.

Other recent key accomplishments and initiatives include:

Workforce

- Expanded the number of Medicaid SUD providers by removing barriers for providers and offering incentives such as loan repayment to launch or expand services.
- Worked with physicians to increase the number of buprenorphine prescribers in the state.

Reimbursement

- Expanded Medicaid reimbursement for office-based treatment for alcohol use disorder and opioid use disorder in the primary care setting.
- Removed the prior authorization requirement to prescribe medications to treat opioid use disorder (MOUD) for Medicaid beneficiaries, allowing for a 20% increase in the last four years for the number MOUDs prescribed by primary care physicians.

Community Investments

- Distributed more than 1 million kits of naloxone in communities resulting in at least 21,642 overdose reversals since the launch of the order portal in 2020 to enable communities to obtain naloxone at no cost.
- Launched early intervention treatment and referrals in select Federally Qualified Health Centers, Rural Health Clinics and Child and Adolescent Health Centers.
- Improved the system of care for pregnant individuals in northern Michigan by providing support and education for physicians in the Opioid Home Health network.

- Supported substance-exposed babies and their families by expanding supports through rooming-in, which allows birthing individuals, caregivers and babies with Neonatal Abstinence Syndrome to stay together during treatment.
- Collaborated with Michigan Department of Corrections to support peers in parole/probation offices to assist individuals returning from incarceration.
- Provided more than 20,000 rides for SUD-related services. Transportation has been identified as a barrier in almost every community engagement related to SUD.
- Partnered with Michigan State Housing Development Authority to expand recovery housing to help meet the statewide demand. This resulted in an additional 27 recovery homes with 79 additional recovery beds, prioritizing counties and populations with the highest need.
- Expanded opioid treatment capacity at 10 Michigan Department of Corrections prisons, which provide medications for opioid use disorder to 884 incarcerated individuals.

More information about programming and resources can be found on the SUD Resources website. Information about how the state's Opioid Healing and Recovering Fund is being spent can be found on the opioids settlement website.

# # #

Southwest Michigan Behavioral Health (SWMBH)

2024 Substance Use Disorder Oversight Policy Board (SUDOPB) Attendance

Name	January	March	May	July	September	November
Mark Doster (Barry)	Green	Green	Red	Green	Green	
Michael Majerek (Berrien)	Green	Green	Green	Green	Green	
Rayonte Bell (Berrien)	Red	Red	Red	Red	Red	
Randall Hazelbaker (Branch)	Green	Green	Green	Green	Green	
Rochelle Hatcher (Calhoun)	Red	Red	Red	Red	Red	
Diane Thompson (Calhoun)	Green	Green	Green	Green	Red	
RJ Lee (Cass)	Green	Green	Green	Green	Green	
Jonathan Current (Kalamazoo)	Black	Green	Green	Green	Green	
Allyn Witchell (Kalamazoo)	Black	Green	Green	Red	Green	
Jared Hoffmaster (St.Joe)	Green	Green	Red	Red	Green	
Paul Schincariol (Van Buren)	Red	Red	Red	Green	Green	
Richard Godfrey (Van Buren)	Green	Green	Green	Green	Green	

Green = present
Red= absent
Black=not a member at that time
as of 11/18/24