



# Michigan Association of **COMMUNITY MENTAL HEALTH Boards**

March 24, 2017

## FRIDAYFACTS

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

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

RE:

- **Work and Accomplishments of MACMHB Member Organizations**
  - **North Country CMH Leadership Changes**
- **State And National Developments And Resources**
  - **MACMHB 's Center for Healthcare Research and Innovation issues analysis on impact on services to persons without Medicaid of cut in state support for CMH system**
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New format for Friday Facts highlights its multiple purposes: The Friday Facts is designed to fulfill two distinct needs: to highlight the work and accomplishments of individual MACMHB members and to be a source for MACMHB members to get information gleaned from across the nation and the state on a wide range of topics, without the members having to spend their time identifying and reviewing these numerous information sources (a "one-stop-shop" for information on the national and state developments in our field).

In an effort to ensure that both needs are met, the Friday Facts is now redesigned to have focused segments revolving around state and national developments and resources; the work and accomplishment of MACMHB member organizations; as well as the longstanding Friday Facts sections focusing on state legislative action; national Congressional, executive, and judicial action; and MACMHB committee schedules, membership, minutes, and information.

Highlighting the work of individual MACMHB members: If your organization has an event or accomplishment that you would like highlighted in an upcoming Friday Facts, send the article (200 words or less with the exact wording that you would like to have included in the Friday Facts) that you would like included in an upcoming MACMHB Friday Facts, to Bob Sheehan at [rsheehan@macmhb.org](mailto:rsheehan@macmhb.org). Feel free to provide a website address in the article, if that website can provide Friday Facts readers with additional information on the topic covered in the article (i.e., copy of an article, story, photos, and video).

## WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

### **North Country CMH Leadership Changes**

Below is a recent announcement from North Country CMH on changes in the CEO suite of the organization:

North Country CMH has announced the retirement of its longtime Director, Alexis Kaczynski. Kaczynski has been Director for almost 27 years, having taken the helm in 1990. She celebrated 35 years with the agency last year.

“It has been a privilege to watch the agency grow over this lengthy period of time and to participate in and witness the changes over the years,” Kaczynski said.

In 1990, Northern Michigan CMH served four counties with an annual budget of \$1.7 million. North Country CMH was formed through a merger of Northern Michigan CMH and Antrim Kalkaska CMH in 2003, and serves six counties (Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska and Otsego) with a budget of \$46 million and serving about 4,000 persons every year.

Christine Gebhard has been hired as the new Chief Executive Officer effective April 1. Gebhard started with Antrim Kalkaska CMH in 1997 as Prevention Coordinator and most recently was Chief Operating Officer for North Country.

“I am very pleased to accept the position as Chief Executive for this important community organization,” said Gebhard. “We have an excellent staff and a track record of providing quality services to our clients and the community in general. I’m proud to serve.”

We wish Alexis the best in her next endeavor. We wish Christine the best as she takes the reins at North Country.

## STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

### **MACMHB ‘s Center for Healthcare Research and Innovation issues analysis on impact on services to persons without Medicaid of cut in state support for CMH system**

Below are excerpts from the study, recently released by MACMHB, examining the impact of the \$200 million cut to the segment of the state’s CMH services designed to serve persons with Medicaid coverage.

Over six month period, from April, 2014 to October 1, 2014, the **State’s support for mental health services to persons without Medicaid coverage, in the form of State General Fund dollars to Michigan’s Community Mental Health (CMH) system, was reduced by 60%.**

**This reduction, of \$200 million,** which coincided with the expansion of Medicaid in Michigan, under the Healthy Michigan Plan (HMP), was to reflect the reduced level of demand for General Fund dollars needed to cover the cost of mental health services to persons who would be covered, as of April 2014, by the Healthy Michigan Plan.

However, the size of this reduction was too great and was not offset by Healthy Michigan revenues. This funding reduction created a significant hole in the state’s mental health safety net. Below is a discussion of the impact of and context for understanding the impact of that budget cut.

This cut resulted in the **elimination of mental health services for 10,000 Michigan residents.** This reduction is in **stark contrast to the steady increase in the number of persons served by the state’s CMH over the past nine years.** Thousands more had their services reduced (in frequency and/or type) in addition to those who for whom services were eliminated.

As a result of this cut...

Of the state's \$2.4 billion mental health budget (providing services to persons with mental illness and intellectual/developmental disabilities; not including substance use disorder services) only \$117 million (less than 5%) is available for services to persons without Medicaid coverage. When the portion of that 5% that is used to underwrite the costs of services to persons with Medicare coverage and the cost of services to persons with spend-down Medicaid eligibility (a Medicaid status in which the person with incomes of \$12,000 per year must spend, or the CMH spends on their behalf, approximately 2/3 of their income on health care in order to qualify for Medicaid) is removed from these funds, this 5% drops to 2.5%.

**This 2.5% of the state's mental health budget provides \$60 million per year to meet the mental health needs of the 8 million Michigan residents not covered by Medicaid. This funding level provides \$7.50 per person per year to meet the needs of these Michigan residents without Medicaid coverage and includes services such as: inpatient psychiatric care, crisis intervention services, psychiatric care and medications, psychotherapy, residential care, jail based services, and homebased care. This thin funding level leaves many holes in the public safety net – a safety net that most Michigan citizens assume (and should be able to assume) exists for them and their family member in their time of need**

The need for this analysis came from the need for a response to the continually voiced concerns from communities and state legislators of lack of access to the CMH system. Their concerns are heightened when they thought that the infusion of HMP dollars would improve access. When we explain that the HMP dollars did not close the access gap caused by the GF cuts – as is underscored in this report – and that, as result, those without Medicaid or HMP coverage have less access to CMH services than ever before, they come away with a renewed understanding of the issue.

### **Resources on the changes to 42 CFR Part 2 which took effect March 21**

The Substance Abuse and Mental Health Services Administration ("SAMHSA")'s Final Rule (<https://www.federalregister.gov/documents/2017/01/18/2017-00719/confidentiality-of-substance-use-disorder-patient-records>) on the Confidentiality of Substance Use Disorder Patient Records ("42 CFR Part 2" or "Part 2") is scheduled to go into effect on March 21, 2017. The Final Rule (which makes changes to 42 CFR Part 2), and a Supplemental Notice of Proposed Rulemaking ("SNPRM") (which proposes additional changes to 42 CFR Part 2) (<https://www.federalregister.gov/documents/2017/01/18/2017-00742/confidentiality-of-substance-use-disorder-patient-records>) were published on January 18, 2017 and were included in the Trump administration's 90-day freeze issued on January 20, 2017 for all new and pending regulations.

The Legal Action Center ("LAC") has released a brief overview (<https://lac.org/wp-content/uploads/2017/02/Part-2-Final-Rule-Summary.pdf>) of the Final Rule which describes key changes in the regulations. This overview is a starting point for stakeholders who must come into compliance with the new regulations, but is not a complete analysis of the rule or guidance on implementation of the new requirements.

### **Michigan Health Policy Forum announces open registration for discussion of first 100 days of the Trump Administration**

The Michigan Health Policy Forum, of which MACMHB is a member, announced that the registration for its May Forum is open. This year's Forum is entitled "Health Policy: A Review of the First 100 Days of the Trump Administration" and will be held on:

May 1, 2017  
1:00 pm – 4:00 pm  
Eagle Eye Golf Course  
15500 Chandler Road, Bath Township, MI 48808

The Forum's description is provided below:

The introduction of the American Health Care Act has kicked off the debate on the promise to "repeal and replace" Obamacare. The AHCA is condemned by the right for being too liberal and condemned by the left for being socially irresponsible. The Republican-sponsored AHCA proposal eliminates Medicaid expansion (Healthy Michigan) and reduces federal funding to the Medicaid program. HHS Secretary Price sent a letter to state Governors extolling the vital importance of the Medicaid program, and committing to "revamp the federal and state Medicaid partnership".

What does it mean? How will it affect Michigan?

We hope you can join the Michigan Health Policy Forum on May 1, 2017 at the Eagle Eye golf course where we will begin to unravel some of these questions. The keynote presentation will be provided by Dr. Gail Wilensky who is currently Senior Fellow at Project HOPE and has a distinguished career in healthcare working with the Pres. George H. W. Bush administration. A panel of Michigan experts will provide insight on how the various health care proposals will affect Michigan.

Register for the Michigan Health Policy Forum at: <http://michiganhpf.msu.edu/index.php/spring-2016-forum-registration>

### **CHCS releases report: Using a Cost and Utilization Lens to Evaluate Programs Serving Complex Populations**

Below is an excerpt of the recent announcement of the report by the Center for Health Care Strategies, entitled "Using a Cost and Utilization Lens to Evaluate Programs Serving Complex Populations: Benefits and Limitations", written by Rachel Davis, Center for Health Care Strategies, and Iyah Romm.

Across the country, more and more states, health plans, and provider organizations are focusing on improving care management for low-income individuals with complex medical and social needs. As complex care programs grow, it is imperative to establish which models are most effective. While funding decisions for complex care programs often center on cost and utilization, these measures may provide an overly simplified definition of success or failure.

This brief acknowledges the merits of using a cost and utilization framework to evaluate complex care programs, but takes a close look at the limitations in relying solely on this narrow lens. It reviews alternative, non-traditional metrics for assessing the value of complex care models.

The report can be found at:

[http://www.chcs.org/resource/using-cost-utilization-lens-evaluate-programs-serving-complex-populations-benefits-limitations/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=7566d26ff8-CCIL+Cost-Use+Paper+-+03%2F23%2F2017&utm\\_medium=email&utm\\_term=0\\_bbc451bf-7566d26ff8-152144421](http://www.chcs.org/resource/using-cost-utilization-lens-evaluate-programs-serving-complex-populations-benefits-limitations/?utm_source=CHCS+Email+Updates&utm_campaign=7566d26ff8-CCIL+Cost-Use+Paper+-+03%2F23%2F2017&utm_medium=email&utm_term=0_bbc451bf-7566d26ff8-152144421)

### **Don't Forget About the 2017 PAC Campaign**

Earlier this year we announced our 2017 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2017 PAC efforts. As you know, our CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

Boards should forward the results of their campaign and donations to the Board Association offices by May 5 (if available). The results of the campaign will be on-site at the Spring Conference in Dearborn. Final donations should be sent to MACMHB no later than June 30, 2017 in order to be in the drawing for the Detroit Tiger tickets if eligible. This year's Tiger game is Saturday, July 15 at 6:10pm vs. Toronto Blue Jays.

Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)

Thank you. Please feel free to contact Bob or Alan with any questions.

### **LEGISLATIVE UPDATE**

## **Opioid Package Introduced**

Prescribers would need to use a soon-to-be-revamped computer system to track a patient's prescription history or face disciplinary action, as part of a massive legislative package announced today that's designed to fight opioid abuse.

Governor Snyder said the wide-ranging legislative package, which will include Republican and Democratic bill sponsors in both legislative chambers, is designed to address several angles of the opioid addiction epidemic, including education and prevention.

Many view the Michigan Automated Prescription System or MAPS -- the computer system that tracks individuals' prescription histories -- as a "centerpiece" of the entire plan because it could flag "doctor shopping" and "pill mills" earlier. It could also identify people potentially addicted to prescriptions earlier in the process.

There is proposed legislation, sponsored by Sen. Schuitmaker (R-Lawton), to require prescribers to obtain reports from MAPS before prescribing or dispensing certain controlled substances to a patient.

Schuitmaker is also going to sponsor a bill requiring "disciplinary action" if a prescriber isn't obtaining reports from MAPS.

Other legislation planned for the package, and the lawmakers involved, includes:

- Increasing penalties for physicians and pharmacists who wrongfully prescribe, dispense, manufacture or distribute controlled substances, sponsored by Sens. Jim Ananich (D-Flint) and Margaret O'Brien (R-Portage).
- Requiring prescribers to have a bona-fide physician-patient relationship with a patient before prescribing a Schedule 2 through 5 controlled substance, sponsored by Sen. Steve Bieda (D-Warren).
- Requiring the Prescription Drug and Opioid Abuse Commission to adopt recommendations for the instruction of students on prescription drug abuse and the potential of addiction, sponsored by Schuitmaker and Rep. Beth Griffin (R-Paw Paw).
- Requiring schools to include education on opioids and the potential for addiction in health education curriculum, sponsored by Schuitmaker and Griffin.
- Requiring prescribers to provide information to patients on dangers, proper disposal and penalties for dispensing prior to prescribing a controlled substance, sponsored by Shirkey.
- Requiring physicians to provide patients being treated for an opioid overdose with information on substance use disorder services, sponsored by Sen. Rick Jones (R-Grand Ledge).
- Creating prescribing limits for opioids. Prescribers would be limited to prescribing chronic pain sufferers a 30-day supply of opioids and acute pain sufferers a seven-day supply of opioids, to be sponsored by Sen. Marty Knollenberg (R-Troy).
- Requiring pain management facilities to be licensed by the state, sponsored by Rep. Sam Singh (D-East Lansing).
- Providing treatment options for Medicaid beneficiaries suffering from opioid addiction including medically necessary acute treatment services, inpatient care and clinical stabilization services, sponsored by Schor.
- Protecting pharmacists from civil liability if the pharmacist refuses to fill a prescription, so long as they are acting in good faith and have reasonable doubt regarding the authenticity of the prescription or believe the prescription is being filled for non-medical purposes, sponsored by Rep. Kathy Crawford (R-Nov) (sic)
- Requiring parental consent and signature before a minor receives their first prescription of a controlled substance

containing an opioid. Prior to receiving consent, the prescriber should discuss with minors and their parents the potential risk of addiction and overdose, sponsored by Rep. Joseph Bellino (R-Monroe).

### **Telehealth Fix Bill On Its Way to the Governor**

We are pleased to report that this week, SB 213, sponsored by Sen. Peter MacGregor (R-Rockford), passed the full House of Representatives on Wednesday. The Senate concurred with the House changes to the bill on Thursday and sent the bill onto Governor Snyder for his signature. The bill would remove the prohibition against prescribing controlled substances via telehealth services.

SB 213 will take effect on March 29, 2017, which is the same day as SB 753 from last session. Below is a link to the final version of the bill:

<https://www.legislature.mi.gov/documents/2017-2018/billengrossed/Senate/pdf/2017-SEBH-0213.pdf>

MACMHB staff would like to thank all the members who responded to our survey questions related to this issue, the information was very helpful to House and Senate members. Also, we would like to extend special thanks to those individuals who came up to Lansing and testified in the Senate and House committees: Paula Nelson and Dr. Janis Romaik from Sacred Heart and Dr. Angela Pinheiro from CMH for Central MI.

### **NATIONAL UPDATE**

#### **Latest Changes to Health Care Bill Would Hurt Medicaid, Behavioral Health**

Conversations continued this week on Capitol Hill as congressional leaders and White House officials worked to solidify support for the American Health Care Act. On Monday evening, House Republicans released large scale amendments that include more restrictions on Medicaid expansion as well as block grant and work requirement options for state Medicaid programs. As of this writing, the House has yet to set a timeline to consider and vote on the measure.

#### **MEDICAID AMENDMENTS SUBMITTED ON AHCA**

Among the many proposed changes to the American Health Care Act this week, the following are of most importance to National Council members:

- **Medicaid Expansion** – Prevents states that have not expanded Medicaid under the Affordable Care Act from doing so at the enhanced match rate. Any non-expansion state that seeks to expand Medicaid in the future would receive its regular Medicaid match rate to cover low-income adults up to 133 percent of the Federal Poverty Level.
- **Medicaid Block Grant Option** – Beginning in 2020, the bill allows states to opt to receive a block grant for providing health care for their traditional adult and children Medicaid populations. Funding for the block grant would be determined using the same base year calculation for the per capita allotment reforms.
- **Medicaid Work Requirements** – Beginning October 1, 2017, states would have the option of instituting a work requirement in Medicaid for able bodied adults as a condition of receiving coverage. This would require many persons with mental illness and addiction to obtain employment before and during treatment. The amendment provides limited additional dollars to fund activities such as job search assistance, community service programs, vocational training, and secondary school attendance.

#### **REMOVING ESSENTIAL HEALTH BENEFITS**

As the week progressed, conversations and compromises continued between congressional leadership and the more conservative members of the GOP, namely the House Freedom Caucus. On Thursday morning, it was widely reported

that Congress was considering removing the essential health benefits requirement from all insurance plans – the AHCA already removes the requirement from Medicaid plans. These benefits include: mental health and SUD services, ambulatory services, emergency services, hospitalization, maternity and new born care, prescription drug coverage, rehabilitation treatments, laboratory services, preventive and wellness care and pediatric services.

**MACMHB committee schedules, membership, minutes, and information go to our website at <https://www.macmhb.org/committees>**

**Have a Great Weekend!**