



Michigan Association of **COMMUNITY MENTAL HEALTH Boards**

April 28, 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:

- **VOTING DELEGATES, EXECUTIVE BOARD MEMBERS, AND CMH AND PIHP BOARD CHAIRPERSONS: NEW SCHEDULE FOR ASSOCIATION MEETINGS AT SPRING CONFERENCE**
- **Work and Accomplishments of MACMHB Member Organizations**
 - Montcalm Care Network accredited as Integrated Behavioral Health/Primary Care provider
 - Northern Michigan Regional Entity announces leadership change
- **State And National Developments And Resources**
- **Article: impact of access to social services on health**
 - CHCS announces paramedicine webinar
 - Elinore McCance-Katz nominated for Trump administration's top mental health post:
 - NIDA announces new SUD and criminal justice resources
 - CHCS announces paramedicine webinar
 - MDHHS to post fiscal data on website
- **Don't Forget About the 2017 PAC Campaign**
- **Legislative Update**
 - Senate and House DHHS Pass Full Approps Committees, With Changes
- **National Update**
 - Register for Hill Day 2017
 - Health Reform Update: New Amendment Has Congress Moving Forward on Repeal and Replace
- **MACMHB committee schedules, membership, minutes, and information**

A REMINDER TO VOTING DELEGATES, EXECUTIVE BOARD MEMBERS, AND CMH AND PIHP BOARD CHAIRPERSONS: NEW SCHEDULE FOR ASSOCIATION MEETINGS AT SPRING CONFERENCE

The Association's Member Assembly, Board Chairpersons Roundtable, and Executive Board meetings that you attend at each year's MACMHB spring conference **are being held at new times and dates**. Those times and dates are listed below:

Monday, May 15, 2016

2:00pm – 6:15pm Earlybird Registration for MACMHB Spring Conference (so that those participating in the Board Chairperson's Roundtable, Executive Board and Member Assembly can register prior to those meetings, if they find this helpful)

3:00pm – 3:45pm	Board Chairperson Roundtable & Networking
4:00pm – 5:30pm	MACMHB Members: Executive Board Meeting
5:30pm – 6:15pm	MACMHB Member Assembly Meeting & Election of Officers

WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

Montcalm Care Network accredited as Integrated Behavioral Health/Primary Care provider

Below is a recent press release from Montcalm Care Network regarding its accreditation as Integrated Behavioral Health/Primary Care provider. Congratulations to Montcalm Care Network.

CARF International announced that Montcalm Care Network has been accredited for a period of three years. This accreditation decision represents the highest level of accreditation that can be awarded to an organization and demonstrates substantial conformance to the CARF standards.

This was the first year Montcalm Care Network was surveyed under the *Integrated Behavioral Health/Primary Care* standards in addition to traditional clinical services standards. “Achieving substantial compliance in our first attempt at being accredited under the Integrated Care standards for both children and adult services is a huge accomplishment,” commented Executive Director Tammy Quillan. “We couldn’t be more proud of the work MCN staff to embrace the whole health approach to services for people in Montcalm County.”

Montcalm Care Network is a governmental/not-for-profit organization with offices in Stanton, Greenville and Howard City. It has been providing services to persons of Montcalm County since 1966. The Commission on Accreditation of Rehabilitation Facilities, known as CARF, is an internationally recognized accrediting body that establishes consumer-focused standards to help organizations measure and improve the quality of their programs and services.

Northern Michigan Regional Entity announces leadership change

Below is a recent press release from the Northern Michigan Regional Entity Montcalm Care Network regarding its change in leadership. Congratulations to Eric Kurtz and his colleagues at NMRE.

Eric Kurtz has joined the Northern Michigan Regional Entity (Region 2 PIHP) as Chief Executive Officer. Mr. Kurtz has over 30 years’ of experience working in Michigan’s public behavioral health system. He held several positions at Lenawee Community Mental Health, and Washtenaw Community Health Organization. Most recently, he had been under contract with the Michigan Department of Health and Human Services (MDHHS) where he worked on the Certified Community Behavioral Health Clinic (CCBHC) grant application and Michigan’s 1115 waiver application. He brings a rich background in behavioral health to his position with NMRE.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Article: impact of access to social services on health

Below is a recent article on the research findings relative to the impact of social services on the health status of persons served and a graphic that reinforces the research findings.

Social is the Key to Reducing Healthcare Costs
 By Mary-Sara Jones Associate Partner, Government Strategy and Transformation April 24, 2017

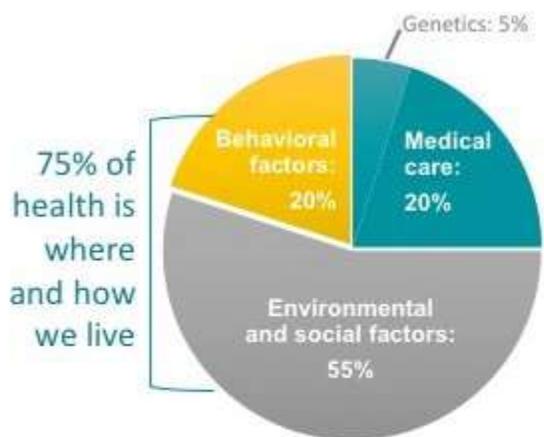
Improving social conditions reduces healthcare costs. This is a fact. We have seen it time and time again, whether it is clean drinking water, sanitation, the quality of the air we breathe, or lead paint used in residential buildings. A child growing up in a house with lead paint, will experience some level of cognitive decline. Regardless of medical intervention, the child's life will be impacted – poor performance in school, lower paying job, increased likelihood of social and health related issues. Despite this, we continue to throw vast amounts of money into services and programs to treat the impact of poor social conditions instead of investing the funds necessary to prevent negative health outcomes.

Looking globally at developed countries there is a pattern of high social spends relative to health. The US does not follow this pattern and, not coincidentally, the US has the largest per capita health spend of all developed countries. Our nation is currently consumed with a debate about how best to support healthcare, but this is the wrong question. Instead we should be asking, how we improve health outcomes and the answer is not through healthcare, it is through social programs.

Today, it is possible to assess the total costs of a person, in dollars spent and dollars lost, based on their trajectory. It is possible using data we have and analytics to examine a given population and quantify the total costs of that population by service over time. Based on education, work history and current health condition, we can pretty closely model the individual's trajectory, outcomes, and costs. This can be extrapolated to a population level, allowing the Department of Health to determine the total costs to programs over time for a specific population set.

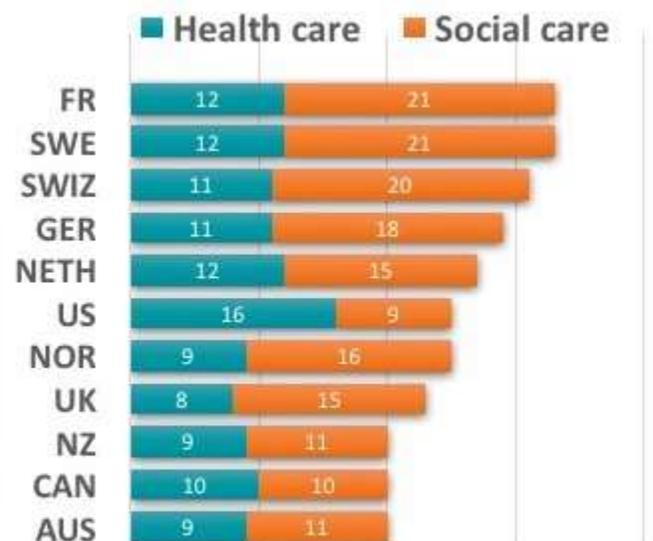
What if you knew where to invest for your community, what would you do? If you could reduce the costs of healthcare significantly through investments in other programs, would you? What would you need in the form of a business case or Return on Investment? What would you need as proof?

Further information at: <https://www.linkedin.com/pulse/social-key-reducing-healthcare-costs-mary-sara-jones>



SOURCE: Barbara I. Sowada, *A Call to Be Whole: The Fundamentals of Health Care Reform*, July 30, 2003, Praeger.

20th century 30-year life expectancy gains partly attributed to improved environmental & social conditions



Health & Social care spend as % of GDP Care

Social care spend can reduce health spend

CHCS announces paramedicine webinar

Community Paramedicine: A New Approach to Serving Complex Populations

Date: May 11, 2017, 1:30 - 3:00 pm ET

To effectively engage and serve individuals with complex medical and social needs, health care delivery systems are increasingly incorporating non-traditional roles into care teams, such as community health workers, peers, volunteers, neighborhood navigators, community paramedics, and pharmacists. This webinar will highlight two community paramedicine programs serving high-need patient populations in Wisconsin and Massachusetts. ThedaCare in northeastern Wisconsin will discuss its partnership with Gold Cross Ambulance Services to launch a community paramedicine program aimed at reducing unnecessary emergency department (ED) visits and expanding access to care for high-risk patients. Commonwealth Care Alliance will discuss its pilot program, Acute Community Care (ACC), and the ways in which it has positively impacted patient care, satisfaction, and outcomes among individuals dually eligible for Medicaid and Medicare.

State health officials, providers, health plans and other interested stakeholders are encouraged to join this 90-minute webinar.

Register at:

http://www.chcs.org/resource/community-paramedicine-new-approach-serving-complex-populations/?utm_source=CHCS+Email+Updates&utm_campaign=9d7be617ee-CHWs+Webinar+%232+-+04-24-17&utm_medium=email&utm_term=0_bbc451bf-9d7be617ee-152144421

Elinore McCance-Katz nominated for Trump administration's top mental health post:

Below are excerpts from a recent Wall Street Journal article on the nomination to the Assistant Secretary for Mental Health and Substance Abuse, a position created by the 21st Century Cures Act.

A former official in the Substance Abuse and Mental Health Services Administration, who castigated the agency after her departure for failing to focus on people with serious psychiatric illnesses, has been nominated for the Trump administration's top mental health post, according to a White House announcement. Elinore McCance-Katz, who served as SAMHSA's first-ever medical director during the Obama administration, was selected for a newly created position charged with overseeing the agency and assuming a larger role of coordinating between disparate government entities with a hand in mental health.

The position—assistant secretary in the Department of Health and Human Services—was enacted through the legislative 21st Century Cures Act, passed in November. Her nomination, which the White House announced late Friday, requires confirmation by the Senate.

Her nomination represents the Trump administration's position—one pushed by some Republicans and shared by a growing number of mental health advocates—that the government should train its resources on people with the most severe mental illnesses.

Dr. McCance-Katz, currently the chief medical officer in Rhode Island's office of behavioral health care, also hails from a state that has struggled with a growing opioid addiction crisis, a national priority for the Trump administration. She didn't respond to requests for comment.

Dr. McCance-Katz won the nomination over another finalist, Michael Welner, a forensic psychiatrist with a controversial history of testifying in several high-profile prosecutions.

Mr. Welner, who was backed by Pennsylvania GOP Rep. Tim Murphy, a leading voice on mental health policy in Congress, is still being considered to be Dr. McCance-Katz's deputy, according to two people close to the discussions.

After leaving SAMHSA in 2015, Dr. McCance-Katz wrote a scathing assessment of the agency in the *Psychiatric Times*, saying the agency's mental health division focused too much on programs that didn't provide direct services to the mentally ill, such as one that trains teachers to recognize signs of mental health problems in their students.

"There is a perceptible hostility toward psychiatric medicine: a resistance to addressing the treatment needs of those with serious mental illness and a questioning by some at SAMHSA as to whether mental disorders even exist," she wrote. "For example, is psychosis just a 'different way of thinking for some experiencing stress?'"

Her view aligns with that of Mr. Murphy, who conceived of the position along with a larger overhaul of the nation's mental health system to more effectively deliver treatment. It also won broad praise from advocates. "Dr. McCance-Katz is the perfect choice to drain the swamp at SAMHSA and ensure the most seriously mentally ill are sent to the head of the line for services, rather than to jails, shelters, prisons and morgues," said DJ Jaffe, executive director of Mental Illness Policy Org.

NIDA announces new SUD and criminal justice resources

The National Institute on Drug Abuse (NIDA) is pleased to announce new resources for those who work in the criminal justice system or in treatment centers. These resources can be found on our website at www.drugabuse.gov/related-topics/criminal-justice and include the following:

- The Drugs & the Brain Wallet Card is designed for distribution to inmates or patients during re-entry counseling, although it could also be useful during drug counseling while incarcerated or for those in a structured treatment setting. It provides a brief explanation of triggers, risk of overdose upon relapse, and encouragement to live drug-free. It includes resource numbers/websites and a space to personalize with local resources or individual triggers.
- The Science of Drug Use: Discussion Points is for judges, counselors, and others who work within structured settings—offering language to use when talking with teens and young people in particular. It reinforces the concept that addiction is a brain disease and needs treatment and ongoing attention.
- The Easy-to-Read Drug Facts are brief, printable documents at lower literacy levels that include information about specific drugs, as well as the negative impact of drug use, the nature of addiction, and treatment and recovery.

The NIDA wallet card is a hard-copy resource that can be ordered FREE of charge from NIDA's Research Dissemination Center. <https://drugpubs.drugabuse.gov/publications/drugs-brain-wallet-card>

Please feel free to share this information with colleagues you think may find it useful. If you have questions or comments, please contact Brian Marquis, NIDA Public Liaison Officer bmarquis@nida.nih.gov.

MDHHS to post fiscal data on website

MDHHS recently indicated that it would be posting, on the MDHHS website, several year-end fiscal reports (the Medicaid Utilization and Net Cost Report (MUNC) and the General Fund Utilization and Net Cost Report (GFUNC) as part of the Department's efforts at transparency. These postings are expected to appear in late May.

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

Senate and House DHHS Pass Full Approps Committees, With Changes

Last week the House and Senate DHHS subcommittees released their FY18 budget recommendations. This week both budgets were passed out of the full Appropriations committees. The Senate budget was passed out of committee on Wednesday and the House budget passed their full committee the following day.

Senate Budget Changes

The Senate budget still contains Section 234, which calls for the privatization of the entire system by transferring the full Medicaid behavioral health and intellectual/developmental disability dollars to the private health plans by September 30, 2020, Sen. Shirkey did offer two amendments one impacting Section 234 and one impacting Section 298.

Sen. Shirkey's amendment on section 234 calls for any savings from a pilot project must be reinvested back into services and a report must be provided. Below is the amendment:

For the duration of the integration pilot or demonstration model, the managing Medicaid health plan shall capture all behavioral health efficiency savings and reinvest those savings back into services for the Medicaid behavioral health population covered by the pilot or demonstration model. The managing Medicaid health plan must submit a report to the Senate and House appropriations subcommittee on the department budget, the fiscal agencies, policy offices, and the state budget office by April 1 on any efficiencies and savings resulting from the pilot or demonstration model.

Sen. Shirkey's amendment on section 298 suggests that outcomes of potential models and pilot projects be consider when assessing and making recommendations regarding the most effective financing and service delivery models for the provision of Medicaid behavioral health services. Below is the amendment:

It is the intent of the legislature that the department shall consider outcomes of pilots implemented under this section and the integration pilots recommended under section 234 when assessing and making recommendations regarding the most effective financing and service delivery models for the provision of Medicaid behavioral health services.

House Budget Changes

The House budget did have an amendment added in committee offered by the Chair, Rep. Laura Cox that calls for up to 3 pilots that use a single contract between the state and licensed health plans. The amendment passed on a partisan vote, 18 Republicans voted yes and 11 Democrats voted no. Below is the amendment language:

(4) In addition to the pilot described in subsection (2), the department shall implement up to 3 pilots to achieve a total Medicaid behavioral health and physical health benefit and financial integration demonstration model. These demonstration models shall use single contracts between the state and each licensed Medicaid health plan that is currently contracted to provide Medicaid services in the geographic area of the pilot. The department shall ensure the pilots described in this subsection are implemented in a manner, including, but not limited to:

(a) That allows the CMHSP in the geographic area of the pilot to be a provider of behavioral health supports and services.

(b) That is consistent with the stated core values as identified in the final report of the workgroup established in section 298 of article X of 2016 PA 268.

(c) That provides updates to the Medical Care Advisory Council, Behavioral Health Advisory Council, and Developmental Disabilities Council." and renumbering subsections accordingly.

We are obviously disappointed to see this language added in full committee, but again please keep in mind this is the first step of the process. At the end of the day, it is highly doubtful either version House or Senate will be the final product related to integration.

NATIONAL UPDATE

Register for Hill Day 2017

The time to protect our nation's most vulnerable populations is now, and we know that our voices are louder together.

Join us at Hill Day 2017, October 2-3, the nation's largest behavioral advocacy event, to stand up and be heard on mental health and addictions.

[Register today.](#)

Fired up and ready to go now? Start honing your advocacy skills by taking action today on our [Unite4BH page](#).

Health Reform Update: New Amendment Has Congress Moving Forward on Repeal and Replace

A new amendment to the American Health Care Act (AHCA) would give states greater authority to roll back key provisions of the Affordable Care Act (ACA), including the essential health benefits and protections for those with pre-existing conditions. This amendment could be particularly harmful to those with mental illness and addiction as it would create greater barriers to accessing care and having these important services offered at parity with primary care services. The National Council remains opposed to this legislation and is calling on advocates to speak up today to urge legislators to vote "No" on AHCA.

The AHCA amendment, introduced late Tuesday night, was written primarily by moderate Republican Rep. Tom MacArthur (R-NJ) and leaders of the more conservative House Freedom Caucus. While the House Freedom Caucus officially endorsed the bill on Wednesday, the more moderate Tuesday Group has offered no such praise or support. In fact, several moderate Republicans have already come out against the amendment as it does not alter the underlying concerns they had with the bill last month. House leaders are currently counting votes in the hopes of passing the bill by week's end.

The amendment would allow states to submit a waiver application to exempt themselves from the provisions of the ACA that require insurers to offer a minimum set of essential benefits and that bar higher premium payments for people with pre-existing health conditions and for older Americans. To receive a waiver, states must demonstrate that they have established a high-risk pool. The amendment stipulates that waivers must be approved by default so long as they meet at least one of the following criteria:

- Reduces average premiums for health insurance coverage;
- Increases enrollment in health insurance coverage;

- Stabilizes the market for health insurance coverage;
- Stabilizes premiums for individuals with pre-existing conditions; or
- Increases the choice of health plans in the states.

For mental health and addiction advocates it is important to note that these are particularly low thresholds, as reducing premium rates can be done by offering fewer benefits or dropping more expensive coverage protections like mental health and addiction treatment services.

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

Have a Great Weekend!