



Michigan Association of **COMMUNITY MENTAL HEALTH Boards**

May 26, 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:
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STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Macomb County Board of Commissioners passes resolution in support of public system

Below is an excerpt from a recent article in the Clinton Township Patch highlighting the support, by the Macomb County Board of Commissioners, for the state's public mental health system.

The Macomb County Board of Commissioners overwhelmingly passed a resolution in support of Community Mental Health Services Programs at their May 18th Full Board meeting. The resolution states that the Board "supports maintaining public oversight of mental health services and does not support abandoning its constitutional obligation or relinquishing its moral charge to assist in supporting the dreams and aspirations of the most vulnerable persons."

The timing of this resolution is due to budget conversations happening in Lansing about the restructuring and possible removal of public Community Mental Health boards overseeing behavioral health services provided to lower income residents. It urges Michigan legislators to appropriate a budget "which includes a policy that preserves the public oversight and public delivery of Community Mental Health services that currently exists."

“Privatizing these services could cause a lot more people to fall through the cracks,” said Board Chair Bob Smith (D – Clinton Twp.) at the May 8th meeting where the resolution was first introduced. Commissioner Don Brown (R – Washington Twp.) added “There are many good points in here that support our position and help make sense of this complex topic.”

This resolution will be sent to the Governor’s Office, State Legislators, and others to influence the upcoming decisions on public health policy.

A number of other county commissions, across that state, are passing similar resolutions.

Governor announces greater availability of life saving Naloxone

Below is a recent announcement from MDHHS and the Governor’s Office related to the approval, by the Governor, of a standing order making naloxone, a medication that can save the life of a person experiencing an opioid overdose, more widely available. We applaud the Governor and the leadership of MDHHS for this decision.

I wanted to take a moment to share with you a release that has just come out from the Governor’s office on the authorization of the standing order to make Naloxone treatment widely available in Michigan. Chief Medical Executive Dr. Eden Wells has been working closely with Governor’s Prescription Drug and Opioid Abuse Task Force as they recommended making naloxone more accessible in the state.

Under the standing order pharmacists across the state can register with the department in order to be authorized to make naloxone available to eligible individuals. The department also continues its efforts to increase awareness of the dangers of opioid abuse and will soon be airing a comprehensive media campaign on this issue. As those materials are available we will certainly share them with you as well.

Special thanks to the work of the Michigan Pharmacists Association, the Michigan Association of Community Mental Health Boards and the Michigan Association for Local Public Health for their member efforts to help implement this program successfully.

Geralyn Anne Lasher
Senior Deputy Director for External Relations and Communications
Michigan Department of Health and Human Services

PRESS RELEASE: LANSING, Mich. – Gov. Rick Snyder today authorized the Michigan Department of Health and Human Services to issue a standing order pre-authorizing the distribution of naloxone by pharmacists to eligible individuals.

“Naloxone is a tool in the fight against opioid addiction that can save lives immediately and we need to make sure all residents statewide have access, both in rural areas and urban centers,” Gov. Snyder said. “Our entire state has been affected by this horrible epidemic. I have said that state government will use all possible resources to reverse the course of the opioid crisis. This is one more action that demonstrates our full commitment to addressing the problem.”

Naloxone is a fast-acting medication that reverses opioid overdose. Pharmacies that obtain the standing order will be able to dispense naloxone to those at risk of an opioid-related overdose, as well as family members, friends, or other persons who may be able to assist a person at risk of an overdose. Currently, naloxone is only available to be administered by law enforcement or other first responders.

“As we continue our fight against opioid addiction, this order makes naloxone more accessible for those most likely to need it,” said Dr. Eden Wells, chief medical executive of MDHHS. “This is a vital step in reducing deaths related to opioid addiction in Michigan. By allowing for shorter response times in emergency situations, we can help save lives.”

States nationwide have experienced a dramatic increase in the number of opioid-related overdoses in recent years. In Michigan, the number of heroin-related overdose deaths increased from 1.1 per 100,000 residents in 2007 to 6.8 per 100,000 residents in 2015. Opioids, including heroin and prescription drugs, accounted for 473 deaths in 2007; in 2015, that number increased to 1,275.

As part of their final recommendations, Gov. Snyder's [Prescription Drug and Opioid Abuse Task Force](#) found that naloxone is a safe and lifesaving drug that should be more accessible. In 2016, Public Act 383 was passed giving the chief medical executive authority to issue a standing order that does not identify a patient for the purpose of dispensing naloxone. To dispense naloxone under the standing order, pharmacies must register with MDHHS online at www.michigan.gov/naloxone.

When obtaining naloxone from a pharmacy, individuals will be provided with the steps for responding to an opioid overdose as well as important information about where to go for treatment services. Pharmacies will be required to keep track of the amount of naloxone dispensed and will report these numbers to MDHHS on a quarterly basis.

To learn more about drug treatment services available near you, visit www.michigan.gov/bhrecovery.

HMA announces registration for conference on the future of Medicaid

Health Management Associates recently announced that Early Bird Registration is now open for our second conference on *Trends in Publicly Sponsored Healthcare*, September 11-12, at the Renaissance Chicago Downtown Hotel. The theme of this year's event is ***The Future of Medicaid is Here: Implications for Payers, Providers and States***. Featured speakers already include some of the nation's most innovative healthcare leaders:

Confirmed Speakers to Date

(in alphabetical order; others to be announced)

- Laurie Brubaker, SVP, Aetna Medicaid
- Mari Cantwell, Medicaid Director & Chief Deputy Director, Health Care Programs, California Department of Health Care Services
- David Cotton, CEO, Meridian Health Plans
- Susan Fleischman, MD, VP, Medicaid, CHIP, and Charitable Care, Kaiser Permanente
- Patrick Gordon, Associate VP, Rocky Mountain Health Plan, a UnitedHealthcare plan
- Tamara Hamlish, Executive Director, ECHO-Chicago, Project Manager, HepCCATT
- Jesse Hunter, EVP, Products, Centene Corp.
- Gary Jessee, Deputy Executive Commissioner, Medical and Social Services, Texas HHS
- Nathan Johnson, Chief Policy Officer, Washington Health Authority
- Patti Killingsworth, Assistant Commissioner and Chief of Long-Term Services and Supports, Bureau of TennCare
- MaryAnne Lindeblad, Medicaid Director, Washington Health Care Authority
- Allison McGuire, Executive Director, Montefiore Hudson Valley Collaborative
- Mario Molina, MD, President, CEO, Molina Healthcare
- Michael Monson, Corporate VP, Long Term Care & Dual Eligibles, Centene Corp.
- Pamela Morris, President, CEO, CareSource
- Joe Moser, Director of Medicaid, Indiana Family and Social Services Administration
- Christopher Perrone, Director, Improving Access, California Health Care Foundation
- Judy Mohr Peterson, Medicaid Director, Hawaii State Department of Human Services
- June Simmons, President, CEO, Partners in Care Foundation
- Fran Soistman, EVP, Government Services, Aetna, Inc.
- Paco Trilla, MD, Medical Director, Neighborhood Health Plan of Rhode Island
- Paul Tufano, Chairman, CEO, AmeriHealth Caritas

Register at: <https://2017futureofmedicaid.healthmanagement.com/>

For information about group rates and sponsorship opportunities, contact Carl Mercurio at cmercurio@healthmanagement.com or (212) 575-5929

NARMH announces national rural mental health conference

National Association for Rural Mental Health 43rd Annual Conference
San Diego, California
September 6-8, 2017

Hilton San Diego Resort – We have a room block rate of \$125 single/double. The deadline to receive the hotel room block rate is Tuesday, August 8, 2016. Reserve your hotel room early!

Online registration is now open! Visit the conference website at www.narmh.org.

NARMH's Annual Conference is the premier interdisciplinary event for rural families, community members, clinicians, researchers, administrators and policy professionals. The NARMH conference provides great information and networking opportunities regarding all aspects of rural practice, research and policy.

For forty three years, the National Association for Rural Mental Health conference has provided the best venue for mental health professionals to learn and partake in the networking opportunities including improving access to treatment facilities, availability and acceptability of mental health and substance abuse services to rural communities.

This year's conference has been developed to address the topic: **“Exploring What Works: Caring for the Country”** in a terrific city with great food, beautiful views and fun things to do. This year's conference will explore the opportunities and challenges as our health, behavioral health, and social service systems respond to healthcare reform initiatives and the evolving healthcare market. The Conference will bring together rural community stakeholders from the practice (children and adult services, early intervention, prevention, health, and juvenile justice); research (prevention, intervention, treatment, integration, and evaluation); policy (mental health, substance abuse, health, and law enforcement); and provider constituency groups to discuss the path ahead for rural communities in the changing healthcare/mental health environment.

Attend the Wednesday opening plenary session on Veteran's issues “Why Do We Have the VA System... And What's Rural Got to Do With It” followed by breakout sessions on the same topic. This plenary session will provide a brief history of the Veteran's Administration, its reason for existing and the importance of its mission for Rural America. Thursday's plenary is on the topic of housing “Housing the Hardest to Serve in Rural Communities: Innovations and Best Practices” which provides an overview of housing resources available in rural communities and best practices in developing housing first models for SMI and homeless populations. Friday is a combined panel session with the California Institute for Behavioral Health Solutions on workforce issues.

Attend the five concurrent tracks on the following topics Affordable Care Act impact on rural behavioral health; Workforce innovations; Peer driven solutions in rural behavioral health; Technology and Outreach; Evidence Based Practices and Programs tooled to fit rural; Programs and Services that work for rural people; From the Bench to the Ranch - Linking rural research to rural practice; Meeting the challenge of serving rural Veterans; State Psychiatric Hospitals - The interface between the hospital and the community; and Corrections - The defacto mental health system of the 21st century...

Meet new colleagues in your interest area(s) throughout the conference and in the networking sessions. Visit the conference website at www.narmh.org for more details on the conference and to register online. Continue to check the conference website as we will continue to update it with other important and interesting sessions and topics.

CEUs will be offered for the conference for social workers and licensed professional counselors. More information can be found on the conference website.

If you have additional questions after visiting the NARMH 2017 conference website at www.narmh.org, please contact Lu Ann Rice, NARMH Event Planner, by email at luann@together.com or phone 320.202.1831.

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 Committee Hears Testimony on Opioid Bills

Members of the Senate Health Policy Committee heard testimony last week from another side of the issue, as representatives of physicians and pharmacists told members studies show most opioids are being obtained through friends, not prescribers, roughly 55 percent of the time. The bills currently being discussed in the Committee include Senate Bills 270, 272, 273 and 274, all of which are a part of a large bipartisan, bicameral package of legislation intended to address the heavily discussed issue of opioid addiction within the state.

Responding to the spokespersons, Committee Chair Senator Mike Shirkey (R-Clarklake) agreed, noting that all areas of the abuse would be covered, including: supply, education and responsibilities, and treatment and police activity in addition to the issues discussed in the aforementioned bills. The Senate Bills call for the requirement of prescribers to have a relationship with their patient before prescribing opioids, to provide information to said patient about opioid use, and to also prescribe an opioid antagonists if necessary.

One aspect that the bills do not address, but should, according to Colin Ford with the Michigan State Medical Society, is why patients get addicted to the opioids. Dr. Tina Tanner, with the Michigan Academy of Family Physicians agreed, adding that the state also needs to increase the amount of drop-off bins for old and unused prescriptions in the state as well as the implementation of full "interoperability" for electronic patient records. No action was taken on the bills, however, Mr. Shirkey noted they might see a vote next week.

Target Meetings Postponed

High-level meetings over the FY18 were postponed indefinitely this week after Senate Majority Leader Meekhof (R-West Olive) and House Speaker Leonard (R-DeWitt) told Gov. Snyder they want to close the teacher pension system as part of the budget and the Governor still wasn't sold.

The morning meeting with the three leaders was, according to multiple sources, civil and cordial, but yielded a stark difference in how the executive branch and the legislative branch want to move forward with FY18 budget.

Meekhof and Leonard have been open about making the closure of the Michigan Public Schools Employee Retirement System or MPSERS to new hires their top priority. Doing so, however, comes with a cost and leaders haven't agreed on even closing MPSERS, let alone what the cost is. Estimates have ranged to between \$680 million in the first year to as low as \$400 million in FY 2018. Then there are the costs in the many years to follow.

No timetable has been set when the three leaders will meet again and agree on budget targets.

NATIONAL UPDATE

Cast Your Vote Now for Ed Woods – 2017 National Council Board Elections

Please take time to vote for Ed Woods, Lifeways Community Mental Health board member and past president of MACMHB, to retain his position on the National Council Board of Directors. Michigan has been represented on the National Council Board for several years, it is important that we keep that seat for Region 5, which represents Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

There are 3 candidates running for two spots – voting is easy, just click on the link below and follow the directions.

Candidates have submitted their applications for the 2017-2018 National Council Board Elections and this is your chance to read their stories, vision, and achievements to help you make a meaningful decision on who you would like to advocate for you in the critical days and year ahead.

Voting for the National Council's 2017 Board of Directors opened on May 1. Elections are being held to fill 7 Regional seats (Regions 1, 2, 3, 5, 6, 8, and 9) this year. Voting will close at 11:59 PM PST on June 1, 2017.

[To vote, click on your region on this page](#), select your candidate, and submit your ballot. Note: One (1) vote per member organization and you may only vote for a candidate in your region.

- Region 1: CT-MA-NH-ME-VT-RI
- Region 2: NJ-NY-PR-VI
- Region 3: DC-DE-MD-PA-VA-WV
- Region 5: IL-IN-MI-MN-OH-WI
- Region 6: AL-LA-NM-OK-TX
- Region 8: AZ-CO-MT-ND-SD-UT-WY
- Region 9: CA-HI-NV

[The National Council Board of Directors is strongly committed to encouraging diversity in all facets of its work](#), reflecting broad representation across our industry and the inclusion of all stakeholders.

Please don't hesitate to contact me with any questions you might have, or you can contact Liane Kluge, Senior Director, Membership for the National Council, LianeK@TheNationalCouncil.org, 202-748-8793.

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](#).

CBO Releases New AHCA Score

The Congressional Budget Office on Wednesday released an updated score for the American Health Care Act, the House GOP healthcare bill, that said it could leave millions more uninsured and undermine protections for people with preexisting conditions.

The CBO projected that 23 million more Americans would be uninsured by 2026 compared with the current healthcare system — slightly lower than the 24 million more Americans it estimated would be uninsured under the previous iteration of the bill.

"Premiums would vary significantly according to health status and the types of benefits provided, and less healthy people would face extremely high premiums," the CBO's report said.

The report, conducted in the wake of two amendments to the bill before it passed the House earlier this month, projected that the AHCA would cut the federal deficit by \$119 billion — \$32 billion less than the savings the CBO estimated in March.

That aspect is crucial because Republicans introduced the bill using a process known as budget reconciliation, which means it must be projected to shave at least \$2 billion from the federal deficit to be able to pass with a simple majority in the Senate. House Speaker Paul Ryan had delayed sending the bill to the Senate in anticipation of the latest CBO score.

The report also confirmed one of the biggest worries of health-policy experts and constituents: that the bill could undermine protections for people with preexisting conditions.

The CBO looked at the possible effects of an amendment that would allow states to apply for a waiver to repeal the essential health benefits and community-rating protections established by the Affordable Care Act, the healthcare law also known as Obamacare.

About one-sixth of the US population lives in a state that the CBO projects would receive a waiver for community rating, which mandates insurers charge people of the same age living in the same area the same premiums. Health-policy experts have said that by repealing community rating, insurers could charge people with preexisting conditions more and price them out of the market.

That concern was echoed by the CBO and Joint Committee on Taxation's report, which projected that sick people could eventually be priced out of insurance:

"CBO and JCT expect that, as a consequence, the waivers in those states would have another effect: Community-rated premiums would rise over time, and people who are less healthy (including those with preexisting or newly acquired medical conditions) would ultimately be unable to purchase comprehensive nongroup health insurance at premiums comparable to those under current law, if they could purchase it at all — despite the additional funding that would be available under HR 1628 to help reduce premiums."

The report's conclusions run contrary to statements from Republicans leaders who had said that even with the waiver provision, the AHCA had "layers of protections" to make sure people with preexisting conditions would be covered.

The CBO said that about one-third of the population lived in states that would receive waivers for the essential health benefits, a set of procedures and care — such as maternity care and emergency-room visits — that insurers are mandated to cover. Their elimination would cause premiums to fall 20% from the current baseline in those states, according to the CBO, because "insurance policies would provide fewer benefits."

In states that waive the benefits, the CBO said, more people could have coverage but end up paying higher costs.

"Although premiums would decline, on average, in states that chose to narrow the scope of EHBs, some people enrolled in nongroup insurance would experience substantial increases in what they would spend on healthcare," the

report said. "People living in states modifying the EHBs who used services or benefits no longer included in the EHBs would experience substantial increases in out-of-pocket spending on healthcare or would choose to forgo the services."

The report said out-of-pocket costs for things like maternity care, substance-abuse treatments, and mental-health care would increase substantially for some people.

In its earlier reports, the CBO said previous versions of the AHCA would not cause the ACA's individual insurance exchanges to become unstable. With the waiver provision, however, that wouldn't be the case.

"The agencies estimate that about one-sixth of the population resides in areas in which the nongroup market would start to become unstable beginning in 2020," the report said. "That instability would result from market responses to decisions by some states to waive two provisions of federal law, as would be permitted under HR 1628."

The Senate is expected to craft a healthcare bill of its own instead of using the current form of the AHCA.

The Kaiser Family Foundation released a tool to compare the recently passed American Health Care Act (AHCA) to the Affordable Care Act (ACA). This tool can be accessed at: http://kff.org/interactive/proposals-to-replace-the-affordable-care-act/?utm_source=AHCA+Post+Vote+Alert+-+May+5+2017&utm_campaign=AHCA+May+5+2017&utm_medium=email

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

Have a Great Weekend!