



Michigan Association of **COMMUNITY MENTAL HEALTH Boards**

June 2, 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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WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

Lenawee CMH holds successful 3rd annual 5K anti-stigma run

Below is an excerpt of a recent letter from a Lenawee CMH Board member announcing the organization's 3rd annual 5K run against stigma.

Some good news amidst everything else going on... a few weekends back on a morning that threatened storms, we had over 400 participate in our 5K, including Lt Gov Brian Calley. I attached an article from our local paper where we were splashed on the front page. This was the 3rd year for our event and each year we've grown and have become the definitive race in Lenawee County. It's heartwarming to see so many come out and support mental health awareness, CMH and the importance of fitness in relation to mental health.

Greg Adams; LCMHA Board Member

The link to the media coverage of the event:

<http://www.lenconnect.com/news/20170522/e-race-stigma-5k-brings-in-crowd>

Behavioral Health Workforce Research Center issues results of study involving SWMBH

Southwest Michigan Behavioral Health (SWMBH), one of the state's public Prepaid Inpatient Health Plans (PIHPs) was a core partner in a cutting edge study of the behavioral health workforce. Excerpts of the study summary are provided below. The full study summary can be found at: <https://tinyurl.com/ydxam873>

Behavioral Health Workforce Research Center at the University of Michigan's School of Public Health
Workforce Factors Impacting Behavioral Health Service Delivery to Vulnerable Populations: A Michigan Pilot Study

KEY FINDINGS

February 2017

Jessica Buche, MPH, MA, Angela J. Beck, PhD, MPH, Phillip M. Singer, MHSA, Brad Casemore, MHSA, LMSW, FACHE, Dawn Nelson, MS

Despite legislative efforts to improve coverage of mental health and substance use disorder treatment, there are subpopulations within the United States that continue to have high prevalence of and poorer access to behavioral health services, often deemed *vulnerable populations*. As part of a vulnerable population, patients face numerous barriers to accessing quality behavioral health care that are not easily remedied. To better understand these challenges, a pilot study was conducted to assess behavioral health workforce supply and need, barriers to recruiting and retaining care providers, and the extent to which care coordination occurs with primary care providers in underserved, rural populations in southwest Michigan.

Key study findings indicate a need for more provider training on addressing cultural and language barriers between patients and providers, implementing integrated care models, management training, and leadership development; a need for more qualified candidate pools to fill positions; and a need for recruitment incentives such as flexible work hours or financial incentives to attract providers to rural areas.

Policies and programs focused on addressing recruitment and retention barriers, enhancing training initiatives, and implementing integrated care to treat co-occurring disorders may help enhance workforce capacity and access to care for underserved populations.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Advocacy around Section 298/234 heats up

- A. Several billboards, in opposition to the privatization of the state's public mental health system, have appeared along the northern stretches of I-75. While it is unclear who is sponsoring these billboards, their message is a welcome addition to the advocacy effort of the thousands of consumers, families, advocacy groups, and MAMCHB members and allies who have and continue to speak out in opposition to the proposed privatization/profitization proposals. The media coverage of these billboards is provided below and in the attached:

Michigan radio coverage: <http://michiganradio.org/post/en-route-mackinac-policy-conference-billboards-warn-against-selling-out-mental-health-care>

Politics Central coverage: <https://www.politicscentral.org/billboards-take-aim-lawmakers-mental-health-controversy/>

Crain's Detroit coverage can be found at: <https://tinyurl.com/y9qklls2>

- B. Several Walk-a-Mile rallies were held across the state, last week, in support of the state's public mental health system, in opposition to the privatization/profitization proposals (298, 234) contained in the FY 18 MDHHS budgets, and in the on-going effort to fight stigma and foster community support for community based behavioral health and intellectual/developmental disability services and supports. Hundreds of persons attended these rallies in Gogebic County (sponsored by Gogebic County CMH), Marquette County (sponsored by Pathways (the CMH serving that community), and Mason County (sponsored by West Michigan CMH). The press coverage of the Marquette event can be found at:
<http://www.miningjournal.net/news/front-page-news/2017/05/walk-a-mile-in-my-shoes-rally/>
- C. The Macomb County Board of Commissioners recently passed a resolution in support of the state's public mental health system and in opposition to the proposals, contained in the FY 18 MDHHS budgets being discussed by the House and Senate, to move the system toward privatization (Sections 234 and 298). The media story on the resolution can be found at: <https://patch.com/michigan/clintontwp/county-commissioners-support-mental-health>. The resolution language is attached.
- D. The members of the Michigan House of Representatives, representing Oakland County, recently sent a letter to the Speaker of the House underscoring concerns with the privatization proposals contained in the FY 18 MDHHS budgets being debated in the House and Senate. This bi-partisan letter can be found at:
<https://tinyurl.com/y92d49su>
- E. A number of state legislators representing the Washtenaw County community held a public discussion on the on-going negative impact of the state's GF cuts (in 2014 and 2015) and the privatization proposals contained within the FY 18 MDHHS budget (Section 234 and 298). The media coverage of that discussion can be found at:
http://www.mlive.com/news/ann-arbor/index.ssf/2017/05/lawmakers_say_mental_health_cu.html#incart_river_index

MPCC and Altarum offer two sessions on VBR and HIT

The Michigan Primary Care Consortium (MPCC, of which MACMHB is a Board member) and Altarum and the Michigan Center for Effective IT Adoption are hosting a free online discussion about Michigan's vision for health information technology (HIT).

Register for one discussion since the same information will be covered on both days.. If you have already registered, you do not need to register again.

Register for June 5 10-11 am :<https://register.gotowebinar.com/register/6746222200208487683>

Register for June 13; 3-4 pm: <https://register.gotowebinar.com/register/6746222200208487683>

MPCC offers this members-only opportunity so you can get more of your questions answered about how state government and related public/private entities are building a statewide HIT ecosystem. We'll also explore how this ecosystem relates to value-based reimbursement.

A five-page brief on this initiative is available at: <https://tinyurl.com/yanaenuh>

NARMH and NACBHDD offer rural practice webcast

The National Association of County Behavioral Health and Developmental Disability Services Directors (NACBHDD) and the National Association for Rural Mental Health (NARMH) are offering a continuing education opportunity focusing on rural practice topics. NARMH and NACBHDD are a joint partner in the 9th Annual Rural Behavioral Health Practice Conference on October 6, 2017.

To be as accessible to rural professionals as possible, this conference is webcast. Often rural professionals want continuing education on rural practice topics, and they want to network as they attend a conference, but they can't bear the expense and time of driving to a big city. Group Webcast Sites pull people from about 60 miles around to attend the Rural Behavioral Health Practice Conference. Two volunteers staff each site and receive a significant registration discount. See the attached Invitation to Host a Group Webcast for details. You can call Conference Coordinator Kay Slama, Ph.D. at 320-905-6051 slama@morris.umn.edu to become a Group Webcast Host or ask your questions.

Field Denounces Budget 'Attack' on Medicaid, Critical MH Supports

Mental Health Weekly recently (May 29, 2017) carried a very thorough summary of the views of the leading voices within the behavioral health and intellectual/developmental disability services and supports field on the FY 18 budget recently announced by President Trump. That article, while long, is provided in its entirety below, in that it covers many of the major points of concern raised by those working in this field.

Cuts to Medicaid, research, prevention programs and behavioral health workforce investments proposed in President Donald Trump's FY 18 budget would be devastating to the mental health community, represent an "attack" on the needs of vulnerable Americans and roll back many of the advances the field has witnessed, say advocates.

Trump's budget calls for more than \$252 million in cuts to the Substance Abuse and Mental Health Services Administration (SAMHSA). Programs potentially affected include the Community Mental Health Services Block Grant, the Primary and Behavioral Healthcare Integration Program and the Behavioral Health Workforce Education and Training Program.

The U.S. Department of Health and Human Services budget is set at \$69 billion for FY 18, representing a \$15.1 billion decrease from the FY 17 budget.

Included in the proposal is a 13.2 percent cut for the U.S. Department of Housing and Urban Development, including elimination of the Community Development Block Grant. The budget would also cut \$7.2 billion from the National Institutes of Health (NIH) — approximately a 21 percent decrease from the FY 17 level, which would result in 1,946 fewer grants.

The Trump proposal contains more than \$600 billion in reductions over the next decade from the Medicaid program, which could eliminate Medicaid benefits for about 7.5 million people, according to the American Psychological Association (APA). The proposal also includes the option for states to choose between a per capita cap or a block grant beginning in FY 2020.

What would this mean for Medicaid? The recently passed GOP House reform bill, the American Health Care Act, proposes that Medicaid be slashed by \$839 billion over the next decade.

"The only silver lining is that the budget likely will never become law, but it is troubling to see the administration pricing directly matching what's in the House health care reform bill," Chuck Ingoglia, senior vice president of public policy and practice improvement for the National Council for Behavioral Health, told *MHW*.

Congress completed its 2017 appropriations bill on April 28. Lawmakers worked cooperatively and in a bipartisan fashion to put the FY 17 bill together, said Ingoglia. The FY 18 proposed appropriations bill is substantially different from what Congress passed, he said.

"Trump is attacking everything from research to services, disability supports — everything anyone with mental illness [needs] to live in the community," Ingoglia said.

Ingoglia pointed to the 21st Century Cures Act (H.R. 34), which provides major investments in opioid treatment and other prevention and treatment supports. The bill passed Congress last December (see *MHW*, Dec. 12, 2016). “It’s like they’re giving with one hand and taking away with the other,” he said.

Public education nixed

One of the National Council’s signature programs, Mental Health First Aid, would be “zeroed out,” according to the budget proposal, Ingoglia said. The public education program is helping communities understand mental illness and seek timely intervention.

“The budget proposal attacks so many different areas fundamental to people with mental health and addictions disorders,” Ingoglia said. Discretionary programs, the Substance Abuse and Mental Health Services Administration budget, Social Security, disability programs and the Medicaid program itself are all facing cuts, he said.

Ingoglia added, “Taken together, the budget proposal [represents] an unprecedented attack on vulnerable Americans living with mental illness.”

Services in jeopardy

The president of the American Psychological Association said the proposed cuts threaten critically needed services. “This budget, if enacted, would jeopardize our nation’s educational, scientific and health enterprises and limit access to critically needed mental and behavioral health services,” Antonio E. Puente, Ph.D., said in a press release.

Puente added, “These cuts would disproportionately affect people living in poverty, people with serious mental illness and other disabilities, women, children, people living with HIV/AIDS, older adults, ethnic and racial minorities, immigrants and members of the LGBTQ [lesbian, gay, bisexual, transgender and queer] community.”

“APA would like Congress and the administration to follow through on the intentions of the 21st Century Cures Act,” Karen Studwell, J.D., associate executive director of education government relations at the APA, told *MHW*. Congress makes mental health one of its priorities in the legislation, she said.

Making sure mental health is important and improving services to individuals with serious mental illness is essential, Studwell said. “Mental health was a priority for them in December,” following passage of the 21st Century Cures Act “and should continue to be so,” she said. The Senate passed H.R. 34 with a 94–5 vote on Dec. 7, 2016, following an earlier victory when the House passed it 392–26 on Nov. 30, 2016.

Studwell noted that the legislation includes provisions from the Helping Families in Mental Health Crisis Act of 2016 (H.R. 2646) and the Mental Health Reform Act of 2016 (S. 2680).

Congress was working to increase services for individuals with mental health disorders and serious mental illness by investing in those programs, said Studwell. “They’ve just reauthorized them; now fund them,” she said.

One of the priorities for the APA is an investment in the workforce programs. Trump’s budget proposal eliminates the Graduate Psychology Education Program, the Behavioral Health Workforce Education and Training Program and the Geriatric Workforce Enhancement Program, which together would reduce mental health workforce training by nearly \$100 million.

One of the biggest challenges to access mental health services is the lack of a workforce, including psychologists, she said. “We need to develop programs that are training the mental health workforce,” Studwell said. “This budget would undermine the progress we’ve made on integrating mental and behavioral health with primary care.”

The Graduate Psychology Education Program represents “a two-for-one benefit because graduate students provide services at the same time they’re being trained,” said Studwell. The program is part of the Health Resources and Services Administration, she noted. Interns in psychology programs, similar to medical residents, are primarily providing clinical services under supervision, Studwell said. Funding for the program was \$59 million, and the geriatric training program represented \$38 million, she said. “The proposed cuts would reduce access to these critical services,” she said.

“We have a lot of population in need, such as older adults and children, and people in underserved and rural communities,” she said. Psychologists are trying to work where many people receive services, she said. “The budget would eliminate the program,” Studwell said.

The loan forgiveness program would also be eliminated under the budget proposal, she said. “That program should not be considered under appropriations,” said Studwell. “Rather, it should be addressed in the reauthorization of the Higher Education Act.”

“We’re looking forward to working with Congress to make mental health a priority and address these issues as the process moves forward,” Studwell said.

SAMHSA Welcomes Senior Medical Advisor for the Center for Mental Health Services

Below is an excerpt from recent announcement from Paolo DelVecchio, Director of the SAMHSA Center for Mental Health Services, of the recent appoint of the Justine Larson as the Senior Medical Advisor for the Center for Mental Health Services You may remember Mr. DevVecchio plenary address at the MACMHB spring 2016 conference.

Over the past 25 years, CMHS has worked to develop and implement behavioral health treatment, prevention, and recovery support programs for Americans with mental disorders and addictions. Our work will soon get a bigger boost with the appointment of child and adolescent psychiatrist, Justine Larson, M.D., M.P.H., M.H.S. as our new Senior Medical Advisor.

The full announcement is available at:

<https://blog.samhsa.gov/2017/05/25/samhsa-welcomes-child-and-adolescent-psychiatrist-dr-justine-larson-senior-medical-advisor-for-the-center-for-mental-health-services/#.WScYnXKguUn>

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

DHHS Budget Conferees Named

Despite a current lack of agreement with the Governor on spending targets, the Legislature has begun to name and convene conference committees for the various department budgets for FY 2018. It's expected that negotiations on the budget will continue for a few more weeks, with both legislative leaders indicating they aren't committed to completing the budget by early to mid-June as been tradition for the past six years.

Conference committee members for the Department of Health and Human Services budget bill (House Bill 4238) are Representatives Ned Canfield, Sue Allor, and Pam Faris and Senators Jim Marleau, Pete MacGregor and Vince Gregory.

Calley Announces Support for Part Time Legislature on Mackinac

Instead of using the spotlight to announce his run for governor at the Detroit Regional Chamber Policy Conference on Mackinac Island this week, Lt. Governor Brian Calley proclaimed plans to push a part-time legislature. He also proposed making the governor's office subject to FOIA requests, and banning legislators from becoming lobbyists right after they leave office. Calley kicked off his mystery campaign about 30 days before with a speech, a new website with a clock counting down to May 30, and advertising.

The Board of State Canvassers is expected to decide next week whether or not it will approve the petition, allowing Clean Michigan Committee, the ballot committee supporting the measure, to begin collecting signatures.

According to Calley, a part-time Legislature would mean millions in savings if the legislators salaries were cut in half. He also said it would be up to the Legislature to decide what appropriate staffing levels would be in a proposed part-time Legislature.

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](#).

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

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<https://www.macmhb.org/committees>

Have a Great Weekend!