Michigan Association of
COMMUNITY MENTAL HEALTH Boards

June 30, 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

Editorial by recovery system leader underscores need for wisdom in 298 effort

The Detroit News recently carried a guest editorial by Deborah Garrett , the Director of Recovery Communication for REAL MI, a substance use disorder treatment provider and advocacy center. The editorial, "Make wise behavioral health plan" opens with the paragraph:

> "They often say the best predictor of future behavior is what we have done in the past. As the Legislature is examining how best to integrate physical health care with behavioral health care within the Medicaid/publicly-funded system, the current proposed language is pointing to the Medicaid Health Plans as the best solution. But this must be considered carefully."

The full editorial, a powerful statement on the need for a strong client-focused safety net behavioral healthcare system can be found at;: http://www.detroitnews.com/story/opinion/2017/06/28/behavioral-health/103240886/

MACMHB issues press release on MDHHS budget and Section 298

Below is the press release, recently released by MAMCHB, on the hopes and concerns contained within Section 298 of the recently passed FY 2018 MDHHS budget bill.

MACMHB Urges Care in Implementing Behavioral Health Pilot Projects

(LANSING, Mich. – June 27, 2017) – The Michigan Association of Community Mental Health Boards (MACMHB) today voiced their conditional support for the implementation of the Subsection 4, Section 298 of the proposed 2018 Michigan Department of Health and Human Services (MDHHS) Budget.

The recently added subsection permits HMOs to contract with the State of Michigan to provide Medicaid mental health services in multiple initial pilot programs. The MACMHB's support is dependent on policy makers' willingness to design pilot projects utilizing specific criteria that preserve the state's complete behavioral health safety net.

With Medicaid dollars making up 92% of the community mental health budgets, any loss of funding could harm and destabilize the services for more than 50 communities across the state. The language in Subsection 4 condemns Medicaid funding for community mental health boards by allowing Medicaid health plans to contract with outside organizations – where high-risk systems have not been proven to be as comprehensive and organized as the existent provider networks.

Allowing Medicaid health plans to contract outside of community mental health board-led networks in pilot communities will drain dollars from the safety net in the long-run. Loss of funding will leave community mental health boards unable to fulfill their roles.

To approach the pilot projects with caution, MACMHB encourages the MDHHS to:

- Detail language requiring Medicaid health plans in pilot communities to contract exclusively with the community mental health boards to retain a single comprehensive, organized provider network for both Medicaid and non-Medicaid behavioral health and intellectual/developmental disability (BHIDD) services
- Create protocol to ensure the required BHIDD safety net is maintained throughout the duration of the pilots
- Acknowledge that the comprehensive and organized BHIDD provider network, managed by the local community mental health boards, will continue to be the local driving force to align clinical and fiscal risk in the provision, and management of Medicaid behavioral health benefits

"More than 1,000 stakeholders served by Michigan's public behavioral health and intellectual/developmental disability services and the physical healthcare system contributed to the development of person-centered efforts to improve healthcare integration," said Robert Sheehan, CEO of MACMHB. "To incorporate the critical components voiced by those who participated, policy makers will need to conduct fair, extensive research on the potential detriments of these pilot projects, ensure that the community mental health boards are the only networks being used, and ensure that the pilot projects will not destroy the public safety net. Not following these guidelines could be detrimental to improving healthcare integration."

Creating pilot projects within the MACMHB guidelines could guarantee a comprehensive, proven system which a range of critical benefits, including:

- Ability to retain a single comprehensive, organized provider network for both Medicaid and non-Medicaid BHIDD in communities throughout Michigan
- Community Mental Health Board's sustained management to align clinical, and fiscal risk in the provision, and management of Medicaid behavioral health benefits

- 750 different integrated healthcare efforts led by community mental health boards throughout Michigan and motivation for continued innovation
- Ensured safety nets maintained throughout the state

Well-designed pilot projects that ensure the public safety net, community mental health board security, and unbiased, extensive research will guarantee a growing behavioral health system. Michigan deserves no less

MDHHS releases updated PCP policy issue

MDHHS recently issued the revised Person Centered Planning (PCP) policy in response to the changes to the federal Home and Community Based Services (HCBS) rules. The cover letter to that policy, which contains the link to the policy and an announcement of upcoming webinars on the policy, is provided below.

To respond to the new Federal Home and Community-Based Services (HCBS) rule requirements, the Michigan Department of Health and Human Services (MDHHS) reviewed existing state policies including the Person-Centered Planning Policy. The PCP policy revisions reflect the HCBS rule requirements and significant stakeholder input through multiple forums.

Effective June 30, 2017, MDHHS has revised the Person-Centered Planning Policy. The Person-Centered Planning Policy was revised to incorporate the requirements of the Federal Home and Community-Based Services (HCBS) Rule. The link to the revised PCP policy can be found at http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900-264670--,00.html .

Please look for future announcements of an upcoming webinar presentation on the revised policy within the next two months.

MDHHS announces appointment of Larry Scott ad OROSC Director

Below is a recent announcement, from Tom Renwick, the Director of the Bureau of Community Based Services within the MDHHS Behavioral Health and Developmental Disability Administration (BHDDA), regarding the appointment of Larry Scott as the Director of the Office of Recovery Oriented Systems of Care (OROSC). Congratulations to Larry who, Friday Facts readers may remember, spoke at the recent MACMHB Spring Conference. We look forward to continuing to work with Larry in the coming years.

I am very pleased to announce that Mr. Lawrence Scott has been formally appointed Director of BHDDA's Office of Recovery Oriented Systems of Care (OROSC) effective July 2, 2017. Mr. Scott previously served as the Prevention and Treatment Section Manager for the OROSC. He has over 30 years of experience in substance abuse services as a training and certification coordinator; communicable disease prevention coordinator; coordinator of HIV/AIDS Regional Training Centers; surveillance and research analyst; and State Opioid Treatment Authority. Mr. Scott also served as the State Project Director for ten Substance Abuse and Mental Health Service Administration Discretionary Grant Projects and Food and Drug Administration (FDA) Contracts, including: State Incentive (Prevention) Grant; Michigan Strategic Prevention Framework, State Incentive Grant; State Two Epidemiological Outcomes Workgroup Grants; State Prevention Enhancement Grant; Two Partnership for Success (Prevention) Grants; State Youth Treatment Planning Grant; and two FDA Tobacco Retailer Inspection contracts.

Mr. Scott also provides oversight of the OROSC youth access to tobacco prevention program and policy implementation. He is a National Prevention Network (NPN) Representative for the state of Michigan and the NPN Central Region Representative, as well as a member of the NPN Workforce Development and the NPN Committee on Preventing Non-Medical Use of Prescription Drugs and Opioids. He acquired extensive experience as an Education Consultant to the Michigan Department of Education's Job Training Partnership Act and as the lead trainer for the Michigan Occupational Information System utilized by school districts in

Michigan. Mr. Scott is particularly well positioned to direct and assist OROSC staff members in meeting their organizational mission and responsibilities.

Please join me in welcoming Mr. Scott to his new role.

MPCC announces next session in Coordinating the Care Coordinators series

Below is an announcement from the Michigan Primary Care Consortium, of which MACMHB is a Board member and officer, on its series designed to further define the roles that care coordinators play in health care, including behavioral health and intellectual/developmental disability services and supports.

> The June 29th CCC in-person meeting will be held at the Cadillac Room in Lansing, MI. This meeting will be a similar format to the 1st and 2nd workshop with focus based around document peer/public health/community care coordination models; report on care management code utilization; and discuss ways to align state-level resources.
>
> The agenda includes sessions on: Peer, Peer, Public Health, and Community-Based Organizations Models of Care Coordination (with a panel including a staff person from Saginaw County Community Mental Health Authority) and Care Management Reimbursement
>
> Register for this free workshop at: https://www.eventbrite.com/e/coordinating-the-care-coordinators-workshop-3-tickets-35420129561

HMA announces integrated care guide

Integrated Care: *A Guide for Effective Implementation* is co-edited by HMA's Lori Raney, MD and Gina Lasky, PhD, MAPL and Collaborative Care Consulting's Clare Scott, LCSW. The book provides a detailed, thoughtful, and experience-based guide to effective implementation of integrated behavioral healthcare. Using evidence and on the ground experience, the authors share practical and actionable advice for a complex model of care. Additionally, HMA's Gaylee Morgan, Rob Werner, and Kristan McIntosh co-authored a chapter on financing integrated care programs.

The advantages of integrated care span clinical, operational, financial and population health perspectives, including better detection and treatment of mental illness, improvement in overall health outcomes, a better patient care experience, flexibility in responding to policy and financial changes, and an emphasis on return on investment.

Integrated Care: *A Guide for Effective Implementation* is available for purchase through American Psychiatric Association Publishing (APPI). To learn more or to purchase the book, visit:.: https://www.appi.org/Integrated_Care_A_Guide_for_Effective_Implementation

Michigan Center for Rural Health releases rural community needs assessment findings

Below is the announcement by the Michigan Center For Rural Health regarding it s recent release of its Michigan's Rural Community Health Needs Assessment (CHNA) 2014-2017 Analysis:

> With the passing of the Affordable Care Act in 2010, the requirement for non-profit hospitals to submit a Community Health Needs Assessment (CHNA) went into effect. The legislation required these hospitals to submit a CHNA once every three taxable years. This CHNA must include an in-depth analysis of a community's health needs and an implementation strategy outlining how the community proposes to address those needs in the coming years. The CHNA can be used as a great tool to identify and prioritize a hospital's health needs by collecting and analyzing data, including input from community stakeholders who represent the broad interests for the community.

Doug Snow, Master of Public Health student through Michigan State University, partnered with the Michigan Center for his internship requirement to create a report analysis for all rural non-profit hospitals' health priorities in the state of Michigan. This report provides the health priorities within each rural county, which are directly taken from the corresponding hospital's CHNA. Along with the priorities, anecdotal notes regarding the CHNA are provided by the hospital. Additionally, in an effort to present more data for the counties, the Robert Wood Johnson Foundation overall county health rankings (2014-2017) were included for health factors and health outcomes, as well as the last three years of Kids Count data from the Annie E. Casey Foundation.

Along with the report, an analysis of the priorities and rankings was conducted to determine if there were any regional health concerns or health priorities that could be addressed. The priorities were stratified into six categories and the percentages of counties identified the health priority were determined as stated below:

- Access to Care: 98%
- Substance Abuse/Behavioral Health: 77%
- Infectious/Chronic Disease: 70%
- Socioeconomic Factors: 66%
- Obesity: 51%
- Maternal and Child Health: 40%

The county rankings for health factors and health outcomes as well as the Kids Count rankings were analyzed for trends. The analysis was conducted over the past four years of data. The analysis revealed a number of counties that have been improving their rank over the years as well as counties that have been in decline.

To see the maps of each category as well as to see where your county ranks, view Doug's full analysis at: http://www.mcrh.msu.edu/chna-community-analysis.pdf or visit the MCRH website at: http://www.mcrh.msu.edu/map_resources.html MCRH is extremely proud of the work Doug put in, and is excited he will begin medical school at Michigan State's College of Human Medicine this fall, where he will continue to study rural healthcare under the Rural Community Health program that MSU offers. Doug's dream is to make an impact on the amazing rural communities around Michigan and promote rural health through research and academia.

NYT article underscores times when mental health concerns are symptoms of physical health needs

" It's perfectly normal for someone to feel anxious or depressed after receiving a diagnosis of a serious illness. But what if the reverse occurs and symptoms of anxiety or depression masquerade as an as-yet undiagnosed physical disorder?

"Or what if someone's physical symptoms stem from a psychological problem? How long might it take before the true cause of the symptoms is uncovered and proper treatment begun?

"Psychiatric Times, a medical publication seen by some 50,000 psychiatrists each month, recently published a "partial listing" of 47 medical illnesses, ranging from cardiac arrhythmias to pancreatic cancer, that may first present as anxiety. Added to that was another "partial listing" of 30 categories of medications that may cause anxiety, including antidepressants like selective serotonin reuptake inhibitors, or S.S.R.I.s.

"These lists were included in an article called "Managing Anxiety in the Medically Ill," meant to alert mental health practitioners to the possibility that some patients seeking treatment for anxiety or depression may have an underlying medical condition that must be addressed before any emotional symptoms are likely to resolve."

These opening lines of a recent New York Times article, "When anxiety or depression masks a medical problem" by NYT writer, Jane E. Brody, underscore the growing recognition that in addition to causing or exacerbating physical health conditions, mental health concerns may also be masking physical health issues. The full article can be found at: https://www.nytimes.com/2017/06/26/well/live/when-anxiety-or-depression-mask-a-medical-problem.html?emc=eta1

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 Passes Opioid Package

Doctors would be required to check a prescription database before prescribing painkillers and other controlled substances under legislation approved by the Michigan Senate in an effort to address the opioid epidemic.

The seven bills also would limit the amount of opioids that can be prescribed and require a "bona fide" physician-patient relationship to dispense drugs. The measures were sent to the House before the Senate broke for the summer. Michigan has the 10th-highest per-capita rate of opioid pain reliever prescriptions in the country. The House will consider them as early as September after a summer recess.

Below is a brief description of each bill:

SB 166 & 167 would require health professionals to run a MAPS report on all new patients when prescribing schedule II – IV drugs, and require certain classes and sanctions for physicians who fail to do so.

SB 270 describes the existence of a bona fide prescriber-patient relationship (we were able to fix the language to ensure that a bona fide relationship does include telehealth services).

SB 273 requires a prescriber to provide the patient with information about substance use disorder services.

SB 274 limits the amount of opioid that can be prescribed for acute pain and requires prescribing an opioid rescue medicine for certain patients (the bill was changed and chronic pain was removed.)

SB 47 eliminates several exemptions to reporting and rescinds a few administrative rules that currently exist. The bill also allows for patient consent to have information entered into MAPS for buprenorphine and methadone (makes it voluntary, which is consistent with state Mental Health Code and federal law).

NATIONAL UPDATE

Congressional Budget Office Score is Out

The Congressional Budget Office's (CBO) score confirmed the health care legislation proposed by the U.S. Senate will hurt millions of Americans by slashing their health care coverage and will increase costs for low-income families and seniors. According to the CBO's analysis, if passed, the Senate bill would leave 22 million people without health care coverage by 2026.

The Senate bill would also lead to significant cost increases in Michigan and would end the Medicaid expansion program, known as the Healthy Michigan Plan. This would eliminate health care for more than 670,000 vulnerable Michiganders, including low and middle-income families and children. An analysis from the Kaiser Foundation estimates the average monthly premium after the tax credit would be 74 percent higher under the Senate Health Bill in 2020.

An estimated 4 million people who have employer provided coverage would also lose it under the GOP plan, which would make it easier for large companies to stop providing insurance.

U.S. Sens. Stabenow and Peters are standing strong in their opposition to this devastating legislation.

It is important that we start now to contact Michigan House members, particularly U.S. Reps. Bergmann, Upton, Trott and Bishop, to let them know their constituents are among the majority of Americans nationally who oppose the Senate plan. If you have not taken action on through Protect MI Care, please encourage your members to do so now.

Here are some talking points on the CBO Score:

- The CBO confirms that like the House-passed health bill (AHCA), the Senate bill (Better Care Reconciliation Act or BCRA) would result in millions of people losing coverage, end the Medicaid expansion and the Medicaid program as we know it, and increase premiums and out-of-pocket costs for many of those who purchase insurance on their own — especially low-income people and older people.

- It also shows that small changes and revisions will not fix this bill. The Senate cannot undo these harmful effects without completely revamping the bill's entire structure -- namely the Senate bill's deep cuts to Medicaid that pay for tax breaks for the wealthy, pharmaceutical companies and insurers.

- After AHCA was passed by the House, many Senators went on record to claim they opposed it and that the Senate would start over and draft a "better" bill. The CBO score shows that the Senate has made no real improvements.

- Under the Senate bill the number of uninsured would rise by 15 million people ***next year***, and by 19 million people in 2020, relative to current law.

- Under the ACA, the uninsured rate has fallen to a historic low of 9 percent. CBO finds that by 2026, nearly all of the coverage gains experienced under the ACA would be eliminated and the uninsured rate among the non-elderly would rise almost to its 2010 level, before the ACA took effect.

- The Senate bill would end the Medicaid expansion and end Medicaid as we know it – slashing federal Medicaid spending by $772 billion over the next 10 years and causing 15 million people to lose Medicaid coverage – all to pay for $570 billion in tax cuts for the wealthy, insurers and pharmaceutical companies.

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.

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

Have a Great Weekend!