Michigan Association of
COMMUNITY MENTAL HEALTH Boards

September 22, 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

Sanilac CMH receives CARF accreditation

Below are excerpts from the recent letter from CARF to the Sanilac County Community Mental Health Authority on their receipt of full accreditation from CARF. Congratulations to Sanilac CMH.

> It is my pleasure to inform you that Sanilac County Community Mental Health Authority has been issued CARF accreditation based on its recent review.
>
> This achievement is an indication of your organization's dedication and commitment to improving the quality of lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

Your organization should take pride in achieving this high level of accreditation

Services to Enhance Potential and Michigan Senior Reach initiative highlighted in recent webinar

The National Council on Aging (NCOA) recently sponsored a webinar featuring the work of Services to Enhance Potential (a MACMHB member organization) in implementing the Senior Reach initiative. This initiative, funded by the Michigan Health Endowment Fund and coordinated by MACMHB, provides a model for reaching seniors who are too often unreached and ensuring that they are linked with the services, including mental health care, that they need. The webinar focused on the success of the program is addressing suicide risk factors. A short description of the webinar, held earlier this week, is provided below.

NCOA webinar: Using the Senior Reach Program to Address Risk Factors for Suicide Among Older Adults
September 19 webinar highlights the Senior Risk program; suicide risk factors in older adults

The National Council on Aging (NCOA) will host a webinar September 19 called *Using the Senior Reach Program to Address Risk Factors for Suicide Among Older Adults.*

Older adults may experience conditions that increase their risk for suicide, including depression, anxiety, feelings of hopelessness, and social isolation. Participants in this webinar will learn more about:

- The prevalence of suicide risk factors among older adults, and suicide risk screening strategies
- Senior Reach, a program that focuses on creating links between agencies, businesses, and communities to provide emotional and physical support for older adults
- How to improve the provision of behavioral health services to older adults

Webinar presenters:
- Shannon Skowronski, ACL/AoA
- Amy Miller, Senior Reach

Presenters from *Services to Enhance Potential***:**
- Steve Slayton
- Jennifer Onwenu
- Ellen Mariscal
- Sonia George

Learn more about NCOA at:. https://www.ncoa.org/

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

NYT's series on the lives of people living with disabilities

Over the past year, the New York Times has run an editorial series entitled "Disability: essays, art, and opinion exploring the lives of people with disabilities". The Association's electronic newsletter, Friday Facts, has featured a number of them in the past. Some of the most recent editorials in this series are featured below. The full series can be viewed at:

https://www.nytimes.com/column/disability

Recent editorials in the NYT Disability series

The Madman is back in the building, by Zack Mcdermott

Excerpt:

What do you wear the first day back to work after a 90-day leave of absence because of a psychotic break? This is the question I found myself asking a little more than a year after I joined the Legal Aid Society of New York. The last time my colleagues had seen me, I'd been wearing a handlebar mustache better suited to a Hell's Angel than a 26-year-old public defender. I'd also taken to wearing a Mohawk — tried a case like that even. We won, thank God.

The full editorial can be found at:
https://www.nytimes.com/2017/09/20/opinion/bipolar-breakdown-mental-health-.html?rref=collection%2Fcolumn%2Fdisability&action=click&contentCollection=opinion&region=stream&module=stream_unit&version=latest&contentPlacement=1&pgtype=collection

The Nazi's first victims were the disabled, by Kenny Fries

Excerpt:

I sit facing the young German neurologist, across a small table in a theater in Hamburg, Germany. I'm here giving one-on-one talks called "The Unenhanced: What Has Happened to Those Deemed 'Unfit'," about my research on Aktion T4, the Nazi "euthanasia" program to exterminate the disabled.

"I'm afraid of what you're going to tell me," the neurologist says.

I'm not surprised. I've heard similar things before. But this time is different — the young man sitting across from me is a doctor. Aktion T4 could not have happened without the willing participation of German doctors. I have a personal stake in making sure this history is remembered. In 1960, I was born missing bones in both legs. At the time, some thought I should not be allowed to live.

Thankfully, my parents were not among them.

The full editorial can be found at:
https://www.nytimes.com/2017/09/13/opinion/nazis-holocaust-disabled.html?rref=collection%2Fcolumn%2Fdisability&action=click&contentCollection=opinion&region=stream&module=stream_unit&version=latest&contentPlacement=2&pgtype=collection

My $1,000 Anxiety Attack, by JoAnna Novak
Excerpt:

I hoist my carry-on into overhead storage, hoping I won't drop a suitcase packed with an espresso machine on the man who offered to help. "I think I've got this," I say, unsure of my volume. The new noise-canceling headphones make talking awkward, but like sunglasses, they're vital to my survival. Middle seat, seventh row, I quadruple-check: The Xanax is in my purse. This is my attempt to be fine.

I've had anxiety attacks for 20 years. They started when I was 13, a fun perk of anorexia, buy one get one free. Anorexia became bulimia and the attacks persisted, rattling like odd pennies in a piggy bank until a few years ago a new therapist compounded my diagnosis: eating disorder (not otherwise specified) *with* comorbid dysthymia and generalized anxiety disorder.

The full editorial can be found at:
https://www.nytimes.com/2017/08/02/opinion/anxiety-eating-disorders-travel-cost.html?rref=collection%2Fcolumn%2Fdisability&action=click&contentCollection=opinion&region=stream&module=stream_unit&version=latest&contentPlacement=6&pgtype=collection

Webinar to discuss case study of sequential intercept mapping

The sequential intercept model has been a key construct in the work of local communities to link mental health services to the corrections system, by identifying the range of contact and intervention points that exist within the contact, arrest,

booking, incarceration, and release cycle. An upcoming webinar discusses the use of sequential intercept mapping by the Salt Lake County Utah Behavioral Health Department.

Sequential Intercept Mapping - Never a Dull Moment
Join us for a webinar on Sep 26, 2017 at 3:00 PM EDT.
Register now!
https://attendee.gotowebinar.com/register/4804294452830493187

This webinar will describe the important work of the Salt Lake County Utah Behavioral Health Department and its efforts to decarcerate persons with mental illness and substance use conditions. A key feature of the presentation will be the changing environment in which the Department operates, and the opportunities and challenges created by that environment.

After registering, you will receive a confirmation email containing information about joining the webinar.

HHS offers live stream event on efforts by faith community to address opiate crisis

The U.S. Department of Health and Human Services, Center for Faith-based and Neighborhood Partnerships, on September 27, 1:00 - 2:00 p.m. is holding a live stream event on the opioid epidemic with a discussion of resources to foster treatment, recovery, and prevention.

HHS Live Stream-National Recovery Month Event
Opioids: Recovery, Prevention, & Hope: National Experts Equip Faith and Community Leaders, September 27
Live Stream: 1- 2 p.m. EDT

Live from Washington D.C., the U.S. Department of Health and Human Services will convene national leaders and experts to talk about the opioid epidemic and other addictions to raise awareness, encourage compassion, reinforce the role of community and families in long-term recovery and prevention, and make a call to action.

You can host a post-broadcast conversation in your community with local experts and discuss approaches that will foster healing for individuals and families and align regional efforts to renew wholeness in your community.

Live Stream Expert Panelists:

VADM Jerome Adams	20th U.S. Surgeon General, anesthesiologist, public health advocate, former IN State Health Commissioner.
Dr. Elinore McCance-Katz	HHS's first Assistant Secretary for Mental Health and Substance Abuse, U.S. Substance Abuse and Mental Health Services Administration
Dr. Christopher Jones	Director, Division of Science Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services

Consider using the Partnership Center's new resource, Opioid Epidemic Practical Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities, as a discussion guide. This guide is available at:. https://www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/index.html

Medicaid Health Plans prescription drug coverage topic of Oct. 9 meeting

Below is a recent press release announcing an upcoming public discussion on the prescription drugs covered by the state's private Medicaid Health Plans.

> LANSING, Mich. – The public can attend an Oct. 9 meeting regarding the list of prescription drugs covered under Michigan's Medicaid Health Plans.
>
> The Michigan Medicaid Health Plan common formulary stakeholder meeting is from 9:30 a.m. to noon in the Lansing Community College West Campus Auditorium, 5708 Cornerstone Drive in Delta Township near Lansing.
> The Michigan Department of Health and Human Services has developed the list of prescription drugs – known as a common formulary – to streamline drug coverage policies for Medicaid and Healthy Michigan Plan beneficiaries and providers. The prescription drugs are common across all contracted health plans for the department's current Comprehensive Health Plan contract.
>
> "The common formulary is important to the approximately 1.8 million Michigan residents who are Medicaid managed care beneficiaries," said MDHHS Director Nick Lyon. "It reduces any interruptions in a beneficiary's drug therapy due to a change in health plans."
>
> Health plans may be less restrictive, but not more restrictive, than the coverage parameters of the common formulary.
> The purpose of the stakeholder meeting is to provide an in-person forum for the public to comment on the common formulary. Drug rebates, the Fee-for-Service formulary, and drugs that are covered under the Fee-for-Service benefit will not be reviewed at this meeting.
>
> Anyone who plans to attend is asked to notify KrepsD@michigan.gov no later than Sept. 27. Find more information at michigan.gov/MCOpharmacy.

Michigan Attorney General Opens Investigation into Opioid Manufacturers and Distributors

Below is a recent press release on the announcement, by William Schuette, Michigan's Attorney General, on the recent move, by his office, to join a number of Attorneys General from across the country in the investigation of a number of pharmaceutical manufacturers and distributors.

> Bipartisan Coalition of 41 State Attorneys General Demand Information and Documents from Manufacturers, Distributors of Prescription Opioid Drugs in New Investigation
>
> Michigan Attorney General Bill Schuette today announced that he is moving forward with an investigation of both the manufacturers and the distributors of prescription opioid drugs alongside a bipartisan coalition of 41 state attorneys general. The coalition has demanded detailed information and documents from both the manufacturers and the distributors.
>
> Today's announcement represents a dramatic expansion and coordination of the investigations by the attorneys general into the nationwide opioid epidemic. A majority of the states' chief legal officers are now pooling resources and coordinating across party lines to address the most pressing public health crisis affecting our country, and doing so with a broad focus on multiple entities at both the manufacturer and distributor levels.
>
> "Highly addictive opioid drugs have destroyed families, robbed children of parents and robbed parents of children," said Schuette. "I will be working with attorneys general from across the country, pooling our resources, and digging into the marketing, distribution and sale of opioids. Once the information has been provided and reviewed, we will take further coordinated legal action as appropriate."
> The attorneys general are actively investigating the following pharmaceutical manufacturers and their related entities:
>
> - Endo International plc

- Janssen Pharmaceuticals
- Teva Pharmaceutical Industries Ltd./Cephalon Inc.
- Allergan Inc.
- Purdue Pharma

The attorneys general are also seeking documents and information about distribution practices from the following medical prescription distribution companies, who together manage approximately 90 percent of the nation's opioid distribution:

- AmerisourceBergen
- Cardinal Health
- McKesson

Opioids – both prescription and illicit – are the main driver of drug overdose deaths nationwide and in Michigan. In 2015, Michigan saw its third consecutive year of increased drug overdose deaths. 1,981 people died from drug overdoses in 2015, a 13.5% increase from 2014. Since 1999, deaths from opioids have quadrupled, up from 455 in 1999.

This investigation is being handled by Schuette's Corporate Oversight Division.

2017 PAC Campaign Update

Earlier this year we announced our 2017 CMH PAC campaign with the goal of increasing member participation. This year's campaign exceeded last year's contribution levels, but participation remained about the same. Last month we held the drawing for the Detroit Tiger box suite tickets donated by Muchmore Harrington Smalley Associates and the winner was… Lapeer CMH.

Congratulations to Lapeer CMH and thank you to all who generously contributed to the CMH PAC.

Just because the Tiger drawing has been completed does not stop the need for CMH PAC support. If you would still like to support our PAC efforts please mail your contribution to our office, below are the details:

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.

MACMHB ANNUAL FALL CONFERENCE

MACMHB's Annual Fall Conference, "Honor the Past…Treasure the Present…Dream the Future," will be held on October 23 & 24, 2017 at the Grand Traverse Resort in Traverse City, Michigan.

Registration Opens Early Next Week!

LEGISLATIVE UPDATE

Medicaid Reforms to Come Soon

Legislators and the Michigan Department of Health and Human Services (DHHS) have suggested multiple reforms be made to the state's Medicaid system, with both noting changes are to be made sooner rather than later and some even set to take effect early next year. DHHS officials announced on Tuesday via an email to health care providers that updates to the registration and eligibility determination processes for Medicaid recipients will begin in January 2018, with those same changes set to receive public comment over the coming weeks.

Under the proposed reforms, a new policy would be implemented that would confirm an individual's asset eligibility for Medicaid when that individual enrolls via electronic asset detection. The updates would also require electronic submission of health care treatments and hospital admissions and establish a new set of consistent codes for patients and procedures. In the email, the DHHS outlines other changes to come including those for the processing of Medicaid registrants, noting the Department's alterations will take place as phase one of the modernization of the "continuum of care" for Medicaid recipients in Michigan.

With the Department itself making changes to Medicaid regulations in Michigan, legislators are also eyeing possible adjustments via legislation during this fall's session. Having played a large role in the Medicaid expansion legislation as passed in 2013 as a then House member, Senator Mike Shirkey (R-Clarklake) noted his intentions to ensure the expansion is carried out according to legislative intent. PA 107 of 2013 calls for the expansion of Medicaid to those in Michigan with incomes up to 133 percent of the federal poverty level following the passage of the federal Patient Protection and Affordable Care Act.

One concern Mr. Shirkey is hoping to monitor and possibly address this fall is making sure the cumulative state costs of the expansion do not exceed cumulative state savings. If the costs outweigh the savings, the expansion program could cease to operate. Along with the expansion itself, Mr. Shirkey noted legislators are also keeping a close watch on the 48-month time limit currently set for nondisabled citizens on Medicaid expansion, with those who exceed that limit forced to purchase private insurance or subjected to higher cost-sharing requirements. As current legislation requires, however, DHHS officials must establish proper costs for those wishing to stay on the program beyond the limited 48 months, before cutting them off.

NATIONAL UPDATE

Coverage Losses by State Under the Graham-Cassidy Bill to Repeal the ACA

https://www.americanprogress.org/issues/healthcare/news/2017/09/20/439277/coverage-losses-state-graham-cassidy-bill-repeal-aca/

Senate Republicans are attempting to rally **support** for one last try at repealing major portions of the Affordable Care Act (ACA). The latest incarnation of ACA repeal is a **bill** championed by Sens. Lindsey Graham (R-SC), Bill Cassidy (R-LA), Dean Heller (R-NV), and Ron Johnson (R-WI). Like the ACA repeal bills considered by the House and Senate earlier this year, **Graham-Cassidy** would slash the ACA programs that expanded health coverage to **millions**, weaken consumer protections for people with pre-existing conditions, as well as limit federal support for Medicaid coverage for low-income adults and children, the elderly, and the disabled.

Only 10 days remain for Senate Republicans to pass a bill with only 51 votes via the budget reconciliation process. Rushing Graham-Cassidy through at breakneck speed, Senate leadership is violating customary legislative procedure. Next week, the **Finance Committee** will hold the Senate's sole hearing for a bill that would spend a **trillion** dollars and threaten coverage for **millions** of Americans. The Congressional Budget Office (CBO) said it will not have sufficient time to produce a **comprehensive score** of the bill that would show its impacts on coverage and premiums.

If a CBO score of the bill's impacts in 2027 were available, it would likely show that tens of millions fewer people would have health insurance coverage that year compared to under the ACA. Over the next decade, Graham-Cassidy bill would weaken protections for people with **pre-existing conditions**, reverse policies that stabilize health insurance markets, and convert the ACA subsidies for Medicaid, the marketplaces, and the Basic Health Program (BHP) into a block grant.

In 2027, the Graham-Cassidy block grant disappears altogether, creating a cliff that drops funding of those subsidies to states and consumers down to zero. One analysis predicts that federal funding to states for health coverage would fall by **$299 billion** that year relative to what it would be under the ACA.

Graham-Cassidy's impact on coverage in 2027 would be **similar** to that of the **Obamacare Repeal Reconciliation Act** (ORRA), the so-called "repeal and delay" bill that the Senate **failed to pass** in July. Under both the ORRA and Graham-Cassidy, these three major policies would be in effect a decade from now:

- Repeal of the mandates for individuals to obtain health insurance coverage and large employers to offer insurance
- Elimination of subsidies for nongroup health insurance
- Elimination federal funding for the ACA's Medicaid expansion

The CBO estimated that the ORRA would have resulted in tens of million more uninsured in 2026. It projects that Medicaid would cover 19 million fewer people and that the individual market, with 23 million fewer people, would nearly disappear. Although the CBO expects that about 11 million more people would have coverage through an employer, the ORRA's net effect would be 32 million fewer people with coverage in 2026.

TABLE 1

Estimated coverage losses under the Graham-Cassidy bill in 2027

Net reduction in health insurance coverage, by state

State	Net coverage reduction	State	Net coverage reduction
Alabama	480,000	Montana	117,000
Alaska	41,000	Nebraska	161,000
Arizona	511,000	Nevada	243,000
Arkansas	439,000	New Hampshire	112,000
California	4,552,000	New Jersey	732,000
Colorado	468,000	New Mexico	230,000
Connecticut	299,000	New York	2,212,000
Delaware	81,000	North Carolina	1,148,000
District of Columbia	96,000	North Dakota	47,000
Florida	3,217,000	Ohio	809,000
Georgia	1,192,000	Oklahoma	362,000
Hawaii	95,000	Oregon	526,000
Idaho	201,000	Pennsylvania	1,066,000
Illinois	965,000	Rhode Island	89,000
Indiana	488,000	South Carolina	552,000
Iowa	172,000	South Dakota	70,000
Kansas	241,000	Tennessee	545,000
Kentucky	386,000	Texas	2,759,000
Louisiana	422,000	Utah	352,000
Maine	161,000	Vermont	87,000
Maryland	400,000	Virginia	839,000
Massachusetts	665,000	Washington	657,000
Michigan	862,000	West Virginia	156,000
Minnesota	404,000	Wisconsin	414,000
Mississippi	291,000	Wyoming	51,000
Missouri	534,000	**National total**	**32,000,000**

Sources: Author's analysis; Centers for Medicare and Medicaid Services; Congressional Budget Office; Kaiser Family Foundation.

CAP

It's likely that the coverage losses resulting from Graham-Cassidy in 2027 could be even larger than the 32 million from the ORRA. Graham-Cassidy not only completely eliminates ACA coverage funding in 2027 but also makes cuts to the Medicaid program outside the ACA expansion. Like many of the ACA repeal bills Congress considered earlier this year, Graham-Cassidy would end the federal government's guarantee of matching funds to states and restrict funding for each of the major, pre-ACA Medicaid eligibility categories—elderly, disabled, children, and nondisabled adults—under a per capita cap.

Under capped funding, states that experience faster Medicaid cost growth, whether due to natural disasters, health crises, or economic or demographic trends, would no longer see their federal assistance grow accordingly. Simulations using historical data demonstrate that the stricter the per capita cap, the more states are likely to face budget shortfalls. Most worryingly, starting in the year 2025, Graham-Cassidy would limit increases in Medicaid funds for children and nondisabled adults even further to the rate of inflation for consumer goods overall, despite the fact that medical costs are expected to grow more quickly.

Senators will not see a full CBO assessment of Graham-Cassidy before any reconciliation vote, but they should not feign ignorance of the bill's devastating consequences. Like the other repeal bills this year, Graham-Cassidy's main features are cuts to premium subsidies, limits on Medicaid funding, and the lifting of protections for people with pre-existing conditions. Those other bills were projected to increase the number of uninsured by tens of millions, and there's no reason to believe that Graham-Cassidy would be any different.

Emily R. Gee is the health economist for the Health Policy team at the Center for American Progress.

Methodology

Our state-level estimates show a set of coverage reductions that could result from Graham-Cassidy's elimination of ACA coverage funding in 2027. We derived our estimates from the CBO's projected national net effects of the ORRA on coverage in 2026; state data on Medicaid from the Kaiser Family Foundation; and administrative data on individual market enrollment from the Centers for Medicare & Medicaid Services (CMS).

The CBO score of the ORRA included net changes in enrollment by coverage type. The CBO projected that a total 19 million fewer people would have Medicaid coverage by 2026 under the ORRA. We divided that total among states according to their current Medicaid enrollment and the expansion-eligible population in the coverage gap. In the individual market, 23 million fewer people would be enrolled a decade from now under ORRA. We distributed these coverage reductions among states relative to current enrollment in the marketplaces.

The CBO projects that the ORRA would cause a 1 million net reduction in "other coverage," including the ACA's BHP. We split the 1 million reduction between the two states that currently offer BHP plans—Minnesota and New York—proportional to their current BHP enrollment.

We expect that a small portion of the people who would have had public or individual market coverage under the ACA in 2027 would instead obtain coverage through the workplace under Graham-Cassidy. The CBO expected that the ORRA would increase enrollment in employer-sponsored coverage by 11 million in 2026. For our estimates, we assumed that each state's net increase in employer-sponsored coverage was proportional to the sum of its reduction in coverage through nongroup plans, the BHP, and Medicaid.

The Graham-Cassidy net coverage reductions for 2027 shown in Table 1 represent the combined effect of the coverage reductions in Medicaid, nongroup, and the BHP together with the gains in employer-sponsored coverage. Our estimates do not include any effects from Graham-Cassidy's per capita cap on Medicaid funding for the elderly, disabled, children, and nondisabled adults, which could potentially result in millions fewer with Medicaid coverage.

WHAT CAN I DO?

The Federal Finance Committee is holding a hearing on Monday, September 25th at 2 pm to discuss the Graham - Cassidy bill. The bill was developed to overturn the Affordable Care Act.

The hearing record needs to be filled with strong statements of opposition from organizations and individuals and stories of the devastating impact this would have on people, including people with disabilities and pre-existing conditions.

The following email address will be active for the public to submit testimony for Monday's hearing on the Graham-Cassidy bill: GCHcomments@finance.senate.gov. This is where groups and individuals can send letters, testimony, video links, photos, stories, etc. regarding the proposed legislation. Comments to be submitted by Monday at 1 pm.

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!