July 20, 2018

FRIDAY FACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

- **Contact information of the CMH Association's Officers:**
- **Work, Accomplishments, and Announcements of CMH Association and its Member Organizations**
  - **Saginaw CMH named as fiscal lead in regional perinatal QI project**
  - **Turning Leaf purchases Bronson Vicksburg Outpatient Center**
- **State and National Developments and Resources**
  - **MDHHS announces public comment period on HMP work requirements**
  - **US HHS announces appointment of value-based transformation lead**
  - **Is digital medicine different?**
  - **Nominations Open for Recipient Rights Directors Award and Cooke Gant Spirt Award**
- **Legislative Update**
  - **If Dems See Big Wins, Will We See A Busy Lame Duck?**
- **National Update**
  - **Court Blocks Kentucky's Medicaid Work Requirements**
- **Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019**
- **Recipient Rights Conference – September 11-14, 2018 – Crystal Mountain Resort**
- **CMHAM Association committee schedules, membership, minutes, and information**
- **Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018**

**Contact information of the CMH Association's Officers:** The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

## WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

### Saginaw CMH named as fiscal lead in regional perinatal QI project

MDHHS' Division of Maternal and Child Health, as part of its ongoing effort to establish regional collaboratives to assure that mothers are healthy and babies are healthy and thriving, has named Saginaw County Community Mental Health Authority as the fiduciary for the newly formed Region 5 Regional Perinatal Quality Improvement Project.

Prosperity Region 5 is comprised of Clare, Gladwin, Arenac, Isabella, Midland, Bay, Gratiot and Saginaw counties with Region 5 becoming the sixth region in Michigan to participate in a perinatal care initiative.

The goal of the statewide initiatives is to improve birth outcomes for mother and baby and to eliminate health disparities. Additionally, MiHIA (Michigan Health Improvement Alliance https://www.mihia.org/. ) has accepted the role of convening stakeholders and developing a work plan for Region 5 to ensure that the project's overall goal to create a locally linked and coordinated network of services for mothers and their babies, that includes quality health care, mental and behavioral health services, community resources and support and the development of innovative payment models, is achieved.

### Turning Leaf purchases Bronson Vicksburg Outpatient Center

Below is a recent press release announcing a new initiative of Turning Leaf (a longtime CMH Association member);

> Vicksburg, Michigan -- Bronson Healthcare is pleased to announce that its 40,000 square foot outpatient center in Vicksburg has been sold to a healthcare organization that will bring local jobs and a new purpose to the former hospital and rehabilitation center.
>
> The purchaser is New Leaf Management, LLC, which is a sister entity to Turning Leaf Residential Rehabilitation Services, Inc., a Michigan-based assisted living provider. Since 1995, Turning Leaf has specialized in supporting adults who are living with a mental health, intellectual, or developmental disability across 18 programs throughout Michigan. With the purchase of the Bronson Vicksburg property, Turning Leaf will add another site and level of residential support to its continuum. The Vicksburg program will serve aging adults who may otherwise meet nursing home care criteria, but also possess an underlying mental health diagnosis that makes it difficult for them to access traditional programs.
>
> Bronson's decision to sell the Vicksburg facility was based on a progressive, multi-year shift in the general population's willingness to travel to Vicksburg for medical services. Outpatient Rehabilitation, the last service remaining in the Bronson Vicksburg Outpatient Center building, will relocate its staff later this year to the Outpatient Rehabilitation department on the Kalamazoo hospital campus.
>
> Bronson Family Medicine, formerly Family Doctors of Vicksburg, as well as the lab draw station, anti-coagulation center and dietitian services, are unaffected by the outpatient center sale. They continue to thrive and serve patients in the building adjacent to the outpatient center at 13320 North Boulevard Street.
>
> According to Bronson Senior Vice President Mike Way, "Over the past several years, we have looked at many ideas for repurposing this building, always hoping we'd find a partner and solution that could make the best possible use of this facility and be beneficial to the community. We're extremely pleased to have found that perfect fit with Turning Leaf."

Turning Leaf has been owned and operated by the same family for two generations. Executive Director Sami W. Al Jallad, MPA, says, "We look forward to the process of renovating and bringing renewed life and purpose to the former Bronson Vicksburg Hospital property. This is a very exciting moment for our employees, stakeholders, and most importantly the people who will benefit from this new residential program. We are very grateful to and could not have asked for better partners in the Bronson team, specifically Mike Way and Greg Milliken, as well as Jim Mallery and Bobby Durkee with the Village of Vicksburg during the sale and due diligence process. On behalf of our Leadership team, we look forward to continued partnerships with the Bronson organization as well as the Village of Vicksburg and having the most productive impact on the local community as possible."

Internationally accredited at the highest level by CARF, the Commission on the Accreditation of Rehabilitation Facilities, and licensed by the state of Michigan, Turning Leaf works collaboratively with community mental health agencies and other regional stakeholders to serve individuals as close to home as possible.

Turning Leaf has 185 employees throughout the state and the organization expects to employ another 60-80 individuals to serve the Vicksburg location.

Vicksburg Village Manager Jim Mallery says, "This is great news for the Village and for families in the area who can benefit from the services Turning Leaf offers. I look forward to welcoming the Turning Leaf team and the job opportunities they will bring to our community. I would also like to thank Bronson for their stewardship of this building for so many years, and for so thoughtfully matching it up with this new use. It is a win-win situation for all."

Turning Leaf will begin renovating the facility in fall 2018 with the intent to be operational by mid-January 2019.

## STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

### MDHHS announces public comment period on HMP work requirements

MDHHS recently announced the public comment period for Healthy Michigan, specifically as it relates to work requirements.

The department has scheduled three dates to receive public comment:

- July 31, 2018 from 2-3PM at the Michigan Library and Historical Center, Remote access will also be available via webinar https://somdhhs.adobeconnect.com/rpzae6byxyho/
- August 1, 2018 from 2-3PM at Cadillac Place (Detroit)
- August 8, 2018 during the Medical Care Advisory Council Meeting for members of the Council.

Comments can also be submitted in writing or by e-mail, until August 12, 2018.

If commenting by email, "Demonstration Extension Application Amendment" in the subject line.

By mail:
MDHHS
Medical Services Administration
Bureau of Medicaid Policy and Health System Innovation
Attention: Medicaid Policy
P.O. Box 30479
Lansing, Michigan 48909-7979

By email: healthymichiganplan@michigan.gov

### US HHS announces appointment of value-based transformation lead

Below is a recent press release announcing the appointment of a Senior Advisor for Value-Based Transformation and Innovation within the US Department of Health and Human Services.

Health and Human Services Secretary Alex Azar announced that Adam Boehler, currently Director of the Center for Medicare & Medicaid Innovation (CMMI), will also begin serving as Senior Advisor for Value-Based Transformation and Innovation. Boehler is the fourth individual Azar has appointed to serve as a senior advisor to the secretary overseeing one of his four key departmental priorities, following the naming of Jim Parker as Senior Advisor to the Secretary for Health Reform and Director of the Office of Health Reform, Dan Best as Senior Advisor for Drug Pricing Reform, and Dr. Brett Giroir as Senior Advisor for Opioid and Mental Health Policy.

"Adam is the kind of results-oriented, transformational leader we need to deliver on what President Trump has promised the American people: better healthcare at a lower cost," said Secretary Azar. "At CMMI, he has already demonstrated an ambition for bold change, and will now be able to bring his deep experience with private sector innovation to help HHS execute on the long-talked-about goal of transforming our healthcare system into one that pays for value."

Since April, Boehler has served as Deputy Administrator and Director of the Center for Medicare & Medicaid Innovation. Boehler is the former CEO and founder of Landmark Health, a company focused on delivering medical services to the most chronically ill patients. Boehler is also the founder of Avalon Health Solutions, a leading provider of laboratory benefit management services in the country. Additionally, Boehler was an Operating Partner at Francisco Partners a leading global private equity firm focused on healthcare technology and services investing.

The senior advisers will help advance the four initiatives Secretary Azar has identified for his transformation agenda: combating the opioid crisis; bringing down the high cost of prescription drugs; addressing the cost and availability of health insurance; and transforming our healthcare system to a value-based system.

Since Dan Best's appointment as Senior Advisor for Drug Pricing Reform, he has taken the lead on the department's efforts to fulfill President Trump's promise to lower drug prices, including the design and release of a comprehensive blueprint for lowering prices and out-of-pocket costs, taking numerous administrative actions that will lower prices, and working with pharmaceutical companies to secure voluntary price reductions. Best has brought decades of experience in the pharmaceutical and pharmacy-benefit manager industry to his work at HHS.

Since Jim Parker's appointment as Senior Advisor to the Secretary for Health Reform and Director of the Office of Health Reform, he has led the department's efforts to expand choice and competition in the individual and small-group insurance markets within the constraints of the Affordable Care Act. Parker has brought decades of knowledge of the health insurance industry to HHS health reform efforts.

Since Dr. Brett Giroir's appointment as Senior Advisor for Mental Health and Opioid Policy, he has brought a new level of coordination to policy planning and implementation on the opioids crisis, from laying the groundwork to deliver more rapid data on the epidemic to coordinating historic research efforts across the department. Dr. Giroir brings to this task significant experience coordinating complicated federal scientific initiatives, including at the Department of Defense.

To learn more about the four priorities that Secretary Azar has identified for HHS to focus the Department's work to improve the health and well-being of the American people, please visit: https://www.hhs.gov/about/leadership/secretary/priorities/index.html.

**Is digital medicine different?**

Below is an excerpt from the July 14, 2018 edition of The Lancet, underscoring the need for a clear-eyed view of the use of technology in healthcare:

> Without a clear framework to differentiate efficacious digital products from commercial opportunism, companies, clinicians, and policy makers will struggle to provide the required level of evidence to realise the potential of digital medicine. The risks of digital medicine, particularly use of AI in health interventions, are concerning. Continuing to argue for digital exceptionalism and failing to robustly evaluate digital health interventions presents the greatest risk for patients and health systems.

The full article is available at:
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31562-9/fulltext?dgcid=raven_jbs_etoc_email

**Nominations for the Directors' Awards and the Cookie Gant Spirit Award**

Michigan Department of Health and Human Services, Office of Recipient Rights is accepting nominations for its annual Directors' Awards and Cookie Gant Spirit Award. Office of Recipient Rights is pleased to announce its call for nominations recognizing excellence in Recipient Rights Community by honoring individuals that deserve recognition in the areas of innovation, advocacy and empowerment. There are four awards presented each year at the Recipient Rights Conference. Each award has its own criteria and is summarized below:

Director's Award for Innovation and Rights Protection: Nominees will have created a new or different way of enabling the vision of recipient rights or of a rights office. This may include creating a valuable new process or product, constructing a difference way of approaching old problems, creating a new solution for a systemic problem.
Director's Award for Advocacy on Behalf of Mental Health Recipients: Nominees will have made an outstanding contribution toward, or have gone to extraordinary means, to advocate on behalf of people receiving mental health services.
Director's Award for Consumer Empowerment: Nominees will have made a profound or uniquely positive difference in the lives of consumers, so that consumers are empowered to transcend the "world of disability" and live a life of self-advocacy.
Cookie Gant Spirit Award: This award is issued by the State Recipient Rights Advisory Committee and is presented to an individual who exhibits the dedication, demonstrates tenacity, and advocates diligently for persons with mental illness or developmental disabilities.

Please take the time to nominate an individual within the rights system, a colleague, an organization, who deserves to be celebrated-consider nominating individuals or organizations whose accomplishment has yet to be publicly acknowledged. For a nomination form please email cward@cmham.org. ***All nominations are due August 1, 2018.***

## LEGISLATIVE UPDATE

### If Dems See Big Wins, Will We See A Busy Lame Duck?

In times of political change, lame duck session in the Legislature would be seen as one last chance to complete an agenda, a last shot at getting things done. Below is a list of bills introduced and passed in lame duck shows that turning a chamber, or even the governor's chair, doesn't necessarily result in a high productivity lame duck session.

The last time there was significant turnover in Michigan was 2010, when Rick Snyder took over the governor's seat from Jennifer Granholm and Republicans wrestled control of the House away from the Dems, a pretty mild lame duck session followed. That year, 105 bills were introduced in lame duck, five of which were eventually passed. Overall, lawmakers moved 175 bills to the governor after the election, which she signed. But remember, the GOP controlled the Senate, and could have put an end to any last minute Democratic juggernaut in the Legislature.

Compare that to last election year, when the Republicans had and would retain the trifecta, holding the governor's office and both chambers. In 2016, 214 bills and resolutions were introduced in lame duck, six of which got passed. Overall, the governor signed 249 bills passed by lawmakers after the election.

In 2014, 337 bills and resolutions were introduced in lame duck, and 10 of those were passed. Overall, 217 bills were passed and signed after the election.

Oddly, the busiest lame duck in the last 18 years was in 2008, when lawmakers introduced 297 bills after the election and adopted 44 of them. Overall productivity in lame duck was 286 bills.

When Granholm took over from John Engler in 2002, there were 147 bills introduced after the election, and 15 of them were passed. Engler signed 152 bills from lame duck session.

Randy Richardville, who was Senate Majority Leader from 2011-2014, said it is not the number of bills that make lame duck count. "More important than the number of bills is the quality of the bills and the impact they may have on the state," he said. "Auto no-fault could be a significant thing to get done during this last shot, to get it done in a way that would be meaningful to people." Another important issue that might be addressed is returning the income tax to 3.9 percent, which Richardville said was a promise made during the Granholm years, that once the economy was back in good shape, the income tax would be returned to that level.

Richardville said this year's lame duck will be "unprecedented" because of the amount of turnover that will occur in both House and Senate. Seventy percent of Senate seats will be occupied by newcomers next year. The House will see 40 percent turnover, due both to term limits and legislators giving up time in the House to seek all those open Senate seats.

**2016**
214 bills and resolutions introduced in lame duck
6 of those passed and signed
249 total bills passed and signed after the election

**2014**
337 bills and resolutions introduced in lame duck
10 of those passed and signed
217 total bills passed and signed after the election

**2012**
174 bills and resolutions introduced in lame duck
9 of those passed and signed
282 total bills passed and signed after the election

**2010**
105 bills introduced in lame duck
5 of those passed and signed
175 total bills passed and signed after the election

**2008**
267 bills introduced in lame duck
44 of those passed and signed
286 total bills passed and signed after the election

**2006**
160 bills introduced in lame duck
15 of those passed and signed
240 total bills passed and signed after the election

**2004**
109 bills introduced in lame duck
12 of those passed and signed
195 total bills passed and signed after the election

**2002**

147 bills introduced in lame duck
15 of those passed and signed
152 total bills passed and signed after the election

## NATIONAL UPDATE

### Court Blocks Kentucky's Medicaid Work Requirements

On June 29th, a district court judge blocked Kentucky's waiver request to require Medicaid enrollees to work or participate in a job-related activity for at least 80 hours per month or lose their health coverage. The court ruled that the Centers for Medicare and Medicaid Services (CMS) had not properly considered whether the initiative would violate Medicaid's central objective of providing medical assistance to the state's citizens. The decision could have broad implications for other states hoping to limit Medicaid enrollment through work requirements.

IMPLICATIONS

While Judge James Boasberg's ruling applies only to Kentucky, his reasoning for overturning CMS's decision to approve Kentucky's work requirements could extend to the other states that have implemented work requirement programs — namely, Arkansas, Indiana, and New Hampshire — and seven other states whose applications are currently being reviewed by the Department of Health and Human Services (HHS). Matt Salo, Executive Director of the National Association of Medicaid Directors, said the ruling is a "big roadblock for the four states looking to implement these already approved waivers."

Although the decision did not outlaw Medicaid work requirements outright, it requires that any Medicaid Section 1115 waiver demonstration be carefully assessed for its impact on people's health care coverage. The decision also sets an important precedent by finding Medicaid to be a health insurance program that provides equal treatment of all groups covered by its statute, including Medicaid expansion populations.

WHAT'S NEXT?

HHS will now reevaluate Kentucky's waiver approval and decide whether they will seek an appeal, which will need to be filed in the next 60 days. As a result, HHS may hold off on announcing any additional work requirement approvals — and states may wait to submit their requests — until this legal battle reaches its conclusion.

In the meantime, Kentucky Gov. Matt Bevin (R) has responded to the ruling by canceling Medicaid vision and dental benefits included in Kentucky HEALTH, and has threatened to reverse the state's Medicaid expansion.

## TRAININGS:

### ADDITIONAL DATES ADDED: ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

***This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.***
***This training fulfills the MCBAP approved treatment ethics code education – specific.***

Trainings offered on the following dates.

- August 22 – Lansing (training full)
- September 26 - Gaylord
- November 7 – Lansing

- January 23 – Lansing
- February 20 – Lansing
- March 13 – Lansing
- April 24 – Detroit Area

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

Registration for the new dates will open soon!

**25th ANNUAL RECIPIENT RIGHTS CONFERENCE**

The 25th Annual Recipient Rights Conference, "25 Years on the Right Path," will be held September 11-14, 2018 at Crystal Mountain Resort in Thompsonville. On September 11 from 9:00am to 3:30pm, will be the Pre-Conference Workshop: Preparing for the Interview: Critical Areas of Consideration. The main conference will be September 12-14 and features 2 keynote addresses and 24 workshops!
See full conference details here: https://macmhb.org/recipient-rights
To register, click here:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5185&AppCode=REG&CC=118071726516

**CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at** https://www.macmhb.org/committees

**Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018**

Reporting Period: April 1– May 31 2018

## Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers.
- 42 Substance Use Disorder Clinics reported.

| Reporting Rate | Yes | No | Total | % |
|---|---|---|---|---|
| CMH Reporting Rate | 46 | 0 | 46 | 100% |
| SUD Reporting Rate | 42 | N/A | TBD | N/A |

## Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Services Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

| Screening Rates | Yes | No | Total | % |
|---|---|---|---|---|
| CMH Screening for High Risk Conditions | 21 | 25 | 46 | 46% |
| Public SUD Screening for High Risk | 26 | 16 | 42 | 62% |

## Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

| Reported number of clients screened | 10347* |
|---|---|
| Reported number of clients with high risk behaviors | 20951 |
| Persons who use injection or non-injection drugs | 19592 |
| Men who have sex with men | 304 |
| Homeless or in transient living condition | 3884 |
| Incarcerated | 822 |
| Chronic Liver Disease | 132 |

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

## SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

| Reported number of clients screened | n = 2081 | % |
|---|---|---|
| Reported number of clients identified with high risk behaviors | 1356 | 65% |
| Persons who use injection or non-injection drugs | 1299 | 62% |
| Men who have sex with men | 187 | 9% |
| Homeless or in transient living condition | 562 | 27% |
| Incarcerated | 714 | 34% |
| Chronic Liver Disease | 419 | 20% |

## Vaccine Responses (CMHSP/SUD combined results)

| Referring clients that need vaccination to: | | |
|---|---|---|
| Answer Choices | Responses n = 125 | |
| Local Health Department | 121 | 97% |
| Primary Care Provider | 90 | 72% |
| Pharmacy | 18 | 14.4% |
| Mobile Clinic | 9 | 7% |
| Other (please specify) | 9 | 7% |

| Does your organization have staff that have been trained to administer vaccines? | Yes | No | Blank | Total | % |
|---|---|---|---|---|---|
| CMH Response | 21 | 20 | 5 | 46 | 46% |
| SUD Response | 7 | 24 | 11 | 42 | 17% |

| Would your organization be willing to host a vaccination clinic? | Yes | No | Blank | Total | % |
|---|---|---|---|---|---|
| CMH Response | 29 | 10 | 7 | 46 | 63% |
| SUD Response | 12 | 19 | 11 | 42 | 45% |

| If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake? | Yes | No | Blank | Total | % |
|---|---|---|---|---|---|
| CMH Response | 22 | 17 | 7 | 46 | 48% |
| SUD Response | 10 | 20 | 12 | 42 | 24% |

## Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e. transportation), and encouragement to respond to the hepatitis A outbreak. The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.

- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:

    - Transportation for the providers' service population
    - Rural location of offices
    - Determining financing and insurance issues for immunizations
    - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A

- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.

- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:

    - The use of mobile units to educate, screen, and provide vaccination
    - A MDHHS webinar to inform providers about the hepatitis outbreak
    - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
    - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: http://www.mi.gov/hepAoutbreak