August 31, 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**
  - **CHI2 releases sequential intercept study**
- **State and National Developments and Resources**
  - **Draft SUD licensing rules issued in advance of public comment period**
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- **Legislative Update**
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- **National Update**
  - **Senate Passes FY 19 Health Appropriations**
  - **CMS Announces Updates to Medicaid Wavier Reviews and Processes**
- **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**
- **19th Annual Substance Use and Co-Occurring Conference Registration is now open!**
- **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

### CHI2 releases sequential intercept study

Mental health and corrections has become a significant topic at the national level, especially in the light of recent gun violence. Historically, empirical data on mental health and corrections in the State of Michigan has been very limited. This project gathered information on mental health and corrections initiatives at the state and local level to increase understanding of current programming in order to identify gaps of care and service and to make recommendations moving forward. With the support of the Center for Healthcare Integration and Innovation within the Community Mental Health Association of Michigan, a self-reporting study was conducted involving each of the 46 Community Mental Health Service Programs (CMHSPs) in Michigan from November 2017 to January 2018. A questionnaire was developed using the Substance Abuse and Mental Health Services Administration's (SAMSHA) adaptation of Patricia Griffin's Sequential Intercept Model (SIM) as a baseline rubric. Each CMHSP used the Sequential Intercept Model as a guide to report their current initiatives and programs at each of the six Intercepts. A remarkable 100% of the 46 CMHSPs completed the questionnaire and their completed responses were then analyzed using a basic coding matrix to examine status, gaps, and trends in local mental health and corrections initiatives.

The white paper can be found at:
https://www.macmhb.org/Information/community-mental-health-and-corrections-sequential-intercept-model-survey-michigan-0

The Center for Healthcare Integration and Innovation (CHI2) is the research and analysis office within the Community Mental Health Association of Michigan (CMHAM). The Center, in partnership with the members of the CMH Association, leaders, researchers, consultants and advisors from across Michigan and the country, issues white papers and analyses on a range of healthcare issues with a focus on behavioral health and intellectual/developmental disability services.

## STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

### Draft SUD licensing rules issued in advance of public comment period

The Office of Regulatory Reinvention recently published the proposed revision to the state's substance use disorder (SUD) licensing rules. These proposed revised rules can be found at:
http://dmbinternet.state.mi.us/DMB/ORRDocs/ORR/1809_2018-028LR_orr-draft.pdf

In the near future, there will be a Regulatory Impact Statement published and notice of a public hearing and comment period will be announced. In the meantime, stakeholders are urged to review these draft rules to prepare their comments, for submission during the public hearing and comment period.

### Supported decision-making summit announced

The Michigan Developmental Disabilities Council recently announced its Supported Decision Making Summit. That announcement is provided below.

> What is Supported Decision-Making? Adults with disabilities are respected and honored to make life decisions with the support and counsel they need, and to remain as independent, self-determined and autonomous as possible. Many options, other than guardianship, are available to provide this support and counsel.
>
> Join us for a day of presentations focused on maintaining an individuals' right to an

autonomous life. Get the facts, gain more knowledge and increase your skill level when addressing how to support decision-making with people with intellectual & developmental disabilities. (I/DD). This Summit is open to the public. Self-advocates, families, guardians, and professional are encouraged to attend. During this opportunity, participants will:

- Get information on ways to support people with I/DD when making decisions
- Receive facts about Supported Decision-Making
- Learn how Supported Decision-Making uphold civil rights

DATE AND TIME
Wednesday, September 6, 2018
9:00 -3:00 PM EDT

LOCATION
Kellogg Hotel and Conference Center
219 South Harrison Rd.
East Lansing, MI 48824

To register please follow this link: https://www.surveymonkey.com/r/SuppDecMak If you have difficulty with the link please contact Tracy Vincent at, Vincentt1@michigan.gov or by phone at, (517) 284-7296.

The Supported Decision-Making Summit is sponsored by the Michigan Developmental Disabilities Council in Collaboration with a variety of organizations. Nationally known speakers, Tina Campanella and Morgan Whitlatch of Quality Trust will provide a wealth of information. Quality Trust attorneys provide legal services to people with developmental disabilities and their families on a wide range of issues involving capacity, consent, alternatives to guardianship, and the right to self-determination.

"Giving people help they need and want to understand the situations and choices they face so they can make their own decisions".

**Direct Care Wage Coalition issues position statement**

As Friday Facts members may remember, this Association has been involved, for the past several years, in coalition work around the need to ensure sound wages for the direct care workers employed throughout our system. That multi-year effort resulted in budget boilerplate language (Section 1009) requiring the analysis of the issue and recommendations to address the issue. That report resulted in advocacy work that led to the $0.50/hour increase that was provided to this system's direct care workers in FY 2018. Given that this increase, while appreciated, represents only the beginning – with the Section 1009 report calling for direct worker wages at $2.00 above minimum wage – it is clear that continued advocacy work is needed. With this recognition, the Direct Care Wage Coalition was formed, with this association as a member. This coalition recently completed the development of its position statement. That statement is provided below.

POSITION STATEMENT: Increased Wages for Direct Care Workers

- Direct care workers provide crucial personal care services and/or community living supports to people with disabilities in both licensed and non-licensed residential settings. These services and supports enable people with disabilities to work, attend school and fully engage with their communities.
- Direct care workers receive wages which are clearly inadequate. Based upon recent survey data, their average starting wage state-wide is $10.46 per hour. By comparison, retail companies and fast-food restaurants generally offer a starting wage of $11-$14 per hour.
- As a result of low-pay, often coupled with a lack of benefits, a staffing crisis exists, which prevents people with disabilities from living the lives they envision.
- This is both an economic and a moral issue.

In 2016, a report produced by a Michigan Department of Health and Human Services (MDHHS) workgroup, the Section 1009 Report, detailed the recruitment and retention challenges pertaining to direct care service workers and it included the following:

"The Michigan Legislature and Governor need to make additional investments into all the named Medicaid Covered supports and services to assure that: Direct support staff earn a starting wage of at least $2.00 per hour above the state's minimum wage. These investments and the starting wage rate should increase as the state's minimum wage increases."
It is likely that the state's minimum wage will increase soon, either via legislative action or ballot proposal. We ask the legislature to provide additional Medicaid funding such that MDHHS can set Medicaid payment and reimbursement rates which would maintain a starting wage of at least $2.00 per hour above the state's current, and any future, minimum wage.

Supported by: The Arc Michigan, MARO, MALA, CMH Assn. of Michigan, NAMI Michigan, Autism Alliance of Michigan, MPAS, Community Living Services, ACMH, Mental Health Assn. in Michigan - 8/23/18

Related to the work of the Coalition, the Institute on Community Integration recently featured the direct care worker shortage in a recent edition of its Impact publication. That edition can be found at:

https://ici.umn.edu/products/impact/311/#Cover

**CMS Announces New Model to Address Impact of the Opioid Crisis for Children**

Recently, the Centers for Medicare & Medicaid Services (CMS) announced a new Innovation Center payment and service delivery model as part of a multi-pronged strategy to combat the nation's opioid crisis. The Integrated Care for Kids (InCK) Model aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid and the Children's Health Insurance Program (CHIP) through prevention, early identification, and treatment of behavioral and physical health needs. The model will empower states and local providers to better address the impact of the opioid crisis for children through care integration across all types of healthcare providers.

InCK Model participants will benefit from systematic integration, coordination, and management of core child services, including clinical care, school-based health services, housing, and other health-related supports. The InCK Model aims to positively impact the health of the next generation through early identification and treatment of behavioral health risk factors of children up to age 21 covered by Medicaid and CHIP in selected states. The CMS Innovation Center anticipates releasing a detailed Notice of Funding Opportunity in Fall 2018 with additional details on how state Medicaid agencies and local health and community-based organizations can apply to participate in the model.

For additional information, please visit the InCK Model press release ( https://www.cms.gov/newsroom/press-releases/cms-announces-new-model-address-impact-opioid-crisis-children ), fact sheet (https://www.cms.gov/newsroom/fact-sheets/integrated-care-kids-inck-model ) and the InCK Model web page. (https://innovation.cms.gov/initiatives/integrated-care-for-kids-model/ )

**NCQA Announces New HEDIS Volume for Organizations Providing LTSS**

As part of its mission to improve quality and create standards in health care, the National Committee for Quality Assurance (NCQA) is introducing a new set of Healthcare Effectiveness and Data Information Set (HEDIS®) measures that assess whether organizations providing or coordinating Medicaid long-term services and supports (LTSS) are delivering high-quality, person-centered care. The HEDIS Technical Specifications for LTSS Organizations create performance standards, allow comparison of LTSS quality across programs, and establish national benchmarks.

The measures will be included in the HEDIS 2019 Technical Specifications for LTSS Organizations ePublication available on September 12, 2018. To pre-order these specifications, go to the NCQA Store website at:.
http://store.ncqa.org/index.php/catalog/product/view/id/3419/s/hedis-2019-technical-specifications-for-ltss-organizations-epub/

NCQA and Mathematica developed and tested the measures under a contract with the Centers for Medicare & Medicaid Services (CMS).

The set of four measures evaluates quality of assessment, care planning, and care coordination for organizations providing LTSS:

- LTSS Comprehensive Assessment and Update
- LTSS Comprehensive Care Plan and Update
- LTSS Shared Care Plan with Primary Care Practitioner
- LTSS Reassessment/Care Plan Update After Inpatient Discharge

LTSS include a range of supportive services that people may need—for weeks, months or years—when they have difficulty completing self-care tasks because of aging, chronic illness, or disability. The goal of LTSS is to establish a support system that provides people with choice, control and access to services that ensure optimal outcomes, such as independence, health, and quality of life. These services are vital in helping millions of Americans live more independent lives by allowing them to remain in their preferred setting—often, their home and community.

Historically, LTSS has been delivered under a fee-for-service system. However, under new federal waivers, states are entrusting LTSS coordination and management to managed care plans. The delivery of LTSS through capitated managed care programs is called managed long-term services and supports (MLTSS).

Despite the rapid growth in LTSS, evaluation of LTSS quality is siloed by state-specific quality programs that do not permit the development of national benchmarks for quality or comparison across state Medicaid programs. Similarly, no HEDIS measures address the quality of LTSS care, even though many MLTSS plans report HEDIS measures as part of state requirements or Medicaid Health Plan Accreditation.

"We are proud to partner with Mathematica Policy Research and CMS to produce this set of national measures that will improve the care that organizations provide to the frail and elderly," said Margaret E. O'Kane, President, NCQA. "With these measures we can compare organizations using standards to evaluate their services, ensuring good quality care throughout the country."

"We are excited to make the first set of nationally standardized MLTSS quality measures available to state Medicaid agencies and MLTSS health plans, and are grateful for the advice and support they offered throughout the development and testing process," said Debra Lipson, a senior fellow at Mathematica.

## LEGISLATIVE UPDATE

### Report: MI Public Health System Underfunded

The *State of Michigan* has spent 16 percent less in public health since 2003, putting the state in 41st place for the lowest amount of money spent per capita, according to a report released by the *Citizens Research Council (CRC)*. In the "An Ounce of Prevention" report released Tuesday, *CRC* officials note Michigan currently spends $12.92 per person and only 2.5 percent overall on public health.

The report also states in 2004, the total inflation-adjusted monies put toward public health costs in the state was $300 million, while in 2017 that number totaled only $128.3 million, a large disinvestment *CRC President Eric Lupher* says has become evident in the health crises Michigan has had in recent years. *Mr. Lupher* cites the state's breakout of *Hepatitis A* (the worst in the nation), numerous vaccination preventable disease outbreaks, an inflated infant mortality rate, and an above average presence of chronic diseases as consequences of the decrease in funding.

Along with the aforementioned health crises, *Mr. Lupher* also noted the *Flint Water Crisis* and the recent discovery of *poly* and *perfluoroalkyl substances (PFAS)* in drinking water systems as evidence public health safety is at risk. The report also notes that though the public health operations have been divided among multiple state departments, there is still not enough oversight and/or funding to fully ensure public health policies are implemented.

Addressing the importance of the role state and local governments play in addressing public health concerns, the report states, "Greater public demand for public health services and the infusion of public health into the policymaking process

would ingrain an assessment of health risks and/or benefits into policymaking at all levels of government…all policies in Michigan would benefit from greater consideration of public health."

*Mr. Lupher* agreed with the sentiment of the report, noting, "In very real terms, the state's indifference to this vital role of state and local government is affecting the health of people throughout the state." In its conclusion, the report contended Michigan residents' success and safety could only increase with proper health coverage and access, stating, "Greater attention to public health is needed to remove physical and social barriers to healthy, productive lives, and to safeguard the health and well-being of all citizens on this pair of pleasant peninsulas."

## NATIONAL UPDATE

### Senate Passes FY 19 Health Appropriations

Last week, the Senate overwhelmingly passed a joint Defense and Labor-HHS appropriations bill that would increase federal health spending in the upcoming fiscal year. Notably, the bill would increase funding for some mental health and addiction programs as well as provide around $3.7 billion to specifically to address the opioid addiction crisis. House and Senate members now face a time crunch to reconcile their appropriations bills before a September 30th funding deadline and potential government shutdown.

The Senate funding bill provides the Department of Health and Human Services (HHS) with a $2.3 billion increase in discretionary spending (compared to FY 2018), bringing HHS's total discretionary health spending to approximately $90.1 billion. Compared to last year, the Substance Abuse and Mental Health Services Administration (SAMHSA) would receive an additional $580 million and the National Institutes of Health (NIH) would receive an additional $2 billion. The Mental Health Block Grant's funding would increase by $25 million to $747 million, while the Substance Abuse Prevention and Treatment Block Grant would remain at $1.9 billion for FY 2019.

OPIOIDS

The Senate approved around $3.7 billion, an increase of $145 million, for activities intended to curb opioid use and addiction. As one of Congress' highest priorities, funding to address the opioid crisis was split across several agencies and programs. The bill included the following opioid-specific investments:

- CCBHCs: $150 million, an increase of $50 million, for the continued expansion of new Certified Community Behavioral Health Centers (CCBHCs). CCBHCs are a new type of Medicaid provider that are rapidly expanding access to opioid and other addiction care in their communities.

- State Opioid Response Grants: $1.5 billion for SAMHSA's State Opioid Response (SOR) Grant, which continues a 15 percent set-aside for states with the highest mortality rate related to opioid use disorders and a $50 million set-aside for Indian tribes and tribal organizations. Part of the funding replaces the $500 million expiring from the Opioid State Targeted Response (STR) fund, created under the 21st Century Cures Act.
- Research: $500 million to NIH for research related to opioid addiction, development of opioid alternatives, pain management and addiction treatment.

- Treatment in Rural Areas: $120 million focused on responding to the opioid epidemic in rural communities, which includes $20 million for the establishment of three Rural Centers of Excellence on Substance Use Disorders that will support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities.

- Health Centers/FQHCs: $200 million for Community Health Centers to support and enhance mental health or substance use disorder services.

- Public Health: Maintains $476 million at CDC for opioid overdose prevention and surveillance as well as a public awareness campaign. The bill includes $5 million for a new CDC initiative to combat infectious diseases directly related to opioid use.

- Children and Families: $40 million, the same as the FY 2018 level, for mental health and substance use prevention and treatment for children and families in, or at-risk of entering, the foster care system.

- Telehealth: $2 million to support an evidence-based tele-behavioral health system to focus on opioids.

WHAT'S NEXT?

Attention now turns to the House, which has yet to hold a floor vote on its health appropriations bill. Once the House passes its bill, the House and Senate will have very few working days to reconcile the differences between the two chambers' packages before funding for the current fiscal year expires on Sept. 30th. Should the deadline pass, Congress will be forced to enact a continuing resolution (CR) to keep current funding levels in effect or face a government shutdown.

**1115 DEMONSTRATION UPDATES**

In a letter issued earlier this week, CMS formalized Obama-era adjustments stating that demonstration programs approved under 1115 waivers must remain "budget neutral," or not require more federal funding than the baseline Medicaid program. The new policy affirms CMS' intent to apply more restrictive budget neutrality parameters for Medicaid 1115 demonstration projects, and helps fulfill the agency's commitment to "protect the fiscal integrity of the program." This could potentially curtail some of the program reforms of interest to states and stakeholders, as well as put additional pressure on state budgets due to the loss of "roll over" funds in states with long-running programs.

Among the updates discussed in the guidance:

- Limiting Savings Rollover: Under CMS's previous budget neutrality approach, states were permitted to roll over savings from older demonstration approval periods rather than limiting roll-over savings to recent years. Under CMS's current approach to budget neutrality, states are permitted to roll over accumulated budget neutrality savings only from the most recently-approved five years.

- Rebasing non–waiver baselines: Beginning with 1115 demonstration extensions effective as of January 1, 2021, CMS will adjust budget neutrality limits to better reflect states' most recent historical experiences.

- Transitional phase–down of newly accrued savings: Until the new rebasing strategies begin in 2021, CMS expects to phase-down the annual savings of demonstrations that are being extended based on when that demonstration was first implemented.

For more details on the updates to 1115 demonstration waivers, read the full letter here.

**STATE PLAN AMENDMENTS & 1915 UPDATES**

In another informational bulletin issued last week, CMS detailed the agency's updates to the review pathways of state plan amendments (SPAs) and 1915 waivers, which have historically often seen long administrative approval times.

SPAs and 1915 waivers are meant to give states flexibility in how they administer their Medicaid programs, and must be approved by CMS before being implemented. This bulletin is the second in a series from CMS to detail the agency's process improvement initiatives, and presents successes from implementing strategies from the first bulletin along with details on the new processes. According to CMS, the agency has seen a 20 percent increase over 2016 approval times for SPAs since releasing the first round of guidance, and hopes to continue those successes with these new efficiencies.

To read the full bulletin and for more details on the specific updates, visit CMS's website here.

**TRAININGS:**

**CMHAM ANNUAL FALL CONFERENCE – CALL FOR PRESENTATIONS**

Community Mental Health Association of Michigan
2018 Annual Fall Conference: "Facing the Future Together"
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan.
Deadline: Friday, August 17, 2018

Click here to download a copy of the workshop submission form: https://macmhb.org/save-the-date/2018-fall-conference-call-presentations

**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.

- September 26 – Gaylord – Click Here to Register for September 26
- November 7 – Lansing Click Here to Register for November 7
- January 23 – Lansing Click Here to Register for January 23
- February 20 – Lansing Click Here to Register for February 20
- March 13 – Lansing Click Here to Register for March 13
- April 24 – Troy Click Here to Register for April 24

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

**MOTIVATIONAL INTERVIEWING**

Register for the level of training and date/location of your choice.
2-day Motivational Interviewing Basic training - $89
2-day Motivational Interviewing Advanced training - $89
1-day Motivational Interviewing Supervisory training - $49

Agenda for all trainings:
Registration: 8:30am to 9:00am; training(s) start promptly at 9:00am and adjourn at 4:00pm each day.
Who Should Attend? This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, Clinical Directors, Supervisors, Case Managers, Support Coordinators, Therapists, Crisis Workers, Peer Support Specialist and any other practitioners at the beginning, advanced and supervisory levels of practice.

September 11-12 Great Wolf Lodge, Traverse City
3575 N. US Highway 31 S, Traverse City, MI 49684
Hotel room block of $75 per night expires August 17
Call 866-962-9653 reference Reservation #18092DAY

Go to our website at www.macmhb.org for registration and further information

## 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

**19TH ANNUAL SUBSTANCE USE AND CO-OCCURRING CONFERENCE REGISTRATION IS NOW OPEN!**

19th Annual Substance Use and Co-Occurring Disorder Conference
*Possibilities, Commitment and Strength for the Future*

September 16, 2018 Pre-conference workshops
Amway Grand Plaza Hotel, 187 Monroe Ave NW, Grand Rapids, MI 49503
**Click here to register Pre-Conference #1 & #2**

September 17 & 18, 2018
Full Conference
DeVos Place Convention Center, 303 Monroe Ave NW, Grand Rapids, MI 49503

The Community Mental Health Association of Michigan is approved by the Michigan Certification Board for Addiction Professionals to sponsor substance abuse training. CMHAM maintains the responsibility for the program and content. Substance abuse professionals participating in the 9/16/18 pre-conference will receive 3 Specific Contact Hours; Substance abuse professionals participating in the 9/17-18/18 conference may receive up to 10 Specific Contact Hours.

Social Workers: This conference qualifies for a maximum of 6 Continuing Education hours. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818.

Evaluation and Certificate Awarded: After the conference you will receive an email from Express Evaluations which will contain directions on how to complete the on-line evaluation and how to obtain your CE certificate. During the on-line evaluation, you will be required to provide the code in and code out for each session and plenary that you attend. At registration, you will receive a code in and out tracking sheet for you to complete throughout the conference. Use this form when you complete the on-line evaluation. When you have completed the Session Evaluations and Overall Evaluation, the Certificate button will be enabled. You will then click on the Certificate button, then click on "Create Certificate", the system will create the appropriate certificate and give you the option to download it to your computer or you can email it to yourself. You will need Adobe Reader or another PDF reader to view your certificate. If you do not have access to a printer, you may download it at any time by logging back in and clicking Certificate. COMPLETE AND SUBMIT THE ONLINE EVALUATION FORM FOR EACH SESSION YOU ATTENDED NO LATER THAN OCTOBER 31, 2018; after this date no certificates will be available. No other certificate will be issued.

| Registration fees/per person includes all meals & breaks | Fees |
|---|---|
| 1 Day Rate - Early Bird | $105 |
| 1 Day Rate After 8/25/18 | $160 |
| 1 Day Rate After 9/1/18 | $210 |
| | |
| Full Conference Rate – Early Bird | $190 |
| Full Conference Rate After 8/25/18 | $260 |
| Full Conference Rate After 9/1/18 | $310.00 |

**CLICK THIS LINK TO REGISTER ATTENDEES**

**SPONSORSHIP OPPORTUNITIES**

- $500 will entitle you to a contributing sponsorship of a breakfast or lunch. Your company name will be listed in the brochure, and company name will be announced at the podium.
- $500 to place promotional material placed in the conference packets

Email Annette Pepper for further details at apepper@cmham.org

**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