

# U.P. Health Strategies Conference

November 5, 2015

## NOTES

9:00 AM

### **Welcome**

- Joel Schultz, Executive Director, CUPPAD
- Jim LaJoie, Executive Director, Superior Health Foundation
- Lt. Governor Brian Calley
- Kayla West, Special Projects Coordinator, CUPPAD
- Anne Milne, Community Planner, CUPPAD

9:30 AM

### **Focusing on Addiction and Mental Health – The Cost of a Broken System**

- Judge Beth Gibson, 92<sup>nd</sup> Circuit Court for Luce & Mackinac Counties  
An emergency situation led to the development of an area task force to address substance abuse and mental health. Major concerns in the community include teen suicide with at least one per year, addiction treatment, and coordination of care. Task force members include DHS, social workers, law enforcement, hospitals, mental and public health and others to develop strategies for the care of patients with co-occurring disorders whose only options for detox are often limited to jail or ER. Other priority topics include: the lack of housing for those in recovery and overcoming communication and coordination gaps between different agency and service providers.

Barriers include the difficulty of navigating the system to get people to proper care, gaps in care, funding cuts in public mental health, and the need to send people out-of-state for care (for example: having to travel from St. Ignace to treatment in Milwaukee.)

- Ken Ratzlaff, CEO and President, Beacon Specialized Living Services, Inc.  
(Works with Judge Gibson and Rod Nelson at Mackinac Straits Hospital)  
Beacon offers services for developmentally disabled, mentally ill and autistic adults in a behavioral healthcare setting, such as group homes. Beacon operates in 15 communities around MI. Beacon has a 10 bed adult foster care facility and is working with Mackinac Straits Hospital to develop a new facility within the old Mackinac Straits Hospital. The facility will provide 30-40 jobs in the St. Ignace area. There is an over reliance on jail beds to manage people with mental illness during addiction crises. In Mackinac County 96% of arrests are related to substance abuse.

Because there are not enough beds for mental health in the UP, people often have to go downstate or out of state for care. If Beacon Services could offer detox services in addition to mental health care in their facilities, that could be a solution to not having enough beds for people with co-occurring disorders.

- Bob Wedin, Utilization Management Coordinator, NorthCare Network  
People without Healthy Michigan (Medicaid) are on waiting lists for care due to cuts in funding. Funds from the General Fund that were previously used for persons lacking Medicaid coverage were redirected to the Healthy Michigan program. While that was good for Healthy Michigan patients, there are legislative limits on what can be done for whom as well as regulations on how organizations can spend additional funds they are getting through Health Michigan.

Marquette General and War Memorial are not able to utilize all in-patient beds due to the cost of additional staff requirements. When the state looks at bed utilization – they see beds not being used and assume there is not as great of a demand as there really is.

Deb Davis, Chief Information Officer, NorthCare Network

Opiate addictions have increased, all physicians are not trained to deal with this issue. There is need for more education around the region on about addiction care.

The Healthy MI program has imposed regulations, organizations need additional funding to meet them, and legislature needs to be made aware of this.

- Doug Russell, Executive Director, Room at the Inn, Marquette  
Room at the Inn is a moving shelter that rotates weekly among 12 local churches through the winter months. It averages 15 people a night, but this has been as high as 24. There is a challenge to find appropriate housing – and housing is a priority to get people proper care for addiction and recovery. It costs an average of \$15,000 every year to house persons with addictions in jail, not counting law enforcement and legal costs, nor medical costs for ER and inpatient use. Housing can be provided to people at less than the cost of jail. Which begs the question, how can spending be redirected for it to be more effective? There are other models that have been proved to be successful that could positively impact the over 500 homeless people in Marquette County.

## Discussion

- Kim Frost – Estimates that 99% of Room at the Inn guests struggle with an addiction. There is a problem because of how little time people are able to spend in a recovery center (28 days). It can take a year or more to re-wire the brain to manage addiction. People have died while waiting to get into treatment. Last summer, there were four deaths, most (or all) linked to addiction.
- Deb Doyle – How is Beacon funded?
  - Ken – Beacon has multiple sources of funding including federal and state funds and grants.

- Kevin Store – It is important to stimulate the conversation between organizations. What are we doing to change the models of existing agencies? We do not need more non-profits, there are groups in the region that provide redundant activities. We need to work together to be effective.
- Kyle Rambo – Catholic Social Services has struggled to find professionals to fill positions and open new offices. The licensing and regulation fees imposed by the state are a major burden to opening new offices and adding staff. Tried using telemedicine, but it was not successful.
- Teresa Armstrong – War Memorial has used telemedicine with some success. Collaborates with organizations to provide transportation to radiation patients that need to go to Petoskey daily for radiation therapy.
- Andrea Abbott – is a resident at Room at the Inn. Commented to the group that there are no options for detox if someone is not drunk enough. If someone is mentally ill and sober, few options for ongoing help to continue recovery.
- Judge Gibson - Task force not taking no for an answer. If they come across barriers to care they try to find out why so that it can be addressed. Working to coordinate services between organizations so that there is continuity in care.

10:30 AM

### **The Western U.P.'s CHNA – A Public Health/Hospital Collaboration Model**

- Ray Sharp, Western U.P. Health Department  
(Hand-outs of slides were handed out to attendees) The Western U.P. Health Needs Assessment Consortium. It is a unique collaboration that is in its 4<sup>th</sup> year. The 2012-2013 assessment included 5 counties, 5 hospitals, 2 community mental health centers, 1 substance abuse coordinating council & 14 regional public health departments brought together in part by ACA Requirements for non-profit hospitals. This project has been very successful, a model assessment – won 2 statewide awards. For 2015-16 they have brought new partners into the process. Used survey sent through the mail with the option of responding via mail or online.

Ray would like to extend an invitation to other hospitals and health departments to join their consortium – the costs are lower when shared by more organizations, and the data that is gathered is consistent with national data and allows consistency over time (longitudinal tracking) to see if we are making a difference.

Survey results show the impact of the aging population in the region, the importance of prevention in reducing risk for chronic disease, and the effects of income and education on health. For example, the incidence of diabetes increases with age; in the WUP, 10% of the population has diabetes- higher than most communities- because the WUP is disproportionately older.

The local survey resulted in around 600+ respondents per county – which is great. The collaboration between organizations was key, doing this would be very difficult on own.

2015-2016 Assessments – 6 counties, 6 hospitals, 1 FQHC, and 3 public agencies  
Strengths of the project are behavioral risk factors & social determinates of health. It also has the ability to gather statistically significant data on smaller counties which are normally excluded from larger studies because their numbers are too small to be statistically significant. This process will enable counties/hospitals to compare like data and evaluate program successes.

- Angela Luskin, UP Health System Portage  
Programs on obesity -> have the potential to be more successful when working together  
Choose Healthy U.P. is a new program where different organizations are working together to make an impact on obesity in the area. Assessment can measure impact. They will be able to see if what they are doing now is working in 2019.
- Dave Olsson, Aspirus Keweenaw  
Ray helped provide expertise with data, the assessment shows that efforts to address public health could be improved. Decided not to recycle old ideas, needed new ideas in order to potentially make a difference. 30-40% obesity rates in grades 7,9,11.  
The collaboration acted as a checks & balance through assessment, opportunity to listen to community.  
Choose Healthy U.P. will combine resources together (schools/businesses/public health, others)
- Kate Beer, Western U.P. Health Department  
The cost of the assessment was spread across partners. The health department has volunteer retirees that help with surveys by stuffing envelopes and doing data entry. Using volunteers reduces overall costs.
- Kevin Piggott, Assistant Director, Marquette Family Residency Program  
Discussion of population health. Health is not only the absence of disease, but also a state of mental and physical well-being.  
The US spends a great deal on health, but does not have the best results when compared to other country. Poverty, lifestyles, social services, behavior -> determinants of adult mortality. Look at the real determinants of health.

Data used in previous CHNA analysis made use of longitudinal data tracking to show increases in smoking (coinciding with reductions in funding for prevention), increase in infant mortality/ low birthweight, etc. The longitudinal data shows us if we are making a difference (or when changes in policy coincide with a worsening of population health.)

11:15 AM

**'Infomercials" for New U.P. Initiatives (and breakout sessions)**

Rebecca Crane – Dial Help

The mission of Dial Help is to promote the physical, emotional, and social well-being of our communities by providing problem assistance, crisis intervention, referrals, education and training. Over 12 months – 25% of calls are linked to mental health crises. UP Unites – local suicide prevention alliances throughout the UP. Work to educate and reduce stigma. QPR – training for crisis intervention. Dial Help safety net – active follow up for suicide, provides mental health for those who lost someone due to suicide.

*Discussion*

They receive about 6,000 calls per year. Want to partner with other organizations in the UP to make services UP-wide.

Clubhouse

Clubhouse is for adults with mental illness – organized to support members and help them to receive services and support. Superior Health Foundation has provided funding for Clubhouse training. Pathways, Room at the Inn working together. It is a membership based organization, a place where they are not defined by a disability. In Marquette, people will have 24/7 access to employment, staff support, health services. Clubhouse is a very low-cost model for providing services. Clubhouse will be in Marquette in October.

Will be able to bill Medicaid for clubhouse services.

*Discussion*

Pathways wanted clubhouse and applied for funding through SHF. SHF suggested getting other organizations to collaborate (Lake State Industries, Room at the Inn, others). Next step is 3 day training to create development plan for clubhouse, staff will undergo 3 week training.

Transportation services (to employment)

For example, the Petoskey has 200 members with 4 staff and 4 vans

Works to fulfill individual's need for sense of purpose

Need to push legislators to change laws so more people are eligible

Members are part of the team in hiring staff

Work order day job – meeting with tasks broken down (10am), people sign up for tasks in identified units (kitchen, maintenance, snack bar, business).

### Mental Health First Aid

Sally Olson- 14 mental health first aid instructors in the UP. The stigma around mental health is a barrier to people getting help.

Amy Poirer- Their goal is to train a minimum of 600 people across the UP (doctors, police, and community members). The training is an 8 hour program.

### *Discussion*

The training would be good for anyone who regularly interacts with the public. For example, police officers, teachers. The cost is \$15 for book. People will be trained to refer people to local services.

1:00 PM

### **U.P. Wide Smiles: Example of a Health Improvement Strategy**

- Becca Maino, Dental Health Coordinator, Marquette Health Department  
80% of tooth decay occurs in 25% of American population, mostly low-income/minorities. The lack of fluoride in the water affects UP. Low percent of children at age one have seen a dentist.

Goal - decreased need for hospital based care. 1. Increase awareness through media 2. Increase access to fluoride varnish across UP. 3. Increase access to fluoride rinse programs for kinds K-5, 4. Identify dental referral 5. Develop networks/collaboration for future success.

- Danielle Anderson, Oral Health for All Coalition  
Roughly 250 kids in U.P. (starting at 18 months thru age 18) need treatment in hospital setting. Two pediatric dentists, Dr. Brian Anderson (Ishpeming) and dentists at MCDC clinics in Marquette and Upper Lower Peninsula are the only dentists available to serve kids in a hospital setting. In the UP, on Bell, Portage, and Marquette can do this. (Kids from EUP go to Traverse City/ Petoskey area.)

Average age of first surgery is <5 years old. Kids with dangerous infections have to wait months for surgery and have to travel long distances to receive treatment.

Barriers- There is a limited number of dentists and pediatric dentists performing hospital care result in a limited amount of OR time available. Even if more OR time were available, there is a limit to time the dentists can devote to hospital care.

The solution is prevention and early intervention starting at age one. Physicians' practices can do risk assessments, check oral cavity, apply fluoride varnish in minutes and be reimbursed. Health departments are also doing oral health education and fluoride varnish through nutrition, maternal and infant programs. Oral Health for All has a coalition of dentists pooling their billing data to monitor trends across the region to access if prevention is working. Already have baseline data for 2014-2015.

- James Hayward, DDS  
Dr. Hayward worked for Indian Health Service, in private practice in Ishpeming, and as a Dental Director for Marquette County. Dental caries is the most common chronic disease. Active decay is in 25% of children, ages 6-11 and 59% 12-19. The effects of oral decay in children include pain, school absences. Can do early intervention in physicians' offices and through public schools. Oral Health for All Coalition- 2 goals are to eradicate early childhood caries (ECC) in the UP and to reduce the incidence of oral disease in school-aged children in the UP. (Note: Other goals address adults and seniors.) Marquette/ Baraga dental day will be in April 2016, sponsored by Area health Education Center. In process of developing Pay it Forward dental program for low income, un- and under-insured adults in the Marquette area in exchange for volunteer service.

1:45 PM

### **Access and Proactive Outreach: Reaching those Hardest to Serve**

- Nick Derusha, Health Officer, LMAS Health Department  
LMAS wrote grant to do home visitations, involves all 6 UP health departments Funding for primary prevention is scarce. Health Family UP – an evidence based program that helps families break poverty cycle. Teaches parenting skills. Other benefits include children being better behaved in classroom and increase in non-violent parenting. It is voluntary and free for participants.
- Rochelle Cotey, Executive Director, ALTRAN  
Children are able to ride ALTRAN busses at a very young age. Provides bussing to head start and schools. Offers 9 trips to Marquette daily – this service is used by people seeking dental care. Transportation to MARESA. Churches/Kiwanis help raise funds for transport in special cases.
- Elise Bur, Admin. Director, Upper Great Lakes Family Health Center  
UGLFHC has 11 clinics, 9 sites. Provides primary care, behavioral health, oral care Initiative – what are the barriers of care and how do we measure? Survey indicated that only 24% see a doctor unless sick. Barriers to preventive care include time (work schedules, caregiving) don't trust the doctor, etc. Important to ask the patients, themselves, what are the barriers.
- Terry Irving, UPCAP/211-Call Center  
211 provides many services including helping people navigate Medicaid On January 1<sup>st</sup> will start MI Children Healy Access Program. There will be options for reimbursing transportation cost for those 18 & younger. Biggest need is utility assistance. For the first time general dentistry has shown up on their list of unmet needs.

#### *Discussion*

In the Dickinson-Iron CHNA transportation was identified as a barrier to care, but there are no transit services to fund.

2:30 PM

**Reconvene and Debrief: Resource /Expert Panel**

- Joel Schultz, Executive Director, CUPPAD
- Jim LaJoie, Executive Director, Superior Health Foundation
- Sheri Davie, Chairperson, Superior Health Foundation

*Discussion*

We need some central point of contact, or website to help us keep the conversation going

The oral health care information needs to get to schools and doctors

Regarding the CHNAs – what health improvement strategies identified in assessments have been implemented?

Think of the CHNAs as a continuous process of improvement

We should work together to avoid duplication