MSHN
Mid-State Health Network

Board Newsletter - February 2019

From the CEO's Desk

Joseph Sedlock
Chief Executive Officer

The Centers for Disease Control and Prevention (CDC) released data on the ten leading causes of death in the United States recently. Tragically, suicide—too often a consequence of untreated mental illness and substance use disorders, and as such a preventable condition—remains on that list as the 10th leading cause of death for adults and the second-leading cause of death in our youth. Nationally, the number of suicide deaths increased from 29,199 deaths in 1996 to 47,173 deaths in 2017. The suicide rate (deaths per 100,000 population) for 2017 increased to 14.0 (from 13.5 in 2016).

For Michigan (through 2016, the most recent year for which statistics are currently available), Alcona, Oscoda and Lake Counties had the highest suicide rate for the 1999-2016 period. The three counties with the lowest rates were Ottawa, Leelanau and Washtenaw.

For the Mid-State Health Network region, for the 1999-2016 period, the three counties with the highest suicide rates were Arenac (19 per 100,000), Clare (17.7) and Huron (15.9). The three counties with the lowest rates were Isabella (8.9), Gratiot (9.2) and Clinton (9.8).

Eleanor McCance-Katz, the Assistant Secretary for Mental Health and Substance Abuse, discusses these findings in a SAMHSA blog. Of particular note in her remarks:

"A person with mental health issues will often be vulnerable to suicide, in part because they lack access to care or will not have a positive response to the care received. This can lead to hopelessness that is the harbinger of suicide.... It is also likely that suicide by drug overdose is more common than we realize. This means suicide death numbers may be even higher, and those higher but hidden numbers are some of the deaths that result from drug overdoses. The majority of overdose deaths involve opioids—increasingly a result of heroin or illicit opioid pills contaminated by fentanyl. Further, most of these deaths involve multiple substances—opioids, benzodiazepines, alcohol, medications used to treat mental disorders, and other medications."

"When drug overdose deaths occur, it is usually not possible to know if the death is accidental or a suicide. However, we do know several circumstances likely to contribute to these overdose deaths. This can include people with chronic pain who have not responded to opioid medications as well as people whose clinicians are no longer willing to prescribe and leave a person to the abyss of opioid withdrawal—itself a painful condition that would only worsen the underlying pain and other physical and mental health challenges such people face. People who have become addicted to opioids too often are not able to access effective and safe treatment in their communities, nor are they able to get into recovery because they lack community supports essential to stabilizing their lives and moving away from drug abuse. Many of these people, now counted as unintentional "drug overdose deaths," may suffer what I refer to as the "silent suicides"."

Please contact Joe at joseph.sedlock@midstatehealthnetwork.org with any questions pertaining to the above information and/or MSHN administration.

Organizational Updates

Amanda Horgan, MBA
Deputy Director

SUD Oversight Policy Advisory Board (OPB)

MSHN's Substance Use Disorder (SUD) OPB is responsible for approving and recommending to the MSHN Board of Directors use of Public Act 2 (PA2) funds (also known as Liquor Tax funds), as requested by prevention and treatment providers within Region 5.

The Board consists of one (1) member and one (1) alternate from each county, as appointed by respective county commissions.

The OPB operates through a twenty-one (21) county Intergovernmental Agreement that outlines the roles and responsibilities of the Board as well as its formation and operation. The agreement between MSHN and each respective county is required per Michigan Department of Health and Human Services.

The advisory board meets bi-monthly, and is responsible for:

- Approval of any portion of MSHN's budget that contains PA2 for the treatment or prevention of substance use disorders (SUDs);
- Advising and making recommendations regarding MSHN's budgets for SUD; and
- Advising and making recommendations regarding contracts with SUD or prevention providers.

Board meeting materials, minutes and schedule can be found on MSHN's website, at https://midstatehealthnetwork.org/stakeholders-resources/board-councils/oversight-policy-board

Please contact Amanda with questions pertaining to the above information and/or MSHN Administration at Amanda.Horgan@midstatehealthnetwork.org.

Welcome MSHN's Newest Team Member

MSHN is pleased to announce that the position of Utilization Management Specialist has been filled. Kathrine Flavin. LLPC, CAADC, joined us on February 4, 2019.

Kathrine comes to us with years of experience as a counselor and supervisor from Victory Clinical Services.

Please join us in welcoming Kate to the MSHN team!

Information Technology

Forest Goodrich

Chief Information Officer

MSHN's been working with the regions Information Technology Council members to build a process to get all authorization data related to acute care services for FY18, including defining the services that make up acute care (CPT codes, HCPCS codes): inpatient, partial hospital, crisis residential, and continuing stay reviews. Thanks to Community Mental Health of Central Michigan for providing the script to automate this process.

The Michigan Department of Health and Human Services posted a Behavioral Health-TEDS (BH-TEDs) status report that identifies MSHN as a top submitter for substance use disorder (SUD) encounters with BH-TEDs as well as mental health encounters. Congratulations to our CMHSP partners for assisting MSHN in maintaining a high performance.

FY19 SUD Encounters w/BH-TEDS records
Encounters from 10/01/2018 - 11/30/2018 BH-TEDS Thru 01/15/19

Region Name	Encounters	Encounters But NO BH-TEDS Record	Completion Rate
CMH Partnership of SE MI	1,351	108	92.01%
Detroit/Wayne	5,028	5	99.90%
Lakeshore Regional Entity	2,566	171	93.34%
Macomb	2,304	6	99.74%
Mid-State Health Network	5,576	0	100.00%
NorthCare Network	764	6	99.21%
Northern MI Regional Entity	1,801	141	92.17%
Oakland	2,379	15	99.37%
Region 10	2,754	21	99.24%
Southwest MI Behavioral Health	2,781	584	79.00%
Statewide	**27,304**	**1,057**	**96.13%**

FY19 MH Encounters w/BH-TEDS records
Encounters from 10/01/2018 - 11/30/2018 BH-TEDS Thru 01/15/19

Region Name	Encounters	Encounters But NO BH-TEDS Record	Completion Rate
CMH Partnership of SE MI	7,104	401	94.36%
Detroit/Wayne	5,391	594	88.98%
Lakeshore Regional Entity	12,142	841	93.07%
Macomb	7,852	114	98.55%
Mid-State Health Network	25,853	437	98.31%
NorthCare Network	4,161	9	99.78%
Northern MI Regional Entity	7,447	81	98.91%
Oakland	12,848	198	98.46%
Region 10	11,130	20	99.82%
Southwest MI Behavioral Health	11,134	642	94.23%
Statewide	**105,062**	**3,337**	**96.82%**

Please contact Forest with questions pertaining to the above information and/or MSHN Information Technology at Forest.Goodrich@midstatehealthnetwork.org.

Finance

Leslie Thomas, MBA, CPA

Chief Financial Officer

MSHN will submit a final Fiscal Year (FY) 2018 Financial Status Reports (FSR) to the Michigan Department of Health and Human Services (MDHHS) at the end of February. MSHN is projecting a fully funded Internal Service Fund (ISF) totaling more than $40 million. MDHHS allows PIHPs to retain up to 7.5% of the current year's revenue for its ISF and an additional 7.5% in savings.

MSHN's internal finance team continues its sub-recipient monitoring through the site visit process for any provider rendering substance use disorder (SUD) services. The monitoring includes enhanced oversight of fiscal policies, procedures, and business practices. We have completed a full-year cycle of this process and are now streamlining internal business practices and policies. MSHN's Chief Financial Officer will seek input from other MSHN leaders regarding changes to the financial monitoring process.

MSHN has been awarded numerous block grants for FY19 from MDHHS. Most of the block grant funds are targeted to address the opioid crisis however MSHN has also been awarded a small grant to assist Community Mental Health Service Programs (CMHSPs) with funds to cover consumers with Medicaid deductibles receiving clubhouse services.

Finance staff continue its efforts with the Managed Care Information System (MCIS) which went live on February 1, 2018. These efforts include participation in team meetings as well as providing technical assistance to SUD contractors and internal staff. Finance staff are conducting REMI (MSHN's Managed Care Information System) claims training during quarterly SUD provider meetings as well as developing supplemental help material.

MDHHS has increased Medicaid and Healthy Michigan (MI) funding for FY19 by more than $13.3 million net of taxes. MSHN projects a significant portion of the increase will be used as savings to cover regional Healthy MI cost overruns. MSHN will also continue its regional analysis to identify factors impacting Healthy MI expenses. Our overall goal is to ensure consumers receive medically necessary services in the most fiscally responsible way.

Please contact Leslie with questions pertaining to the above information and/or MSHN Finance at Leslie.Thomas@midstatehealthnetwork.org.

Behavioral Health

Dr. Todd Lewicki, PhD, LMSW

Chief Behavioral Health Officer

Revealing Opportunities: The Supports Intensity Scale

The Supports Intensity Scale (SIS) is an assessment tool developed and copyrighted by the American Association on Intellectual and Developmental Disabilities (AAIDD). The SIS is required as a part of the Michigan Department of Health and Human Services (MDHHS) contract with the Pre-Paid Inpatient Health Plans PIHPs), is administered every three years, and has been in use for the last four and a half years for adults with an intellectual and/or developmental disability (IDD). It focuses on an individual's strengths and looks at their support needs in the important areas of personal, work-related, and social activities to

reveal and define the types and intensity of supports needed to live a life just like anyone else. The SIS is unique in that it is designed to be a part of the person-centered planning process. Emphasis is made on the individual's unique preferences, skills, and life goals and addresses the potential need for specific types of services.

The SIS reveals an individual's potential and identifies creative ways to address focusing on making that potential a reality. Key areas include exploring full participation in the community, identifying support needs to successfully complete everyday tasks, and maximizing positive outcomes. Because the SIS is a planning tool, it can help identify items or activities the individual has not taken part in. It seeks to unlock individual potential and is inclusive of activities and life domains common to any other adult. The SIS has been a welcome compliment to the person-centered planning process and philosophy and keeps a focus on issues important to the individual, seeking to empower and unlock each individual's potential.

Please contact Todd with questions pertaining to the SIS and/or MSHN Utilization Management at Todd.Lewicki@midstatehealthnetwork.org

Utilization Management

Skye Pletcher, LPC, CAADC
Director of Utilization and Care Management

The MSHN Utilization Management (UM) Department has recently been working on improvements to the way substance use disorder (SUD) authorization requests are processed in order to improve efficiency while still using best practices to ensure that services are medically necessary and clinically appropriate to meet a person's needs. On average, between 2,500 and 3,000 authorization requests for SUD services are submitted to MSHN each month in the online REMI managed care electronic data system. Approximately 600-800 authorizations each month are manually reviewed by MSHN utilization management specialists, and the remaining requests are automatically approved by the REMI system.

The UM department has established standard authorization amounts for each type of service; this is the typical average amount of a service that a person with a certain condition might be expected to use within a given time period based on previous regional data. The REMI system automatically approves an authorization if the requested amount of service falls within the typical recommended range. If the authorization request exceeds the typical recommended range, then the authorization comes to the MSHN UM department for further review to ensure that the services are medically necessary and clinically appropriate to meet the person's needs.

Services are always authorized according to the individual needs of a person and there are no arbitrary limits on services if they are determined to be necessary to help that person accomplish his/her recovery goals. Additionally, MSHN UM specialists also review regional data to identify trends of over and under-utilization across the network. If there is a significant increase in utilization of a specific service, for example, UM specialists will randomly review a sample of cases in order to identify any factors that may contribute to the increase in utilization.

By implementing this type of process where the majority of authorizations are automatically approved, it increases efficiency for both MSHN as well as our SUD provider network. SUD service providers receive quick and timely response to authorizations and MSHN UM staff are able to provide focused review to outliers (areas that are significantly over or under the average range).
Please contact Skye with questions pertaining to the above information and/or MSHN Utilization Management at skye.pletcher@midstatehealthnetwork.org.

Treatment and Prevention

Dr. Dani Meier, PhD, LMSW
Chief Clinical Officer

Mental Health First Aid

Most of us are familiar with and may have been trained in CPR, the lifesaving response for a person who has had a heart attack, experienced a stroke, gone into cardiac arrest, drowned, or is choking. Less known is Mental Health First Aid (MHFA), an 8-hour course that teaches participants how to identify, understand and respond to signs of mental illness and substance use disorders (SUDs). It teaches the skills needed to reach out and provide initial help and support to someone who may have a mental health or substance use problem or is experiencing a crisis.

Peer-reviewed studies published in Australia, where MHFA originated, show that individuals trained in the program grow their knowledge of signs, symptoms and risk factors of mental illnesses and addictions, can identify multiple resources to help individuals with a mental illness or addiction, increase their likelihood to help an individual in distress, and show increased mental wellness themselves. The program has also been shown to reduce the social distance created by stigma towards individuals with mental illnesses and substance abuse disorder (SUD). For years, many Community Mental Health (CMH) agencies have offered MHFA to expand the safety net in their communities for people in crisis.

While we might assume that people in the medical profession have the MHFA skill set, there's evidence that many Medical Doctors (MDs) in general practice or with non-psychiatric specialties have had little exposure or training in identifying or responding to mental health or substance abuse crises. Even before the opioid overdose and suicide epidemics contributed to a 2018 decline in the U.S.'s life expectancy, MSHN was partnering with MDs in primary care settings, hospitals, and Federally Qualified Health Centers (FQHCs). Under the leadership of Dr. Alavi, MSHN's Medical Director, MSHN convenes regular meetings of our 12 CMH Medical Directors addressing (among other things) the convergence of psychiatric and other medical needs. Meanwhile, Dr. Springer, MSHN's SUD Medical Director does trainings around Region 5 hospitals, focusing on Medication-Assisted Treatment (MAT), opioid addiction and non-opioid approaches to pain management.

In the most recent effort to enhance mental health awareness and competency in the medical community, MSHN is collaborating with Michigan State University (MSU) Medical School to offer Mental Health First Aid to a cohort of MSU medical students in mid-March. The hope is that this training will be one small step in helping transform medical education. The message young MSU doctors-in-training will receive is that whether you're a podiatrist, cardiologist, or oncologist, you need to be prepared for patients who are in crisis with mental health needs. All medical professionals should have skills to identify a mental health crisis, intervene and connect those individuals to an appropriate level of care.

Please contact Dani with questions pertaining to the above information and/or MSHN Treatment and Prevention at Dani.Meier@midstatehealthnetwork.org

Provider Network

Carolyn T. Watters, MA
Director of Provider Network Management Systems

Substance Use Disorder (SUD) Network Development Update

Request for Proposal: MSHN staff continue to work with substance use disorder (SUD) provider network to develop and expand programming in the areas of treatment and prevention. Recently, a request for proposal was released seeking treatment provider(s) in Eaton County. MSHN is seeking additional provider(s) who can offer early intervention, outpatient, and intensive outpatient service with the ability or commitment to become a designated women's specialty provider. Proposals are due on February 15, 2019, and we expect to make a decision by early April.

Network Assessment: MSHN recently worked with a consultant on a geo-mapping project as a way to better analyze needs in the region. The geo-maps are being used to identify gaps in the SUD network based on the physical location of existing providers and location of clients who received services from 10/1/17-9/30/18. This information will inform the MSHN network adequacy assessment for recommended action. For more details on the geo-mapping results, contact Carolyn.Watters@midstatehealthnetwork.org.

Public Act 2 (PA2) Allocations: Key SUD staff members have also finalized the review of over 100 full proposals for PA2 funding. This year, providers were encouraged to submit proposals based on identified needs in their communities related to prevention, treatment, and recovery initiatives. MSHN did not provide specific funding priority areas as in years past. Instead, providers submitted data/evidence to support the local need. When evaluating proposals, the team considers the following service and performance considerations:

- Necessity: we consider if the program meets a service gap based on provider's data, coalition feedback and MSHN's Network Adequacy Assessment;
- Efficacy: we evaluate the providers demonstration of results/positive outcomes from previous work, if applicable;
- Quality of Program: we are looking for evidence-based programming;
- Finance: we evaluate all available funding streams including Medicaid/Healthy Michigan, Block Grant, State Targeted Response (STR) and State Opioid Response (SOR) grants to determine the most appropriate and available source for the service;
- Scale: we assess the capacity to expand regionally or replicate the service;

- Access: providers must ensure any resident of the MSHN region can access the service;
- Credentialing: we make sure the provider meets all necessary licensing, certification and accreditation standards;
- Regional Consistency: we evaluate programs that are offered region-wide for consistency as well as local specificity, based on community needs evaluations; and
- Measuring Success: we evaluate the outcome measures that providers develop to collect baseline data and/or previous outcome data.

MSHN recommendations for PA2 allocations will be presented to the Substance use Disorder (SUD) Oversight Policy Advisory Board (OPB) in February and to the MSHN Board of Directors in March.

Please contact Carolyn at Carolyn.Watters@midstatehealthnetwork.org with any questions pertaining to the above information or MSHN Provider Network Management.

Quality & Compliance Update

Kim Zimmerman

Director of Quality, Compliance and Customer Service

Quality Assessment and Performance Improvement Program

The Michigan Department of Health and Human Services (MDHHS) requires that each Prepaid Inpatient Health Plan (PIHP) have a Quality Assessment and Performance Improvement Program (QAPIP) that meets the standards based on the Guidelines for Internal Quality Assurance Programs as distributed by the Health Care Financing Administrations (HCFA) Medicaid Bureau in its guide to states in July of 1993, the Balanced Budget Act of 1997 (BBA), Public Law 105-33 and 42 Code of Federal Regulation (CFR) 438.359 of 2002.

Michigan standards state that the PIHP must have a written description of its QAPIP which specifies 1) an adequate organizational structure which allows for clear and appropriate administration and evaluation of the QAPIP; 2) the components and activities of the QAPIP; 3) the role for recipients of service in the QAPIP; and 4) the mechanisms or procedures to be used for adopting and communicating process and outcome improvement.

The MDHHS also requires an annual effectiveness review of the QAPIP. To comply with the Medicaid Managed Specialty Supports and Services Contract, specifically as it relates to the Annual Effectiveness Review, the QAPIP must be accountable to a Governing Body that is a PIHP Board of Directors. Responsibilities of the Governing Body for monitoring, evaluating, and making improvements to care include:

1. Oversight of the QAPIP: There is documentation that the Governing Body has approved the overall QAPIP and annual QI plan;
2. QAPIP Progress Reports: The Governing Body routinely receives written reports from the QAPIP describing performance improvement projects undertaken, the actions taken and the results of those actions;
3. Annual QAPIP Review: The Governing Body formally reviews on a periodic basis (but no less frequently than annually) a written report on the operation of the QAPIP;
4. The Governing Body submits the written annual report to MDHHS upon request. The report will include a list of the members of the Governing Body.

The QAPIP includes, but is not limited to, the review and analysis of performance indicators, performance improvement projects, critical incidents, Medicaid event verification, behavior treatment data, credentialing, provider monitoring, oversight of vulnerable people, performance measures, utilization management, autism benefit and quantitative and qualitative assessments of member experiences.

MSHN continues to ensure compliance with the PIHP contract obligations and continued quality services to the individuals in our region. The FY19 QAPIP and FY18 Annual Effectiveness Report is being finalized by reviewing with MSHN Leadership and the Quality Improvement Council and will then be presented to the Board of Directors for approval in May. Once approved, the QAPIP and Annual Effectiveness Report will be made available for stakeholder review through posting on MSHN's website.

Please contact Kim with questions pertaining to the above information and/or MSHN Quality, Compliance and Customer Service at Kim.Zimmerman@midstatehealthnetwork.org.

Mid-State Health Network (MSHN) exists to ensure access to

high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members.