MSHN
Mid-State Health Network

Mid-State Health Network

December 2018 Newsletter

From the CEO's Desk

Joseph Sedlock
Chief Executive Officer

Mental Health America has released its 2019 report, "*The State of Mental Health in America*." The report contains state rankings on several measures. While not a complete picture, the report provides a strong foundation for understanding the prevalence of mental health concerns and access to insurance and treatment. This article will provide you with a summary of that reports findings relating to Michigan.

Overall, since the release of MHA's first State of Mental Health in America report four years ago, there are encouraging decreases in the amount of American adults who have mental health (down slightly to 18.07% in this report) and substance abuse problems (down slightly to 7.93% in this report). The report indicates alarming increases in adult suicidal ideation (3.77% to 4.04% for this report) and major depressive episodes in youth (from 8.66% four years ago to 12.63% this report).

For their overall ranking of states, higher ranking indicates lower prevalence of mental illnesses and a higher rate of access to care. Michigan ranked 15th overall on the fifteen measures that make up the overall ranking (including past year mental illness, past year substance use disorder, adults with a mental illness that did not receive treatment, who are uninsured, youth that did not receive treatment, mental health workforce availability, and more).

The overall rankings are broken down into several sub-categories.

- For the adult rankings, Michigan ranked 9th in the nation. This means Michigan has a lower prevalence of mental illness and higher access to care for adults than 42 other states (the District of Columbia is also included in the study).
- Michigan's "Prevalence of Mental Illness" ranking was 19th. (Meaning states with a rank of 1-10 have lower rates of mental health and substance abuse problems than states ranked higher). An estimated 1.32M Michigan adults are experiencing a mental illness.
- Michigan's "Access to Care" ranking was 15th. This measure includes access to insurance, access to treatment, quality and cost (among others). A high ranking means the state provides relatively more access to insurance and treatment. Still, an estimated 702,000 adults did not receive treatment (ranked 13th).

- 19M adults in the United States reporting having a substance use disorder in the past year. For Michigan, that number is 615,000.
- Michigan ranked 15th in the percentage of adults reporting serious thoughts of suicide. 298,000 adults (3.91% of the population) are estimated to have regular, serious thoughts of suicide.

For youth rankings, Michigan ranked 20th. States with high rankings and lower prevalence of youth mental illnesses and higher rates of access to care for youth.

- Michigan's "Prevalence of Mental Illness" for youth ranking was 31st. (Meaning States with a rank of 1-10 have lower rates of mental health and substance abuse problems than states ranked higher). An estimated 103,000 Michigan youth are experiencing a mental illness.
- Michigan ranked 27th for the percentage of youth reporting a substance use disorder in the past year (37,000 youth).
- About 66,000 Michigan youth suffer with sever major depressive episodes (ranked 22nd). The report estimates that 61,000 Michigan youth do not receive treatment (ranked 37th).

As indicated by the findings contained in this report, our state is a good performer in some areas and has some problems to address in others. Our region will continue its work to ensure that everyone who has a need for treatment has access to high quality, effective and efficient services and supports that are as fully integrated as possible. Our system needs to prioritize access to service for adults who are experiencing serious thoughts of suicide and youth with major depressive episodes. Our continued advocacy for effective and immediate access to psychiatric inpatient care is a crucial aspect of ensuring and improving access for people in both populations.

Please contact Joe with questions or concerns related to the above information and/or MSHN Administration at Joseph.Sedlock@midstatehealthnetwork.org.

Organizational Updates

Amanda Horgan
Deputy Director

Center for Medicare & Medicaid Releases Proposed Medicaid Managed Care Regulations

The Centers for Medicare & Medicaid Services (CMS) is proposing significant regulatory revisions to streamline the 2016 managed care regulatory framework. The changes reflect a broader strategy to relieve regulatory burdens; support state flexibility and local leadership; and promote transparency, flexibility, and innovation in care delivery. While the 2016 managed care final rule was a substantial and comprehensive rewrite of the Medicaid and Children's Health Insurance Program (CHIP) regulatory structure, it included provisions that many states and stakeholders identified as unnecessarily prescriptive and as adding unnecessary costs and administrative burden to state Medicaid programs without contributing to the improvement of health outcomes.

To reduce state administrative burden and enhance the ability of states to effectively manage their Medicaid and CHIP programs, these key proposed revisions to the 2016 final rule would include:

- Promoting Flexibility;

- Strengthening Accountability; and
- Maintaining and Enhancing Program Integrity

Additionally, states expressed concerns with how the 2016 final rule's limitation of 15 days on lengths of stay for managed care beneficiaries in an institution for mental disease (IMD) created difficult administrative challenges for states. CMS is not proposing any changes to this requirement at this time; however, it is asking for comment from states for data that could support revisions to this policy.

To view a summary of the proposed changes, visit Medicaid.gov at the following link:
https://www.medicaid.gov/medicaid/managed-care/guidance/index.html

To view the proposed rule, visit the Federal Register at the following link:
https://www.federalregister.gov/documents/2018/11/14/2018-24626/medicaid-program-medicaid-and-childrens-health-insurance-plan-chip-managed-care

- Comments on the proposed rule are due January 14, 2019

For more information on the Press Release, visit their webpage at the following link:
https://www.cms.gov/newsroom/press-releases/cms-proposes-changes-streamline-and-strengthen-medicaid-and-chip-managed-care-regulations

Welcome to MSHN's Newest Team Members

MSHN is pleased to announce that we have filled the following positions:

Contractual Positions:

Jan Maino has accepted the contractual GAIN (Global Assessment of Individual Need) Implementation Coordinator position effective November 27, 2018

Ric Jenness has accepted the contractual Grant Coordinator position effective November 27, 2018

Direct Hires:

Heather English has accepted the position of State Opioid Response (SOR) coordinator, effective December 17, 2018

Sarah Andreotti filled the Prevention Specialist position vacancy resulting from Heather's transition, effective December 6, 2018

Brandilyn Mason has accepted the Financial Specialist position, effective December 17, 2018

Please join us in welcoming our newest members to the MSHN team!

MSHN is still seeking candidates for the Utilization Management Specialist position. Qualified candidates can send their resume to Amanda.Horgan@midstatehealthnetwork.org.

Please contact Amanda with questions or concerns related to MSHN organization and/or the above information at Amanda.Horgan@midstatehealthnetwork.org.

Information Technology

Forest Goodrich

Chief Information Officer

We have been concentrating on rolling out a new website that offers us a rapid way to add and change the content. This went live on the web on November 12. There is work to be done and enhancements to be made, but the site is operational and is an improvement. The added features are worth the transition and were required to meet state and federal standards (machine-readable, mobile use).

We also have focused on implementing a gambling disorder screening and assessment process for SUD providers in REMI (MSHN's Managed Care Information System) and moved the Michigan Department of Health and Human Services (MDHHS) required performance indicator reporting to REMI.

Additional report development remains top priority and significant work continues in automating the reports and transforming the data into real-time information via dashboards and alerts.

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

Finance

Leslie Thomas

Chief Financial Officer

Interim Financial Status Reports (FSR) were submitted to Michigan Department of Health and Human Services (MDHHS) in November. MSHN's interim projections indicate a fully funded Internal Service Fund (ISF) totaling more than $40 million. MDHHS allows Prepaid Inpatient Health Plans (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.

MSHN has been awarded numerous block grants for FY19 from MDHHS. Most of the block grant funds are targeted to address the Opioid crisis.

Finance staff continue its efforts with the MSHN's Managed Care Information System (REMI) 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 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 or concerns related to MSHN Finance and/or the above information at Leslie.Thomas@midstatehealthnetwork.org.

Behavioral Health

Dr. Todd Lewicki, PhD, LMSW

Chief Behavioral Health Officer

Home and Community-Based Rule Transition is in Full Swing

The Federal Home and Community-Based Services (HCBS) Rule Transition (aka the "Rule") continues forward. Its advance is furthered by the efforts of many to increase choice, freedom, inclusion, and integration of individuals who historically may not have enjoyed the

fullness of what each of these important concepts has to offer in quality of life. The Rule requires that individuals have free access to their homes and communities and are empowered with the same degree of decision making as individuals who are not participants in HCBS services. Mid-State Health Network (MSHN) continues to work with its Community Mental Health (CMH) partners, the provider systems, and the Michigan Department of Health and Human Services (MDHHS) to implement this transition process. This involves site visits, paper work reviews, and phone calls to oversee and ensure the successful transition of the system to full compliance. You may hear terms like corrective action plan, heightened scrutiny, health and safety, person-centered plan (PCP), etc. Each has an important place in ensuring the overall transition process is addressed appropriately and respectfully.

The PCP process for HCBS includes the assurance that the rights and freedoms listed in the Rule are followed. Individually, if there are restrictions, they must be justified as a specific health and safety need as documented in the individual plan of service (IPOS). This means that the restriction may be an element that may require a behavior treatment plan. Behavior treatment plans also require the presence of positive behavior supports, which HCBS and Culture of Gentleness espouse (Johnson, Foxx, Jacobson, Green, & Mulick, 2006). The Culture of Gentleness is a philosophy of strengthening and empowering individuals and helps optimize a smooth transition in a process such as this. Thus, in response to the Rule transition, and to further bridge HCBS, PCP processes, and behavior treatment planning, Culture of Gentleness has been included to help elucidate the necessity of observing these processes relative to the respect, freedom, inclusion and quality of life of the of the individual served.

To further a smooth transition to HCBS, MSHN is partnering with Macomb Oakland Regional Center (MORC) on innovative service delivery practices. When auditing, MSHN has noted differences when individuals are supported in environments where the tenets of a Culture of Gentleness are embraced. This tends to more directly support the successful implementation of *the Rule*.

Topics discussed during the webinar will include:

1. How do you see the Culture of Gentleness supporting the full implementation of the HCBS standards?
2. What are the common fears and the feedback you've received regarding the implementation of the HCBS standards?
3. How do you support individuals to communicate their choice?
4. How do you make opportunities for community integration meaningful?
5. How do you demonstrate that those you serve are meaningfully involved with choices relating to full participation in the community?
6. What do we do if someone we support requires a modification to one of the HCBS standards?
7. What successes have you seen with the implementation and what contributed to the success?

The last half-hour will be dedicated to answering the questions of webinar participants.

Date: Tuesday, December 18, 2018
Time: 1:30-3:00 p.m.
Where: From your computer or device

To Register: *https://attendee.gotowebinar.com/register/2238780891351874818*

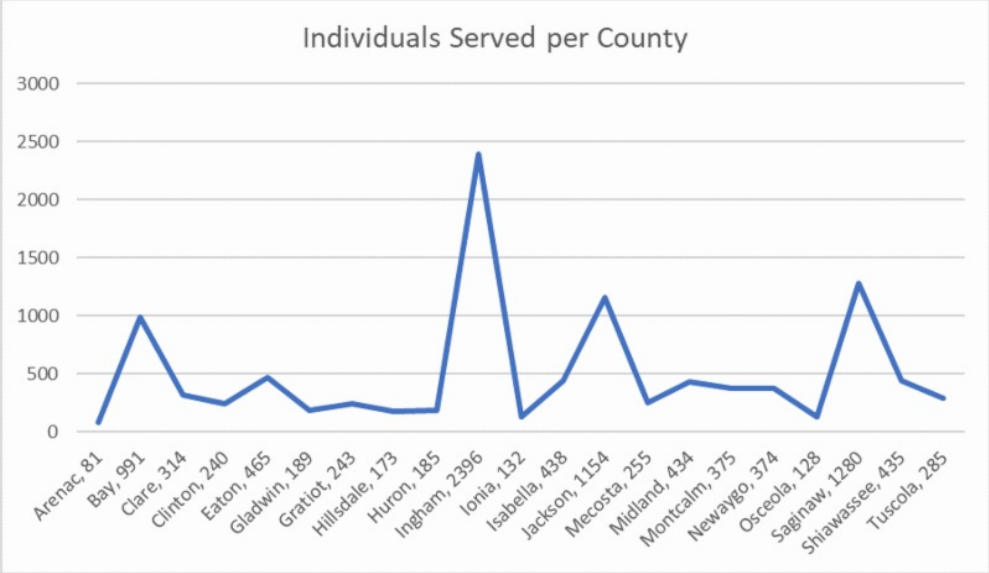
References: Johnston, J.M. Foxx, R.M., Jacobson, J.W., Green, G., & Mulick, J.A.(2006); Positive Behavior Support and Applied Behavior Analysis; *The Behavior Analyst*, 29(1), 51-74

Please address questions or concerns related to Behavioral Health or the above information to Todd at Todd.Lewicki@midstatehealthnetwork.org.

Utilization Management

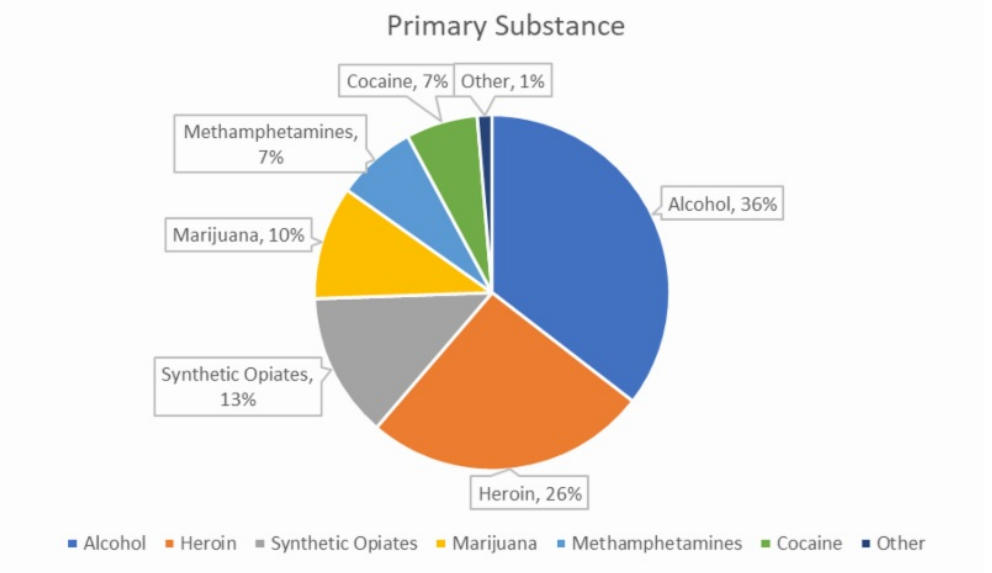
Skye Pletcher, LPC, CAADC
Director of Utilization and Care Management

The Utilization Management Department has been reviewing data related to the provision of substance use disorder (SUD) services to individuals in our region during FY18. Over 10,670 individuals received MSHN-funded treatment services for a substance use disorder. The following table represents the number of residents of each county in the MSHN region who received SUD treatment services:



The following chart depicts the primary substance of use reported by individuals at the time they were admitted to treatment.

Note: Opiates (Heroin and Synthetic Opiates) has become the number one substance of use reported by individuals entering treatment during FY18.



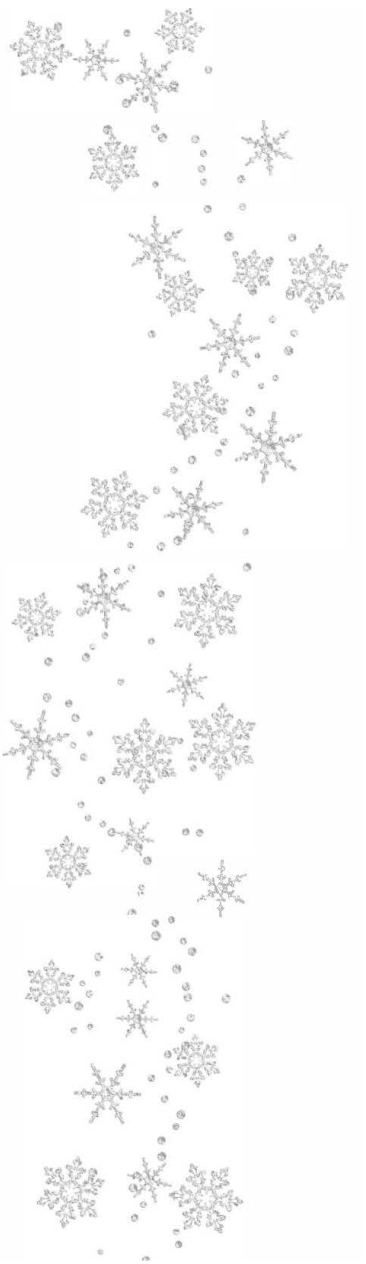
Please address questions or concerns related to MSHN Utilization Management or the above information to Skye at Skye.Pletcher@midstatehealthnetwork.org.

Treatment & Prevention

Dr. Dani Meier, PhD, MSW
Chief Clinical Officer

The Impact and Response to Trauma

Certain kinds of traumatic events have become all too frequent. We hear stories about mass shootings and fires in California and we see images of Central American immigrants fleeing the highest murder rates in the world being re-traumatized on their journey to seeking safety for their families. Some communities have been exposed to disproportionate levels of trauma and violence, Native Americans and African-Americans, for example, have experienced historical trauma that can be transmitted inter-generationally. Military service members, veterans, and their families have dealt with loss, fear, and injury associated with ongoing wars.



While high visibility and public traumatic events capture the headlines, trauma at the individual level is far more pervasive. The people we serve often have a history of trauma which we now understand is not solely precipitated by violence, abuse, or neglect, but also by loss, family illness, incarceration, divorce, and other emotionally harmful experiences. The ripple effect of trauma, moreover for survivors of suicide and overdose deaths, amplifies the effect of trauma through families and communities. While some who experience trauma live their lives without lasting negative effects, others experience impaired behavioral and physical effects and are at elevated risk for mental illness and substance abuse disorders.

Acknowledging this reality, MSHN has been aligned with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control (CDC) by actively promoting best practices in trauma-informed prevention and treatment programming across Region 5's twenty-one counties. These include building resilience in children and families through parenting programs and school-based prevention programs, as well as promulgation of and training in trauma-informed care (TIC) for treatment providers in our CMHSP and SUD provider networks. From the moment an individual pulls into the parking lot and walks into the door of a treatment facility there are things we can do to promote a sense of safety in the environment. That can be reinforced by trauma-competent staff from receptionists to clinicians and everyone else who works there. In the absence of this awareness and training, clients can be re-traumatized and shut down before treatment, much less genuine healing can ever take place. Over the last couple of years, MSHN has offered several trauma trainings and technical assistance to providers on trauma-informed care, all of which will be expanding in 2019 and beyond.

Please contact Dani with questions or concerns related to MSHN Clinical Operations and/or the above information at Dani.Meier@midstatehealthnetwork.org.

Provider Network

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

Creating Efficiencies – From Development to Implementation

In 2017, the Mid-State Health Network (MSHN) Community Mental Health Service Providers (CMHSPs) agreed to the use of a regionally standardized contract and provider performance monitoring tools for fiscal intermediary (FI) services and psychiatric inpatient services as a strategic priority for the region. During fiscal year 17/18, the region fully implemented the regional monitoring process with goals to:

- Substantially reduce, if not completely reduce, the number of audits to a single annual audit;
- Assign responsbility for monitoring activities based on the geographic location of the provider, in most instances;
- Requires the use of standardized monitoring criteria; and
- Supports the distribution of contractual site visit reports and related corrective action plans, if any, among all CMHSPs contracting with the provider and, in some instances, sharing among other Prepaid Inpatient Health Plan (PIHP) regions.

We applaud the commitment of the CMHSP participants and the MSHN quality assurance and performance improvement team on their work in developing and maintaining regional systems. For more information on regional monitoring efforts, you may visit the *MSHN website*.

Attachment: *Regional Fiscal Intermediary Services Monitoring Summary*
Coming Soon: Regional Inpatient Psychiatric Monitoring Summary

Please contact Carolyn with questions or concerns related to MSHN Provider Network Management, and/or the above information, at Carolyn.Watters@midstatehealthnetwork.org.

Quality, Compliance & Customer Service

Kim Zimmerman
Director of Quality, Compliance and Customer Service

Top Management Challenges

Every year, the Office of Inspector General (OIG) publishes a summary of the most significant management and performance challenges facing the Department of Health and Human Services (HHS) known as the Top Management Challenges (TMC). The following are TMCs and emerging issues that have been identified by the OIG and are also challenges that face the Behavioral Health System in Michigan.

- **Preventing and Treating Opioid Misuse**: This includes reducing inappropriate prescribing and misuse of opioids; combating fraud by ensuring funding is used appropriately; and ensuring access to appropriate treatment.
- **Ensuring Program Integrity for Medicaid Programs**: Medicaid is the largest federal health care program, including 67 million individuals enrolled, and expenditures of $592 billion annually. Some of the challenges to ensuring program integrity include improving the reliability of national data; reducing improper payments; having a compliance system in place to prevent, detect and investigate fraud; and ensuring appropriate eligibility determinations.
- **Protecting the Health and Safety of Vulnerable Populations**: Challenges involved with providing care to this vulnerable population include mitigating risks to individuals receiving home and community-based services; ensuring access to safe and appropriate services for children; and addressing serious mental illness.
- **Protecting HHS Data, Systems and Beneficiaries from Cybersecurity Threats**: Protecting health information is a critical function to our systems. Challenges to doing this

include protecting data on internal systems; overseeing data in cloud environments; and ensuring that providers and contractors are adhering to regulations and sound business practices.

The Mid-State Health Network region is working in partnership with our provider networks and the Michigan Department of Health and Human Services to combat these challenges and ensure we are providing services that are in compliance with federal and state standards while meeting the identified needs of consumers, families and stakeholders.

Regional Consumer Advisory Council Update

Dan Dedloff
Customer Service and Recipient Rights Specialist

The Regional Consumer Advisory Council (RCAC) was established to facilitate meaningful, region-wide consumer involvement regarding MSHN policy development, service development, service delivery, service evaluation, and quality improvement activities. The RCAC is an advisory group consisting of primary and secondary consumers representing adults with mental illness, adults with developmental disabilities, children with mental illness, children with developmental disabilities, and individuals with substance use disorders. Membership is comprised of twenty-four to thirty-six voting members representing our twelve Community Mental Health Service Participants (CMHSP).

The RCAC meets bi-monthly throughout the year and is hosted by Gratiot Integrated Health Network. The responsibilities of the RCAC include providing representation and fostering effective communication on behalf of the local consumer councils; advising on the strategic plan and system advocacy efforts for public mental health; advising on regional initiatives such as person-centered planning, self-determination, health care integration, independent facilitation, recovery and other consumer-directed options; offering recommendations related to survey processes, customer satisfaction, consumer involvement opportunities, consumer education opportunities, quality and performance improvement projects and other outcome management activities; and to seek opportunities for region-wide stigma reduction.

During FY18, the RCAC accomplishments included reviewing and providing feedback regarding a variety of Quality Improvement Performance Measure Reports, consumer satisfaction survey results, MSHN's Strategic Plan, FY17 Annual Compliance Report, FY18 Consumer Handbook, Balanced Scorecard, and the revised website and provider directory. The feedback provided enables MSHN to continue to be connected to consumer needs and to shape practices in alignment with regional consumer best practices.

Please contact Kim with questions or concerns related to MSHN Quality, Compliance or 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.

STAY CONNECTED