

SUD Provider Advisory Committee (PAC)
Monday, May 13, 2019; 1-3 pm
Mid-State Health Network

Meeting Minutes

Attendance:

Name	In-Person	On Phone	Absent
Amy Murawski			x
Daphne Hamburg		x	
Kim Kwasnick			x
Kim Thalison			x
Mary Ellen Johnson		x	
Patti Tygre	x		
Rebecca Steenbergh	x		
Richard Simpson			x
Sam Price	x		
Shannon Douglas		x	
Tonya Evans	x		
Dani Meier	x		
Jeanne Diver	x		
Jill Worden	x		
Kate Flavin	x		
Melissa Davis		x	
Trisha Thrush		x	

PURPOSE: MSHN’s SUD Provider Advisory Committee is charged with serving in an advisory capacity to offer input to MSHN regarding SUD policies, procedures, strategic planning, monitoring and oversight processes, to assist MSHN with establishing and pursuing state and federal legislative, policy and regulatory goals, and to support MSHN’s focus on evidence-based, best practice service and delivery to persons served.

- I. **Introductions**
Introductions were made. Kate Flavin, MSHN Utilization Management Specialist, was introduced as an active member.
- II. **Review and Approve Agenda**
The agenda was approved as written.
- III. **Review and Approve 3/11/19 Minutes**
The minutes were approved as written.

IV. Updates from 3/11/19 PAC Meeting

- a. SUD PAC Webpage
 - i. MSHN is still in the process of updating the webpage for the SUD PAC.
- b. PAC Contact List
 - i. Jeanne reported there is one more person to provide contact information and then this will be posted to MSHN's SUD PAC webpage.
- c. Tool Guidance
 - i. Support standards and updated notes will be posted to Box.
 - ii. A new invitation will be sent to remind members to provide feedback.

V. Other/Current Issues

- a. Rates for FY20 – Open for Consideration
 - i. Sam Price asked if rate increases can be discussed during Annual Plan review. He explained that CMU offers \$67,000 for their new therapists. This makes it difficult to compete in this market. Sam shared that with the FFS arrangement, we are at the mercy of rates.
 - ii. Dani Meier reported there is a discussion at MSHN for rate increases for FY20. He could not share what that would look like, but it would be across the board.
 - iii. Melissa Davis will work with Amy Keinath, MSHN Finance Manager, to seek more information.
- b. Regional Provider Outcomes
 - i. Sam Price asked for outcomes, such as completion rates; discharge rates like against staff advice (ASA); 14-day HEDIS rates; National Outcome Measures (NOM) standpoint; and other information relative to the region and expectations.
 - ii. Dani reported that Sam's request is related to Carolyn's dashboard and Melissa Davis shared that each department was to meet and determine its own dashboards. Not sure where this was left.
 - iii. Dani asked Sam to send the metrics Sam would like to receive. Dani suggested Joe Wager, MSHN's Database and Report Coordinator, give a presentation on Power Bi.
- c. GAIN Assessment and Time to Send to Next Provider
 - i. Tonya Evans asked how much time before having to send the GAIN Assessment to the next provider and how often a provider would have to share the assessments - once every 6 months? Tonya also asked if the contract will specify the timeframe when one provider would have to send the GAIN assessment to the next provider.
 - ii. Trisha reported there is no time frame outlined in the contract to send the GAIN Assessment to the next provider, but best practice would be within 24-48 hours. MSHN is currently working with MDHHS-OROSC around the GAIN ABS functionality and search functions to assist providers with searching client information in the GAIN ABS system to determine if a client has had a GAIN I Core in the past 180 days. This would help the "receiving" provider to know if an assessment has been completed by another treatment provider. However, this would be up to each provider. More information will be shared at the next Provider touch base, which will be scheduled soon. Please refer to the [GAIN](#)

[Frequently Asked Questions](#) on the MSHN website for further information on the GAIN implementation.

VI. Provider Network Communication with PAC Update

- a. Tonya Evans reported that Providers were leery to provide feedback; however, after they passed the initial awkwardness, the meeting went fairly well.
- b. Tonya Evans reviewed the feedback for the treatment providers.
- c. Daphne Hamburg reported for the recovery providers.
 - i. When asked what stood out to her for MSHN to begin to focus on, Daphne suggested the turn-around time to respond to providers.
 - ii. Jill Worden asked how many people in their organizations read the Constant Contact (CC) and if there was a better way to get the word out. Daphne reported that Recovery Pathways is using HS-Connections to communicate and provide information.
 - iii. Dani shared that there is a report on the Constant Contact usage and it has been decreasing. When surveyed in the past, the complaint was that the CC was sent on Fridays and that it was too long and not relevant. So, MSHN purposely added a couple lines at the top of the CC and for those readers interested in a topic, could click on it and it would take the reader to that topic. Dani asked for members to provide more ideas.
 - iv. Mary Ellen Johnson shared that she loves the CC. She reported that about six staff receive it and they love seeing what else is going on and feels the CC is meeting its expectations.
 - v. Tonya reported that it is a great way to communicate. Time to read it may be the reason for lack of readership.
 - vi. Tonya reported she heard providers say there is need for assistance with REMI, authorizations, etc., and it was suggested to have one assigned person to assist them. Perhaps a REMI help line to assist.
 - vii. Kate Flavin reported there is a response line for providers to use for the Utilization Management (UM) Department, so one of the three UM staff will be able to answer calls and no one should be waiting. If the caller must leave a message, the UM staff return calls immediately.
 - viii. Patti Tygre reported UM staff are responsive and always return calls right away.
 - ix. Jill asked Daphne about the provider feedback process and Daphne said it was a good way to receive communication from the providers. Tonya agreed it was helpful. Jill informed members that with the feedback from Daphne, Tonya, and Mary Ellen, MSHN will continue to use this venue to receive information.
 - x. Dani shared that as time goes on there should be less concerns being raised, as MSHN will provide resolution and improvement. He feels this is a way for providers to network and have an opportunity to learn.
 - xi. Melissa will utilize the excel spreadsheet to enter the feedback and enter MSHN's resolution. PAC member representatives will use this to report at the next SUD Provider meeting's post break-out meeting.
 - xii. Difficulty with providers getting into some trainings was raised and Dani asked members to let MSHN know when this occurs. MSHN will look into how assistance may be provided.
- d. Mary Ellen reported for the prevention providers that it is always good to spend time with other providers. The offer of Zoom made prevention providers happy.

- e. Tonya and Daphne are willing to represent PAC and facilitate future discussions after the main SUD Provider Meeting/break-out sessions. Sam is willing to also be a representative whenever he is present. Mary Ellen suggested MSHN provide reimbursement to representatives.

VII. Workforce Assessment: Focus Group Update/Staff Survey

- a. MDHHS asked how PIHPs can make a stronger SUD workforce. In response, MSHN is creating a survey that will identify strategies to address a wide variety of provider workforce concerns. MSHN is partnering with the Mental Health America of Franklin County (MHAFC) company located in Columbus, Ohio to do this.
- b. In about a week, Melissa will send a reminder for PAC members to send 5-8 additional questions they believe will help build a stronger SUD workforce.
- c. Tentative Save the Date – SUD PAC Focus Group – Thursday, July 25.
 - i. PAC members will be given an opportunity to participate.

VIII. Proposed Contract Changes for FY20

- a. Treatment and Prevention Contract and Change Log
 - i. Melissa reported that MSHN wants to let the PAC members know of the changes for FY20 and asks for feedback on these changes.
- b. NEW Recovery Contract – applies to Recovery Residences and Peer Recovery Support Provider (PRS)
 - i. A new contract specific for Recovery Residences and PRS will be presented in July.
- c. Action Requested – provide input on recommended changes and additional changes.

IX. QAPI Report – Review, Questions, Suggestions

- a. Melissa reviewed the report and shared that there will be more technical assistance provided in the future.
- b. Will look at outcomes and program expertise.

X. Youth Inspector for SYNAR Requirements from OROSC

- a. Jill shared that SYNAR is a federal mandate that all states have a Youth Tobacco Act and MSHN has to ensure compliance with Michigan's. A compliance check is performed and if there are more than 20% of the draws they have, then it is a noncompliant finding and funding is based on these results. Each year, more and more is requested relative to maintaining compliance. The newest mandate comes from the Michigan Department of Education and not the Office of Recovery Oriented System of Care. MSHN is doing everything to meet this newest request.

XI. Agenda Items for Next Meeting

Next meeting: Monday, July 8 @ 1-3 p.m.