



Mid-State Health Network August 2021

From the Chief Executive Officer's Desk

Joseph Sedlock

It is with heavy hearts that Mid-State Health Network announces the passing of our friend and colleague, Jill Worden. Jill passed away July 23 after a courageous fight against cancer, surrounded by her friends and family. Jill has been MSHN's Lead Prevention Specialist since July of 2015. Jill has worked in substance abuse prevention for her entire 30+ year career, including previous work at Riverhaven Coordinating Agency (Bay-Arenac Behavioral Health), and several community-based prevention organizations in and around the Bay County area. Jill has always been a tireless and passionate champion of the underserved, improving services, and making families healthier and communities safer and more resilient. Her personal resilience is a model for all of us.

Our agency is better for having had Jill Worden among us. Our region is better for having had Jill leading many aspects of our work. The lives of countless numbers of people and communities across the state have been touched and improved by Jill, her tireless advocacy and commitment to excellence. Dozens and dozens of providers are influenced by her passion and follow where she leads. Our lives are better for having had Jill touch them. Our world is a better place too.

Many on our MSHN team and among our provider partners were close to Jill after almost 30 years in the field. We all grieve her loss. You can read her [obituary at this link](#).

With the passing of our friend and colleague, Jill Worden, and the loss of so many of our family, friends, and neighbors to the COVID virus, I am reminded about the things that are most important. Certainly, our loved ones are at the top of the list of those most important.

From the standpoint of our work, we are often surrounded by the swirl of the hundreds of activities our organization is engaged in across the region, financial pressures, block grant reductions, the recent proposals to reform or redesign the public behavioral health system, the very real needs of our providers and their staff members (some caused by the pandemic and some caused by other factors), and the needs of our communities, I can sometimes get a little lost.

For me, the most important aspect of what we do is to focus on the needs of individuals, families, groups of people, and communities; to "do the right thing" so that beneficiaries can recover, thrive, achieve and maintain health, and experience a life of their choosing. MSHN supports our CMH and provider partners in this same focus: improve the lives we touch.

Our colleague, Jill, has always been dedicated to these same things...the things in our work that are most important. Join me in following her example and in rededicating yourself to doing what's most important – every day – in our work and yours. The rest will fall into place.

For further information or questions, please contact Joe at Joseph.Sedlock@midstatehealthnetwork.org

Organizational Updates

Amanda Ittner, MBA

Deputy Director

MDHHS Director Issues Rescission of Emergency Orders

Effective June 22, 2021, MDHHS announced the rescission of several emergency orders effecting behavioral health services (see below).

- Gatherings and Face Mask Order (signed on May 24, 2021; effective on June 1, 2021)

- Temporary Restrictions for Entry into Congregate Care and Juvenile Justice Facilities (October 29, 2020)
- Exceptions to Temporary Restrictions on Entry into Congregate Care and Juvenile Justice Facilities (June 29, 2020)
- Exceptions to Temporary Restrictions on Entry into Certain Facilities (June 3, 2020)

The rescission comes from the increased COVID vaccination status of Michigan residents. As of the end of July, vaccinations for first dose are at 63.2%, according to [Michigan.gov Vaccine Dashboard](#). With the increase in vaccinations and the rescinded emergency orders, it can be difficult to navigate what orders are still in place and effective for our providers, staff, and community well-being.

MSHN continues our commitment to provide the most current COVID guidance and information, including financial support for our providers to ensure continued quality services to the residents in Michigan.

For the most current regional guidance, see [MSHN's COVID-19 Webpage](#).

COVID related questions can be submitted to MSHN via coronavirus@midstatehealthnetwork.org.

MSHN Staffing Changes

During July, Carolyn Tiffany, Director of Provider Network Management Services announced her resignation as of July 23 but has agreed to stay on with MSHN via a contractual relationship to support a smooth transition. We wish Carolyn the best in her future endeavors.

For further information or questions, please contact Amanda at Amanda.Ittner@midstatehealthnetwork.org

Information Technology

Forest Goodrich

Chief Information Officer

Mid-State Health Network technology staff spent time this period supporting several initiatives that improved its managed care information system and assisted MDHHS with data validation efforts. These are:

- Building new and improved Medicaid Enrollment datasets into the reporting processes.
- Developing comparisons between Veterans Navigator summary reports and Behavioral Health Treatment Episode Data Sets (BH-TEDS) for MDHHS performance incentive process.
- Reviewed datasets from MDHHS relative to encounters that support inpatient stays and admission to treatment for behavioral health. Analysis provided MDHHS better insight for when they could aggregate encounters to support single versus multiple admissions.
- Continued development with the health information exchange processes with MDHHS and MiHIN for electronic consent management and submitting admission, discharge and transfer transactions for Behavioral Health (BH ADT).
- Added data exchange processes for payer to payer and payer to provider to meet interoperability requirements.

For further information or questions, please contact Forest at forest.goodrich@midstatehealthnetwork.org

Finance

Leslie Thomas, MBA, CPA

Chief Financial Officer

MSHN's Finance Team is working to finalize Fiscal Year (FY) 2021 amended and FY 2022 original budgets, both of which will be presented for board consideration in September. MSHN concluded internal departmental work and Substance Use Disorder (SUD) spending estimates. Community Mental Health Service Programs (CMHSP) expense figures are due soon. MSHN's budget completion efforts are being complicated by several pending revenue calculation factors:

- Medicaid/Healthy Michigan dis-enrollments – The State implemented a moratorium on Medicaid program closures during the height of the COVID-19 pandemic. The moratorium will likely be lifted in FY 22 and will result in a decrease in monthly capitation revenue payments.
- Direct Care Worker (DCW) Premium Pay – While the State of Michigan's budget proposals include continuation of DCW funding, it has not been approved. Although DCW revenue is not in the PIHP's current revenue projections, many CMHSPs and MSHN will include DCW Premium pay in their expense budget lines to help mitigate staff retention issues currently experienced across Michigan.
- Decreased Service Utilization – MDHHS develops PIHP rates based on prior FY expense reporting. FY 22's look back period includes FY 20 expenses that were negatively impacted by the pandemic. The actuaries performed adjustments to account for lower utilization however, the final rate impacts will not be known until mid-August.

MSHN is also evaluating a Medicaid and Healthy Michigan SUD service rate increase to further its staff retention and provider stabilization efforts. The rate increase is contingent on sufficient revenue, however, in addition to FY 22 funding, MSHN anticipates sufficient savings carried forward from the current year to support this move. A Block Grant (BG) rate increase will not be considered at this time as the margin between projected funding compared to budgeted expenses is less than \$200k. MSHN continues to assess the impact of the State's FY 21 BG funding decrease. The PIHP implemented changes to the BG benefit plan and authorization processes to help align spending with available revenue. Preliminary results through May 2021 indicate MSHN's efforts appear successful.

Behavioral Health

Todd Lewicki, PhD, LMSW, MBA
Chief Behavioral Health Officer

The Mental Health Parity and Addiction Equity Act (MHPAEA) was developed in response to the historic lack (or minimal) of coverage by insurance companies for mental health and substance use disorder services. There were often more limitations to the behavioral health benefit. MHPAEA was created to ensure that there were no greater restrictions on behavioral health benefits than on physical health benefits. In the analysis of the practices of the Pre-Paid Inpatient Health Plans (PIHPs), one area that was found to not be comparable was the inpatient (acute care) service classification. As a result, the PIHPs within Michigan worked together to apply equitable inpatient admissions criteria through the MCG Behavioral Health Care Guidelines. This process ensured the appropriate level of care guidance would be applied to all persons being assessed for acute-level care services.

To ensure that the staff of the Mid-State Health Network (MSHN) region, as well as the other state of Michigan PIHP staff apply the inpatient criteria consistently, the MCG Inter-Rater Reliability (IRR) tool was activated. While MSHN has been using a quarterly retrospective review of its decision-making in meeting the criteria for acute-level care cases (the most recent review was 100% (52/52 cases)), the IRR tool is intended to ensure the accuracy and consistency of the use of the MCG-research-developed clinical inpatient guidelines. The IRR tool will now help the MSHN region to consistently review, select, and use the guidelines most applicable to the individual's clinical condition and needs. The IRR tool itself is a case-review based process whereby staff complete the analysis, answer the clinical questions, and receive feedback from the test results to learn of the degree of consistency with which their decisions were made to the actual MCG research-supported clinical care criteria. This affords ongoing opportunities for targeted training and improvement of all staff involved in these acute care decision-making processes. MSHN's adherence to these standard care decisions ensures its partner CMHSPs and the other PIHPs can consistently meet the requirements of the MHPAEA for acute-level care.

For any questions, comments or concerns related to the above and/or MSHN Behavioral Health, please contact Todd at Todd.Lewicki@midstatehealthnetwork.org

Utilization Management & Care Coordination

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

Mid-State Health Network (MSHN) applied for and was awarded Mental Health Block Grant funding for the purpose of providing training to the region's peer support specialist workforce as health coaches in order to support integrated behavioral and physical health care. MSHN contracted with the National Council for Behavioral Health ("National Council") to offer three train-the-facilitator opportunities in Whole Health Action Management (WHAM) throughout Fiscal Year (FY) 2021. WHAM is a peer-support model developed by the National Council's Substance Abuse and Mental Health Services Administration-Health Resources and Services Administration (SAMHSA-HRSA) Center for Integrated Health Solutions to promote whole health self-management. WHAM training opportunities are offered to peer specialists working with adults with serious mental illness including those with co-occurring substance use disorders in the MSHN region. Current health literature and research consistently identify numerous positive outcomes for individuals who practice chronic disease self-management including, but not limited to:

- Increased sense of self-efficacy and empowerment leading to better medication adherence and improved health outcomes.
- Improved meaningful engagement with medical professionals leading to increased frequency and quality of care coordination.

WHAM trainings were held in November 2020 and April 2021. The third and final training for FY 2021 is scheduled for August 9-10, 2021. To date, 39 peer support specialists have completed WHAM training. They represent 8 of the 12 Community Mental Health Service Programs (CMHSP) and 9 Substance Use Disorder Service Providers (SUDSP) in the MSHN region. Once all WHAM trainings are complete, MSHN will conduct surveys with the trained peer support specialists to gather more information about how they are utilizing the WHAM model, implementation challenges, and outcomes achieved for persons served.

Contact Skye with questions, comments or concerns related to the above and/or MSHN's Utilization Management and Care Coordination at Skye.Pletcher@midstatehealthnetwork.org

Treatment & Prevention

Dr. Dani Meier, PhD, LMSW
Chief Clinical Officer

Thank you, Simone Biles



The Olympics are compelling to watch for their display of breathtaking feats of athleticism by top competitors vying for gold. It's easy for those of us in the (virtual) stands to conflate the person with their prowess and to assume that their seemingly super-human strength, speed and talents defines them. Simone Biles is a perfect example. A 30-time Olympic and World Championship medalist who embodied grace, determination and strength, she was widely expected to take gold again in Tokyo.

Given those expectations, her withdrawal from Olympic competition sent shockwaves around the world. How could someone at such a high level of achievement, at the top of her game and fame, bail at the last minute? It turns out that at that moment, she was not at the top of her game, her mental condition was interfering with her performance and she recognized that her continuing to compete in that state could result in serious injury

and could drag down the U.S. team's overall scores, jeopardizing their shot at any medal at all. Familiar as many are with her achievements, many forget that there is a human being behind those feats of world class gymnastics and that the pressure on Olympians in Tokyo must be unimaginable. Moreover, Biles has transcended major life challenges including permanent removal from her home at age 3 due to her mother's substance abuse and neglect, multiple foster homes and adoption by her grandparents at age six. Finding gymnastics early on as an outlet was polluted by Larry Nassar's abuse throughout her childhood and early adolescence. The pandemic traumatized millions around the world and Biles was not immune as isolation, grief and loss exacerbated her lifelong trauma history. Long before winning her first gold medal, Biles was a champion for her surviving multiple ordeals.

A few voices, mostly on extremist websites or social media, attacked her for withdrawing. Their words were reminiscent of what those of us in the field of behavioral health keep hoping will go the way of the dinosaurs in terms of minimizing and stigmatizing mental illness and those who struggle with it. Fortunately, a majority of voices have voiced support and gratitude for Biles' transparency and bravery including Tokyo medalists like swimmer Katie Ledecky, surfer Carissa Moore, softball player Monica Abbott and past medalists swimmer Michael Phelps and hockey player Sam Quek.

Other famous personalities like NBA star Kevin Love, NFL commentator Terry Bradshaw, and actor John Hamm have shared their struggles with anxiety and depression, but suicides among superstars in their field are not uncommon, Robin Williams, Kate Spade and Anthony Bourdain to name just a few.

Sometimes though a moment in history can be a watershed moment. Let's hope that Simone Biles has offered that in this moment: greater compassion, mental health awareness and reduction of stigma. That would be worth its weight in gold.

Contact Dani with questions, comments or concerns related to the above and/or MSHN SUD Treatment and Prevention at Dani.Meier@midstatehealthnetwork.org

Quality, Compliance & Customer Service

Kim Zimmerman, MBA-HC, LBSW, CHC

Director of Quality, Compliance and Customer Service

Consumer Participation in MSHN Councils and Committees

Mid-State Health Network (MSHN) is promoting meaningful, region-wide consumer involvement by establishing a process to include consumer representation on MSHN's Councils and Committees outside of the MSHN Consumer Advisory Council. The role will be to assist MSHN in strengthening and improving the quality of service delivery through review of policies, practices, key metrics related to improved health outcomes, new initiatives, and service availability. Consumer representatives will communicate the greater consumer experience with the aim of advocating for changes which will benefit the needs and interests of all MSHN consumers.

To qualify for participation, the individual must be a primary and/or secondary consumer with a minimum of two years of experience with services through MSHN's community mental health services programs (CMHSP) and/or substance use disorder services programs (SUDSP). Members will be selected to represent one (or more) groups inclusive of an adult with mental illness, an adult with developmental challenges, an adult with a substance use disorder, a parent/guardian of a child/children with mental illness, and/or a parent/guardian of a child/children with developmental challenges.

MSHN will appoint members to the Quality Improvement Council and the Customer Service Committee.

Appointments to the Quality Improvement Council will provide feedback and input to the region and staff regarding quality improvement strategies including but not limited to the development, implementation, and monitoring of the critical incidents member experiences, and timely access to and engagement with treatment.

Appointments to the Customer Service Committee will provide feedback and input on the regional consumer handbook, and support development, implementation, and monitoring of Customer Service requirements including but not limited to grievances, complaints and appeals standards.

Each appointment term will be for two (2) years and Consumer Representatives may not serve for more than three (3) consecutive terms.

Individuals interested may apply for consideration by completing the Consumer Representative Application found on MSHN's website and submitting the application to the designated email: Customerservice@midstatehealthnetwork.org.

MSHN will use a Consumer Representative Selection Committee to appoint representatives to Quality Improvement Council and Customer Service Committee. Applicants will be reviewed for appointment in March and September of each year using the below selection criteria:

- Primary and/or secondary consumer of services
- Minimum of two years of experience with services
- Experience as a consumer representative
- Population representation within one or more of the following categories:
 - Adult with a mental illness
 - Adult with a developmental challenge
 - Adult with a substance use disorder
 - Parent/guardian of a child/children with mental illness
 - Parent/guardian of a child/children with developmental challenge

In addition, the representatives will be asked to complete a self-evaluation process which will allow an opportunity to reflect upon their contribution to the council/committee and to indicate their desire to participate for another term. MSHN will also utilize any feedback received as a means for improvements in the consumer representation process.

Contact Kim with any questions, comments or concerns related to MSHN Quality, Compliance and Customer Service at Kim.Zimmerman@midstatehealthnetwork.org

Our Mission:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health & substance use disorder services provided by its participating members

Our Vision:

To continually improve the health of our communities through the provision of premiere behavioral healthcare & leadership. MSHN organizes and empowers a network of publicly funded community partnerships essential to ensure quality of life while efficiently, and effectively addressing the complex needs of the region's most vulnerable citizens.

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