From the Chief Executive Officer's Desk

Joseph Sedlock

I am grieving the loss of life through gun violence that keeps happening, and happening, and happening, and happening, and happening again. I am grieving – and angry about - the loss of our sense of safety in our communities. I am ashamed of – and angered by – the statements and positions of some of those we have elected that polarize the problems of gun violence and blame as conditions that are not supported by the facts. I am, as a person on the inside, way - WAY - off-center with the cumulative traumas I have experienced – and that our people experience. I am angry, disappointed, grieving, lost. I feel powerless and frustrated – both times 10. I feel devastated to imagine the anguish of the loved ones that lost their children, or their dads, brothers, moms, or sisters to all of these senseless acts.

This clearly isn't about me or how I feel. It's about a public health and a public safety problem that is solvable - if only things were different.

I am ashamed of – and angered by – the statements and positions of some of those we have elected that blame mental illness as the cause of so much death; so much tragedy; so much trauma; so much devastation. Often without a shred of evidence. Often to divert attention away from the actual facts.

I understand the impulse to say the shooters are “crazy” when we can't wrap our minds around something so outrageous as the killing of 10 black people in a supermarket. I understand that we can't wrap our minds around something so outrageous as the killing of 19 children and 2 adults in a school in Texas; or four people at Oxford High School, so we refer to the perpetrators as “crazy” because we don't get it. (These are to mention only a

couple of recent mass murders and doesn't take into account – at all – the hundreds of other shootings or the hundreds of others injured physically or emotionally or psychologically by these mass shootings).

Some of our representatives have stated that we must not react "to evil and tragedy by abandoning the Constitution or infringing on the rights of our law-abiding citizens." NRA leadership (in the same article) asserts "restricting the fundamental human rights of law-abiding Americans to defend themselves is not the answer." Some have asserted that "fatherlessness" is behind these mass murders.

Those same representatives are absolutely fine with violating the constitutional, civil, and due process rights of other citizens – especially those living with mental illnesses, who are often blamed - as a class - for mass shootings.

In 2020, gun violence became the leading cause of death for American children and teens.

In public statement after public statement, some of our leaders have theorized that mental illnesses are behind these shootings – to the exclusion of almost all other known factors. Including the obvious: easy access to weapons.

Hate is NOT a mental illness. Racism is NOT a mental illness. Easy access to weapons is NOT a mental illness. The desire for infamy is NOT a mental illness.

There is a common saying that "repeating the same things over and over and expecting different results is the definition of 'insanity'".

No, it's not. There are clinical and other considerations. It is, however, a recipe for inaction; for the status quo; for the continuation of partisanship and polarization.

And neither is framing what we cannot wrap our minds around as inconceivable or inexplicable as "crazy" – i.e., a mental illness. Hate and racism are not mental illnesses. Repeating these mantras is to continue to stigmatize those who live with these conditions – almost all of the time, without violence of any kind.

The number one reason people don't seek mental health (or substance abuse) treatment is the stigma associated with seeking help. The #1 reason!

Do you think vilifying mental illnesses – and by extension, those that suffer from these conditions - as the "root cause" of so much pain, suffering, trauma, grief, and violence – without a shred of evidence – is the real problem?

NO!

When facts are known, call it what it is: Call it racism when that's what it is. Call it hatred when that's what it is. Call it easy access to weapons of mass murder when that's what it is. When it is a mental illness, call it what it is. Call it whatever it actually is and take the needed policy actions that are required. There is no shortage of evidence on which to ACT.

People living with mental illnesses, intellectual and/or developmental impairments, severe emotional disturbances, or substance use disorders need access to publicly supported services and supports – not to be blamed– as a class of people – for the inexplicable actions of individual perpetrators or classism, racism, or hatred. Call it what it is. And in the overwhelming majority of instances, it is NOT mental illness. It is NOT substance abuse.

Please join me in creating better access for individuals and families – and communities – to needed behavioral health services and supports. Please join me in NOT contributing to stigma. Please join me in my grief, frustration, and anger; and please avoid using language and terminology that will signal those who need us to avoid us.

Please join me in Stamping Out Stigma.

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

Organizational Updates

Amanda Ittner, MBA
Deputy Director

Welcome to MSHN's new team member

MSHN is pleased to announce that Dalontrius McDaniel, has accepted the position of HCBS Waiver Coordinator. Dalontrius comes to us with years of experience working as the Mental Health Specialist at The Right Door for Hope, Recovery and Wellness. His start date will be June 20, 2022.

Please join me in welcoming Dalontrius to the MSHN Team.

Mid-State Health Network is still looking for qualified candidates to fill the Office Assistant position. Job Descriptions are located on MSHN's website at: https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers. To apply, please send cover letter and resume to amanda.ittner@midstatehealthnetwork.org.

Preparing for the end of the Federal Public Health Emergency (PHE)

The U.S Department of Health and Human Services (HHS) has extended the federal public health emergency (PHE) for another 90 days effective April 16, 2022 - July 15, 2022. Extending or ending the PHE is the federal government's decision. The PHE can extend for up to 90-days at a time and has been renewed every 90 days for nearly 2 years. The federal government has indicated they will ***give states 60 days' notice*** prior to formally ending the PHE. Therefore, the current PHE 60-day notice to Michigan would need to occur by August 14, 2022, unless extended again past October 13, 2022.

Michigan Department of Health and Human Services (MDHHS) COVID-19 Response policies will remain in effect until an appointed time which MDHHS will inform providers of in the future (as indicated in MSA 20-36). These temporary policies ARE NOT contingent upon the end of the federal PHE and will not be terminated on July 15, even if the federal PHE is not extended. Instead, MDHHS will inform providers of the end dates of those policies.

In the meantime, MDHHS is preparing for the end of the federal PHE and creating a cross walk to assist providers in determining which "COVID-19 Response" policies have ended, been modified or continued beyond the PHE, or remain permanently.

Medicaid and Healthy Michigan continuous coverage would also end on the last day of the month when the PHE ends. Therefore, eligibility enrollments/re-enrollments will be required. CMS guidance has allowed for a 14-month renewal unwind period. Therefore, MDHHS has targeted the following timeline assuming PHE is not extended beyond October 13, 2022.

Target Date	Material
May 2022	Awareness campaign (initial intended audience is beneficiaries).
September 2022	Beneficiary alert PHE unwind letter
October 2022-September 2023	Eligibility renewal letters begin being mailed to beneficiaries, based on month of renewal.
December 2023	14-month time limit ends for renewal unwind process based on CMS guidance.

To stay informed with the latest information as the department restarts processes and releases updated policies, visit www.michigan.gov/mdhhs/end-phe.

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

Information Technology

Steve Grulke
Chief Information Officer

The Information Technology (IT) department is assisting with the Michigan Department of Health and Human Services (MDHHS) reviews. MDHHS uses Health Services Advisory Group (HSAG) to complete the Performance Measure Validation (PMV) and Compliance reviews. The IT portion of the compliance review is significantly longer and more detailed than previous reviews. The previous review included three standards while the current review increased to eleven standards. There are many new focus areas being targeted. One area that originated from the Coronavirus Aid, Relief, and Economic Security (CARES) Act is to have availability of automated access to client level data such as lab results, medication, and claims information. MSHN's plan is to enhance the Regional

Electronic Management Information (REMI) system by working with the software vendor to develop a client portal to expose this information to comply with the requirement.

IT staff have been supporting development of additional REMI software changes. While changes related to Certified Community Behavioral Health Clinics (CCBHC) are winding down, IT staff have now redirected efforts towards implementation for a new Opioid Health Home (OHH). OHH programs submit authorizations for services yet claims payment is processed using a case rate paid on the first service of the month only (all cost and services for the entire month). Paying on a case rate is new to MSHN, therefore, IT staff have been working with the software vendor to ensure correct functionality. MDHHS has begun the process of developing the requirements for the Electronic Visit Verification (EVV) that will begin next year. A process will be needed to gather EVV data from that system and align it with the REMI data, that includes incorporating an EVV identifier when reporting affected services. IT staff are gathering the specifications and aligning systems to provide the necessary assistance for these programs.

For further information or questions, please contact Steve at Steve.Grulke@midstatehealthnetwork.org

Finance

Leslie Thomas, MBA, CPA
Chief Financial Officer

MSHN's Finance Team is beginning preliminary work on the Fiscal Year (FY) 2023 Budget to be presented during the September 2022 Board of Directors Meeting. As we prepare the budget, items such as Medicaid Disenrollments, MDHHS accounting guidance for Certified Community Behavioral Health Center (CCBHC) demonstration sites, and potential changes in MDHHS rate calculations will have significant impacts on calculations. Estimating Medicaid Disenrollments and its effect on revenue will be the most difficult factor to calculate. If you recall, a Public Health Emergency (PHE) was declared in FY 2020 and will likely end late FY 2022 or early FY 2023. One feature of the PHE suspended Medicaid Disenrollments which is inflating revenue in FY 2022. Once the PHE ends, MSHN anticipates pre-COVID enrollment fluctuations to return and a reduction in average revenue beginning in mid FY 2023.

In addition, the following items related to contracts are under review by MSHN's internal staff for FY 2023:

- Substance Use Disorder (SUD) Provider Manual – The purpose of the manual is to offer information and technical assistance regarding the requirements associated with provider contract roles. It is a comprehensive guidebook touching on all areas of the organization.
- Medicaid Subcontracting Agreement – Guides the contractual relationship between MSHN and the Community Mental Health Service Programs (CMHSPs) in its region. CMHSPs are delegated management functions over their individual provider networks for Behavioral Health services and these agreements are not held at MSHN.
- SUD Contracts - Structures the contractual relationship between MSHN and SUD providers which are managed directly by the PIHP.

Lastly, Finance staff are currently engaged with Roslund Prestage & Company (RPC) for completion of MSHN's FY 2021 Compliance Examination.

For further information or questions, please contact Leslie at Leslie.Thomas@midstatehealthnetwork.org

Behavioral Health

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

MSHN Welcomes MiCAL to Its Region

The National Suicide Prevention Lifeline (NSPL) is a toll-free hotline always operating (24 hours a day, 7 days a week, 365 days a year, "24/7/365") for suicide prevention and mental health crises. In July 2022, the three-digit number 988 will become the national number for the NSPL. Crisis lines have existed before this, but this service aligns with numerous crisis systems to better provide a more unified, coordinated, and defragmented system of response to the mental health needs of callers. Michigan's crisis services system includes Community Mental Health Service Program (CMHSP) crisis lines, regional crisis lines, and the Michigan Crisis and Access Line (MiCAL). Until legislation brought MiCAL into existence in 2020, Michigan did not have a formal role connecting it to NSPL coverage.

Since April 2021, MiCAL has been phasing in throughout Michigan with the Mid-State Health Network (MSHN) region currently involved in training activities for the system that houses MiCAL, known as the Customer Relationship Management (CRM) system. This roll-out activity has been underway since April and May 2022 with a soft-launch at the end of May and into early June. Full state roll out is expected to be completed by October 2022. MiCAL will be primary for 988 for answering calls, texts, or chats, except for Kent and Macomb counties, where those CMHSPs are already NSPL centers. As a safety net for 988 calls, MiCAL will receive calls 24/7/365 for people experiencing acute emotional, behavioral, or social crises regardless of payer type and severity of need. The goal of MiCAL is to build on its foundation and develop and more uniform crisis services system.

While MiCAL will be a crisis service for individuals in Michigan, it and 988 do not replace CMHSP crisis and access lines. Rather, MiCAL is integrated into existing systems and will provide crisis alerts and intervention, safety assessments, activate face to face crisis services as appropriate, make warm transfer referrals whenever possible, provide follow-up calls to ensure service connection, and care coordination. The MiCAL line provides a vital link to the national 988 system as well as to individual communities throughout Michigan. This centralized state-wide

warmline is designed to provide early intervention and emotional support that can help prevent a crisis from worsening. Strengthening the means to connect with others that can help before a tragedy occurs is critical. The MiCAL number is 1-844-44 MiCAL. For more information, you can go to: https://mcal-prod.force.com/mical/s/.

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-Negrón, LPC, CAADC
Director of Utilization and Care Management

Access to Mental Health & Substance Use Disorder (SUD) Services: National, State, and Local Trends

Advocates for the behavioral health redesign bills in Michigan legislature frequently criticize lack of access to mental health and substance use disorder (SUD) services as one of the supposed "failings" of the current public behavioral health system. A 2019 research study by Altarum[1] is often cited as finding that half of Michigan Medicaid beneficiaries with mental illness go without treatment and nearly 70 percent of Michigan Medicaid beneficiaries with SUD go without treatment. Taken at face value this statistic paints a bleak picture, however it is important to understand the context and the data to see that, in fact, this is a very misleading statement and not an accurate representation of our public behavioral health system.

The Altarum study **estimated** the number of Michigan Medicaid beneficiaries who may have a mental health or SUD condition based on rates of mental illness and SUD in the general population, including those that would be considered mild to moderate and receive care through a Medicaid Health Plan rather than a CMHSP/PIHP. Also, the study does not evaluate whether the individuals tried to seek out mental health or SUD treatment. The statement that half of Michigan Medicaid beneficiaries with mental illness go without treatment and nearly 70 percent of Michigan Medicaid beneficiaries with SUD go without treatment implies that: 1) the estimated number of people in need of treatment is accurate, and 2) those individuals were *unable* to obtain treatment due to shortcomings of the current system. In reality, the Altarum study acknowledged that there are many reasons why people do not seek mental health or SUD services including lack of awareness and reluctance due to possible social stigma.

By comparison, the 2022 State of Mental Health in America Report[2] ranked Michigan 18th in the nation overall in terms of its mental health system of care and access for adults and children. One of the highlighted strengths of Michigan's mental health system is the availability of insurance coverage for adults with mental illness through the Medicaid expansion (Healthy Michigan) program. Only 6.9% of Michigan adults with mental illness are uninsured.

MSHN is currently involved in several initiatives to increase and improve access to care, including:

- Ongoing network adequacy assessment activities including measuring time and distance to different types of treatment based on the community a person lives in
- Improved data collection about behavioral health/SUD providers to evaluate workforce diversity that reflects the population of persons served
- Voluntary participation in a research study conducted by the University of Michigan Institute for Health Policy in partnership with MDHHS to evaluate strengths and areas for improvement in the current SUD access system
- Selection of a three-year performance improvement project (PIP) aimed at increasing the rates of service for individuals belonging to racial and ethnic minority groups to a level that is comparable with white individuals

MSHN remains committed to ensuring timely access and reducing barriers to services for Medicaid beneficiaries living within its 21-county region.

[1] https://altarum.org/sites/default/files/uploaded-publication-files/Altarum_Behavioral-Health-Access_Final-Report.pdf
[2] https://mhanational.org/issues/state-mental-health-america

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

Substance Use Disorder Policy, Strategy and Equity

Dr. Dani Meier, PhD, LMSW, MA
Chief Clinical Officer

June Recognition of Pride Month & Juneteenth

As Michiganders welcome the first full month of summer, June also brings celebrations of populations that have demonstrated resilience while enduring longstanding barriers to health.

Juneteenth celebrates the end of slavery--more than two months after the Civil War concluded--in Texas where owning slaves had continued unabated until U.S. troops arrived and, on June 19th in Galveston, TX, officially freed a quarter million enslaved Texans. While the end of slavery is an important milestone, it was replaced by new

forms of systemic discrimination (Jim Crow and mass incarceration, for example) that have impacted the health and wellbeing of generations of Black Americans here in Region 5 and beyond.

June is also Pride Month which recognizes and celebrates our LGBTQ+ clients, colleagues, family and community members. Pride Month commemorates the Stonewall Riots of 1969, a series of protests in response to an unprovoked police raid at the Stonewell Inn, a gay club in New York City. Although progress has been made over the subsequent 53 years, harassment, discrimination and violence have persisted resulting, for example, in LGBTQ+ youth being at higher risk for suicide, homelessness and substance use disorders.

In the spirit of respect, kindness and compassion to all people, Juneteenth and Pride month offer opportunities to raise awareness, challenge inequities and advance inclusion. At MSHN, we will continue efforts to identify and root out health care disparities, so we are living up to our mission to ensure that access to and delivery of high quality behavioral health services is available to all individuals in our 21 counties.

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

Substance Use Disorder Providers and Operations

Dr. Trisha Thrush, PhD, LMSW
Director of SUD Services and Operations

Pandemic Impacts on Substance Use Disorders & Data Driven Recommendations

The Trust for America's Health just released an annual report entitled *Pain in the Nation 2022: U.S. Experienced Highest Ever Combined Rates of Deaths Due to Alcohol, Drugs, and Suicide During the First Year of the COVID-19 Pandemic*. It details the startling impacts of the pandemic on behavioral health concerns in our state and in the country including deaths associated with alcohol, drugs, and suicide took the lives of 186,763 Americans in 2020, a 20 percent one-year increase in the combined death rate and the highest number of substance misuse deaths ever recorded for a single year. The unprecedented increase was driven by a 30 percent increase in the rate of drug-induced deaths and a 27 percent increase in the rate of alcohol-induced deaths. State level data indicates the combined rates of alcohol, drug, and suicide deaths increased in all 50 states except New Hampshire. The report also found that deaths spanned ages, racial and ethnic groups, and geography but disproportionately negatively impacted young people and people of color.

The report offers recommendations for federal, state, and local governments to begin to reverse these outcomes. The recommendations include the following:

Invest in programs that promote health and prevent substance misuse and suicide:

- Support in-school programs focused on students' mental health and preventing substance use.
- Strengthen trauma-informed, culturally competent and linguistically appropriate programs within all youth-serving agencies, including the juvenile justice system.
- Strengthen the continuum of crisis intervention programs with a focus on the newly established "988" lifeline.
- Expand CDC comprehensive suicide-prevention efforts, including measures to strengthen economic supports, promote connectedness, and create protective environments.
- Build programs that address the social determinants of health and promote resilience in children, families and communities including those focused on the prevention of adverse childhood experiences.

Address the substance misuse and overdose crises:

- Promote harm-reduction policies to reduce overdose and blood-borne infections, including increasing access to syringe service programs, naloxone, and fentanyl test strips.
- Preserve and extend programs that create more flexible access to substance use disorder treatment during the pandemic.
- Direct funding from the opioid litigation settlement to primary prevention of youth substance misuse.
- Lower excessive alcohol use through policies that limit where and when alcohol can be served/purchased.

Transform the mental health and substance abuse prevention system:

- Increase access to mental health and substance use treatment through full enforcement of the Mental Health Parity and Addiction Equity Act.
- Combat stigma about mental health issues and access to service.
- Modernize physical and mental health services by aligning service delivery, provider payment, quality measures, and training toward the whole health of individuals and integrated care.
- Build grassroots community capacity for early identification and intervention for individuals with mental health and substance use disorders, including through community-based or non-traditional settings.

The full report is available at https://www.tfah.org/report-details/pain-in-the-nation-2022/.

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

Quality, Compliance & Customer Service

Kim Zimmerman, MBA-HC, LBSW, CHC
Chief Compliance and Quality Officer

The Inspector General Act of 1978 (Public Law 95-452), as amended, requires the Inspector General report semiannually to the head of the Department and the Congress on the activities of the office during the previous six (6) month period.

The Health and Human Services-Office of Inspector General's (HHS-OIG) Semiannual Report describes the OIG's work identifying significant risks, problems, deficiencies, and investigative outcomes among other activities.

The Fall 2021 Semiannual Report to Congress (SAR), describes nearly $4 billion in expected recoveries as a result of OIG audits and investigations conducted during fiscal year (FY) 2021.

The OIG expects approximately $787 million to be returned based on program audit findings and $3 billion to be returned based on investigative work. Additional FY 2021 accomplishments include 532 criminal enforcement actions and 689 civil actions against individuals or entities. The civil actions encompass unjust-enrichment lawsuits, civil monetary penalty settlements, and administrative recoveries related to provider self-disclosure matters. The OIG also excluded 1,689 individuals and entities from participating in federal health care programs.

Additional highlights of the SAR content include the following.

- States reported challenges with using telehealth to provide behavioral health services to Medicaid enrollees in managed care organizations. These included a lack of training for providers and enrollees, limited internet connectivity for providers and enrollees, difficulties with providers protecting the privacy and security of enrollees' personal information, and the cost of telehealth infrastructure and interoperability issues for providers.
- In September 2021, a Nationwide Law Enforcement Action resulted in 138 charged defendants across 51 Federal districts, including more than 42 doctors, nurses, and other licensed medical professionals. These defendants were collectively charged with submitting more than $1.4 billion in allegedly false and fraudulent claims to Federal health care programs and private insurers, including more than $1.1 billion connected to telemedicine, $29 million in COVID-19 health care fraud, $133 million connected to substance abuse treatment facilities, or "sober homes," and $160 million connected to other health care fraud and illegal opioid distribution schemes across the country.

At the local level, MSHN completes investigations and audits, including potential fraud, in compliance with the Program Integrity requirements in the contract with the Michigan Department of Health and Human Services (MDHHS). The outcome of these activities are reported quarterly to the MDHHS Office of Inspector General and become part of the State's Program Integrity Report.

MSHN's Program Integrity Report submitted in Fiscal Year 2022, for the first two quarters, included a combined 116 new activities that were initiated region wide. The included activity types were overpayment, audit, complaint and referral, and data mining. The total amount of funds involved in the review of these activities was $2,139,655.26.

Out of the 116 activities, 54 were identified as having an overpayment in the amount of $183,950.13. The summary of the findings included inappropriate credentials/training, lack of documentation to support the claim, and using the wrong modifiers among other issues. These 54 activities require a plan of correction and voiding of the identified claims/encounters. In addition, the overpayments will be recouped, but the provider agency can resubmit corrected claims as appropriate, therefore potentially reducing the final amount of overpayments.

The trends established from these activities are reviewed locally with MSHN's Compliance Committee and the Regional Compliance Committee. Identification of systemic improvements, such as development of trainings, streamlining review processes and standardization are considered as part of the review process.

Additional information on compliance can be found on MSHN's website at the following link: https://midstatehealthnetwork.org/stakeholders-resources/quality-compliance.

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.