MSHN

Mid-State Health Network

Board Newsletter - December 2019

From the Chief Executive Officer's Desk

Joseph Sedlock
Chief Executive Officer

On Wednesday, December 4, 2019, Robert Gordon, director of the Michigan Department of Health and Human Services (MDHHS), presented to the Joint House/Senate MDHHS Appropriations Committee on the department's vision for a strengthened behavioral health system. According to MDHHS, the proposed system will integrate physical and behavioral health services (and payments) to improve outcomes and meet the growing demand for mental health care in Michigan. Additional information is available from *http://www.Michigan.gov/FutureOfBehavioralHealth*.

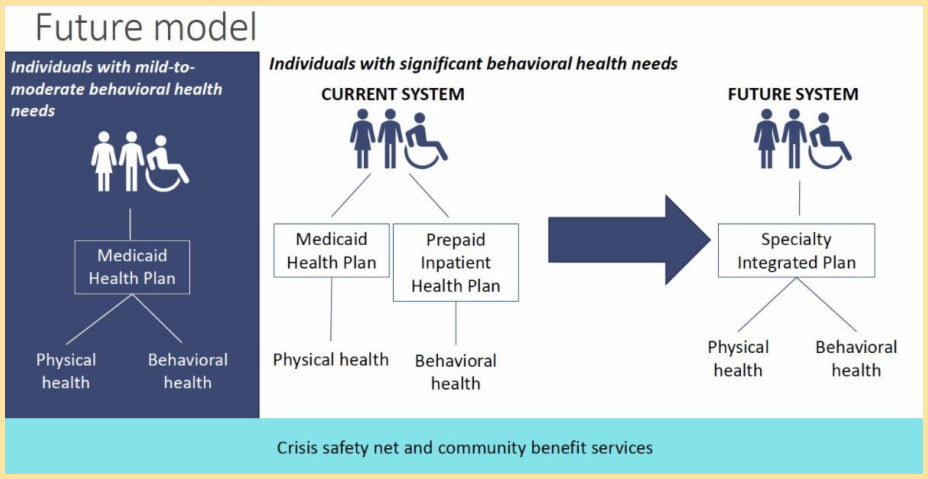
Quoting from the press release: "MDHHS proposes a new approach to behavioral health that will lead to greater choice of providers, better coordination of services, and increased investment in behavioral health. To advance these goals, Gordon outlined three key principles for system design:

- Preserving a strong safety net
- Integrating physical and behavioral health in both care and financing
- Establishing Specialty Integrated Plans (SIPs)

"SIPs bring together the management skills of traditional insurance companies with the expertise and depth of behavioral health organizations. Already in use in other states, including North Carolina, Arizona and Arkansas, SIPs allow for stronger and simpler oversight with lower administrative costs.

"The department's approach will also preserve the extra protections available today, including person-centered planning (ensuring people actively participate in the design of their care), recipient rights and comprehensive services and supports. It also creates opportunities for further innovation in how care can be delivered."
The MDHHS intends to follow a timeline including discussion of approach in 2019, detailed policy design and enabling legislation in 2020, preparation for implementation in 2020 and finalization of implementation in 2022.

Director Gordon presented the following graphic depicting how the system is organized today and how it will be organized in the future:



MDHHS as indicated that Specialty Integrated Plans (SIPs): "…bring together the management skills of traditional insurance companies, with the expertise, enhanced services, and commitments of behavioral health organizations. SIPs will be provided by qualified managed care entities, which will maintain provider networks, manage claims, conduct utilization management, and do individual care coordination for members – like MHPs and PIHPs do today. These entities will bear risk and receive a capitated payment for every enrolled member. The plan will include all of the benefits available today through the MHP and PIHP systems, including supports services and investments to address social determinants of health, not just traditional medical services.

"The plan will come with all of the protections and the higher-touch model of care from the public behavioral health system. This includes person-centered planning, recipient rights, and case management. It will have rigorous network adequacy standards for both physical and behavioral health services to ensure the same or greater access than people have today. It will have a high bar for performance, contract requirements, and other features that provide additional safeguards and a higher degree of oversight by MDHHS.

"Furthermore, the organizations offering specialty plans will not just be traditional managed care entities. These plans will have to demonstrate expertise in managing complex physical and behavioral health needs, including relevant clinical experts on staff. They will need to show their experience with and commitment to the core values of our public system, including self-determination, person-centeredness, recovery orientation, and community inclusion."

MDHHS will have certain requirements for who can operate (or become) a SIP: "We will allow all organizations that can meet these challenging requirements to compete to offer a SIP. We will support the establishment of at least one statewide public plan run by the leaders of our public behavioral health system. In addition, we invite health plans, providers, hospitals, and others to step forward and sponsor SIPs, encouraging all parties to form partnerships that bring in complementary expertise, networks, and relationships. MDHHS will be seeking public input on the detailed application requirements that will ensure every organization is anchored in the necessary expertise and commitments. Examples of what this could look like:"

To be more specific, in order to be or become a SIP, the following are baseline requirements:

- Fully-licensed and meets insurance regulatory requirements
- Adequately capitalized and risk-bearing

- Strong networks for health & specialty care
- Typical health plan administrative infrastructure
- Specialized care planning and management
- Governance
    - Strong statewide public-led option
    - Other options can vary, with a preference for statewide coverage and partnerships

Analysis/Opinion:
MSHN has not yet had sufficient time to fully understand the proposal or to completely understand the potential implications for our region or our agency. There are many, many, many unanswered/open questions and it is simply too early to speculate or plan with such limited information.

However, note the use of 'statewide' in the public option descriptions above. This is currently taken to mean a single statewide SIP, perhaps with an existing PIHP in the lead role. We will have discussions in our region with our CMHSP Participants and Board about if, when and how to create or enable such an entity. Whether MSHN pursues this option, or any other configuration, will require a lot more details from MDHHS and deep commitment within the region and within MSHN, especially from its CMHSP participants and Board.

It is also important to note that these changes are predicated upon an enrollment system as opposed to the current one (which is an eligibility-based system). Enrollees become "members" and the SIP would be paid for the "member". Members vote with their feet: if not satisfied with a current SIP, they would presumably enroll in a different one. This arrangement leaves many open questions: what about the unenrolled (which are currently 25% of the consumers and 40% of the cost)? What about individuals with dual eligibility (Medicare/Medicaid)?

The key, in my view, is establishing meaningful partnerships with like-minded physical and behavioral healthcare entities within the State and potentially outside of it, to create new and better systems of care, services and supports and the administrative structures to support them with the full support of our CMHSP Participants and Board of Directors.

Amanda Horgan and I recently met with MDHHS and provided input into these design elements. Our strongest recommendation was that PIHPs – and the public behavioral health system generally – is in the best position to improve the "whole person" health outcomes of the individuals we serve and support. We continue to believe this – based on the voluminous evidence in our region - and will work to facilitate a role for MSHN and our provider systems in this new world order.

This is actually a pretty exciting time where new possibilities are emerging and perhaps new challenges. We count on the creativity and inquisitiveness, passion and commitment of our MSHN staff, CMHSP Participants and Board of Directors. We know that, working together, we can create and become something new, better and more effective. I look forward to that opportunity, even while it has its challenges, because the people we support deserve our best.

MDHHS will host five forums, including four in-person events and one virtual forum. All events will be hosted from 5:00-6:30 p.m. Registration is not required, but strongly encouraged to help MDHHS best prepare for the events. You can find the links to register for each event below:

- Register for Detroit on January 8 HERE
- Register for Grand Rapids on January 9 HERE
- Register for Marquette on January 22 HERE
- Register for Saginaw on January 30 HERE
- Register for the Virtual Forum on February 6 HERE

For additional information, please visit *http://www.michigan.gov/futureofbehavioralhealth* or contact Joe Sedlock at *joseph.sedlock@mistatehealthnetwork.org* or 517-657-3036.

Organizational Updates

Amanda Horgan, MBA
Deputy Director

Staffing Updates:

Welcome MSHN's New Team Members

MSHN is pleased to announce the following new hires:

***Technology Project Manager – Steve Grulke*,** comes to us with over 20 years of experience from Community Mental Health of Clinton, Eaton, Ingham Counties, where he most recently held the position of Software Developer Manager. His start date is January 6, 2020.

Waiver Coordinator - Tera Harris, comes to us with many years of experience, most recently at Community Mental Health of Clinton, Eaton, Ingham Counties currently working as the Senior Autism Psychologist. Her start date is January 6, 2020

Waiver Assistant – Ronald Meyer, comes to us from his most recent employment at Northern Michigan Regional Entity where he was the Access Center Prescreener/Administrative Assistant. His start date was December 2, 2019.

Posted Positions
MSHN is now seeking applications for the Treatment Specialist position to fill the vacancy as of January 17, 2020 when Jeanne Diver, our current Treatment Specialist, will be retiring.

Job Descriptions are located on MSHN's website at: *https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers*.

Interested parties should send cover letter and resume to Amanda at *amanda.horgan@midstatehealthnetwork.org*.

Admission and Benefit Standardization Workgroup Updates:

MSHN's Admission and Benefit Standardization (ABS) Workgroup was tasked to develop and recommend region wide level of care guidelines in an effort to standardize admission and benefit service provisions. MSHN contracted with TBD Solutions to conduct an analysis of outliers based on the newly drafted regional guidelines. The outlier analysis was conducted under four main categories:

1. Individuals Served Outliers
2. Organization wide (CMHSP) Outliers
3. Service Provision Outliers
4. Fidelity to Evidence Based Practices

The full analysis, including CMHSP specific analysis was presented to the ABS Workgroup in November. During December, the ABSW will be conducting a review of the detailed report and plan to make any final adjustment(s) to our guidelines in order to implement region-wide by January 2020.

For the full report, contact Amanda at *Amanda.Horgan@midstatehealthnetwork. org*

Information Technology

Forest Goodrich
Chief Information Officer

Mid-State Health Network technology staff are wrapping up the year-end BH-TEDS and encounter reporting prior to December 31, 2019. This work is in partnership with the CMHSP staff to make sure we provide the most accurate and updated information for MDHHS. Our goal is to have everything completed prior to the Christmas holiday so that there are no concerns heading into the new calendar year.

BH-TEDS consumers processed to date for fiscal year 2019: **59,911** (fiscal year 2018 = 57,176); (Mental Health = 48,106; Substance Use Disorder = 11,805)

Service encounters processed to date for fiscal year 2019: **3,892,783*** (fiscal year 2018 = 3,804,130); (Mental Health = 2,797,198 services; Substance Use Disorder = 1,095,585 services)

As the service delivery system continues to grow with each year, we trend this information to make sure we remain a MDHHS high performer when it comes to timeliness and volume submissions per MDHHS contractual requirements.

For additional information, please contact Forest at *Forest.Goodrich@midstatehealthnetwork.org*.

Finance

Leslie Thomas, MBA, CPA

Chief Financial Officer

MSHN Finance Staff are preparing for on-site field work from Roslund, Prestage & Company as they conduct the Fiscal Year (FY) 2019 financial audit. The completion of a financial audit is mandated in MSHN's MDHHS contract to ensure fiscal stewardship, management integrity and appropriate reporting of revenues and expenditures. MSHN's Finance Staff review invoices prior to payment to confirm contract maximums are not exceeded and the expenses are appropriate and meet requirements outlined in the MDHHS contract and the Code of Federal Regulations (CFR). MSHN's FY 2017 and FY 2018 audits received an unqualified "clean" opinion which means the financial statements and financial position of the PIHP presented fairly in all material respects. An unqualified opinion is the highest and most sought after opinion from all companies audited.

Other fiscal items include changes to MDHHS committees impacting MSHN. Encounter Data Integrity Team (EDIT), one such MDHHS committee, has made sweeping changes to its membership and updated its charter. EDIT provides clarification on items contained in the Medicaid Provider Manual and recommends application of Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Revenue codes to the PIHPs and CMHSPs in the state. Each PIHP may now only appoint two members. MSHN's two representatives on EDIT are MSHN's Finance Manager and CEI's Chief Financial Officer (CFO) . The CMHSP CFO was appointed by consensus of the MSHN Finance Council. Since EDIT outcomes and topics are cross functional, meeting materials and notes are shared throughout the Region and in MSHN internally. MSHN staff are responsible for taking action on changes impacting their area of responsibility for example:

- Clinical staff act on coding updates related to service delivery. Many of these coding changes are passed on to providers by contract.
- Finance staff determine how changes impact the Region and unit costs and reporting such as Utilization Net Costs (UNC). MSHN's CFO works with the Finance Council and other councils and committees to ensure region-wide implementation.
- Technology staff determine if there are impacts to encounter reporting and make appropriate region-wide adjustments to our reporting and information management systems.
- Provider Network may determine new or discontinued service codes to be added or removed from contracts and our Medicaid Event Verification (MEV) process ensures regional consistency.

The changes to EDIT are intended to achieve better efficiencies and to better define responsibilities of the committee to ensure common understanding and statewide consistency. MSHN has welcomed these changes.

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

Behavioral Health

Dr. Todd Lewicki, PhD, LMSW, MBA

Chief Behavioral Health Officer

HCBS and the Great Step Forward

Through the Home and Community Based Services (HCBS) Rule, Mid-State Health Network (MSHN) aims to improve the experience of individuals who are in waiver programs that involve provider owned and controlled settings. HCBS Rule compliance is accomplished for individuals served through enhancing access to the community, promoting the delivery of services in more integrated settings, and expanding the use of person-centered planning. MSHN's work relating to HCBS Rule transition has yielded very important findings that are signals of moving in the right direction. Among them include that homes that have a Culture of Gentleness (a specific strengths-based philosophy in interacting with others) are operating more successfully, survey results and desk audits do not tell the whole story, and that the really important work of HCBS extends beyond simple compliance. Why refer to HCBS transition as more than just simple compliance? This is because the HCBS Rule involves improving opportunities for individuals who receive home and community-based services to be more integrated in their communities, have a right to privacy, dignity, respect, and to be afforded autonomy and choice.

On December 5th, Todd Lewicki, MSHN Chief Behavioral Health Officer, Katy Hammack, MSHN HCBS Manager, and Barb Groom, MSHN Waiver Coordinator, presented at the Community Mental Health Association of Michigan's Improving Outcomes Conference to talk about the positive effect HCBS was having, despite the systems transformation challenges. Examples of positive system transformation include how an individual was able to successfully begin cashing her own paycheck. She now receives her paystubs and sends a copy to her payee. Another involves collaboration with staff regarding behavior treatment and clarification of medical diagnosis of an individual whose access to food was limited due to a health and safety risk. After work was complete, the home was still able to keep the individual safe but also allow full access to the kitchen. While these are positive examples, the hard work of HCBS Rule Transition continues and efforts to promote Culture of Gentleness, increase site visits to help facilitate system transformation, and to further the idea that simple compliance is good, but enhancing quality of life and dignity is even better.

For further information, please contact Todd at *Todd.Lewicki@midstatehealthnetwork.org*.

Utilization Management & Integrated Care

Skye Pletcher Negrón, LPC, CAADC

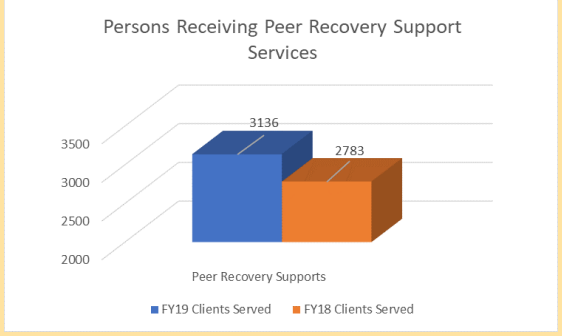
Director of Utilization and Care Management

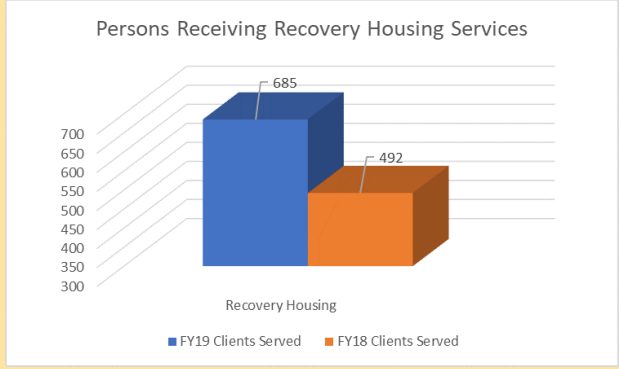
Year in Review: Utilization Trends in Substance Use Treatment Services

During FY19 MSHN provided funding for substance use treatment and recovery services for 11,735 individuals. This is an increase of 8% over persons served in FY18. The table to the right represents the total number of persons served by county of residence in the MSHN region during FY18 and FY19:

County of Residence	FY19 Served	FY18 Served
Arenac	56	79
Bay	1072	1005
Clare	302	299
Clinton	291	252
Eaton	500	479
Gladwin	209	195
Gratiot	248	245
Hillsdale	159	168
Huron	121	183
Ingham	2615	2397
Ionia	263	145
Isabella	467	455
Jackson	1302	1211
Mecosta	311	262
Midland	394	432
Montcalm	477	362
Newaygo	430	382
Osceola	155	128
Saginaw	1473	1291
Shiawassee	458	453
Tuscola	284	285
Unknown or Out of Region	148	106
Total Persons Served	**11,735**	**10,814**

As illustrated below, some of the largest increases in service utilization during FY19 were in the areas of recovery housing and peer recovery support services:





During FY19 MSHN added 3 new contracted providers of recovery housing services and increased the number of persons served by 40% from FY18. Numerous research studies have indicated that access to recovery housing provides individuals with substance use disorders a greater chance at achieving long-term recovery than those who do not live in recovery-oriented environments. (For more information on the positive outcomes associated with recovery housing please see The National Council for Behavioral Health's Recovery Housing Issue Brief). MSHN is pleased to be able to expand access to these valuable services to more individuals.

For further information, please contact Skye at *Skye.Pletcher@midstatehealthnetwork.org*.

Treatment and Prevention

Dr. Dani Meier, PhD, LMSW
Chief Clinical Officer

Syringe Service Programs (SSPs) Offer a Strategy to Save Lives

Syringe service programs (SSPs) that include the distribution of clean syringes are backed by 30 years of harm reduction evidence and has the support of the CDC, SAMHSA, NIDA and other leaders in the field of substance use treatment and prevention.

Contrary to old myths, syringe service programs have never been shown to be associated with an increase in drug use or crime. Instead, the evidence points to a *decrease* in drug use with the expansion of these programs. Participants in SSP programs are 5 times more likely to initiate and stay engaged in substance use treatment, and when paired with Medication-Assisted Treatment (MAT), they are 3 times more likely *to stop using* substances altogether.

SSPs also help reduce HIV and Hepatitis C incidence by 50% (and up to 66% when combined with MAT for opioids) and have demonstrated a benefit to the safety of the community in which people who use drugs reside. They've been associated with a two-thirds reduction in accidental needle stick injury to law enforcement and a 66% reduction in improperly discarded syringes.

In a nutshell, people who use SSPs are not only less likely to share syringes (thus reducing the spread of HIV/Hepatitis C), they are also more likely to engage in SUD treatment services, HIV/Hepatitis C testing, overdose prevention and response, and other vital health services that saves lives.

For further information, please contact Dani at *Dani.Meier@midstatehealthnetwork.org*.

Provider Network

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

Supporting the SUD Workforce through Training

Supporting the Substance Use Disorder (SUD) provider network in developing a qualified and competent workforce is a strategic priority. There are immense benefits to training and development including: improved performance, improved satisfaction and morale, improved engagement, addressing weaknesses, consistency, reduced turnover, developing future leaders, and most importantly the quality of care to individuals being served. Over the past year, through community block grant, PA2 and STR/SOR grant funding, MSHN and the SUD provider network have developed and/or organized a plethora of trainings around the region to support the provider workforce at no cost or significantly reduced cost. Additionally, attendees receive continuing education credits to support ongoing licensure and certification requirements. In many instances, trainings are offered in multiple times or locations around the region.

MSHN Organized/Supported Trainings:

- Articular Acupuncture for SUD Treatment Programs
- ASAM Skill Building
- Co-Occurring Disorders
- GAIN I-Core Site Interviewer Certification
- Individualized Service Plans (ISPs) Using the ASAM Criteria and Motivational Interviewing (MI)
- Substance & Opioid Use Disorders in the Military/Veteran Populations
- The Addiction-Trauma Connection: Spirals of Recovery and Healing, Featuring Stephanie S. Covington, PhD
- Trauma-Informed Care in SUD Treatment
- Trauma-Informed Yoga

SUD Provider Organized Trainings

- Annual Prevention Conference
- CCAR Recovery Coach Academy, CCAR Recovery Coaching and Professionalism, and CCAR Ethical Considerations for Recovery Coaches
- Medical Marijuana Training for Medical and Law Enforcement Professionals
- Motivational Interviewing Skills Practice
- Our Stories Have Power
- Project ASSERT
- Recovery 101
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Tall Cop: High in Plain Sight - Substance Abuse Prevention Training
- The Latest Trends in Drug Use & Abuse - Current Emerging Drug Trends

For further information, please contact Carolyn at *Carolyn.Watters@midstatehealthnetwork.org*.

Quality & Compliance Update

Kim Zimmerman
Director of Quality, Compliance and Customer Service

Recovery Self-Assessment Revised (RSA-R)

During Fiscal Year 2019, Mid-State Health Network implemented the Recovery Self-Assessment Revised (RSA-R) which is a voluntary self-reflective assessment designed to gauge the degree to which programs implement recovery-oriented practices. The RSA-R is a tool designed to identify strengths and target areas of improvement as agencies and systems strive to offer recovery-oriented care. MSHN implemented the following three versions that are designed specifically for different study populations.

- RSA-R Administrators Version completed by Chief Executive Officers, and Administrators who oversee programs serving individuals who are adults and experience a mental illness and/or substance use disorder.

- RSA-R Provider Version completed by staff who provide direct services to individuals who are adults and experience a mental illness and/or substance use disorder.
- RSA-R Persons in Recovery Version completed by individuals who are adults and experience a mental illness and/or substance use disorder and have received a service during the identified implementation period.

The Community Mental Health Specialty Program (CMHSP)Participants and Substance Use Disorder (SUD) Providers were offered the opportunity to assess their organizations recovery environment by completing one or more of the RSA-R versions.

Summary of Results
Fourteen hundred and seven respondents (1407) completed the RSA-R consisting of the Administrators (195), Providers (435), and Persons in Recovery (777) from the SUD Provider Network and the CMHSP Participants.

The responses from the Recovery Self-Assessment surveys were scored as a comprehensive total and separately as six subcategories. The tool is intended to assess the perceptions of individual recovery and the recovery environment. Items are rated using the same 5-point Likert scale that ranges from 1 = "strongly disagree" to 5 = "strongly agree." The comprehensive score measures how the system is performing, and the subcategories measure the performance of five separate parts. A score of 3.50 and above indicates satisfaction or agreement with the statement. The "not applicable" and "do not know" responses were removed from the analysis.

The table below illustrates a score above 3.50 for each of the subcategories as assessed by the Persons in Recovery, the Providers, and the Administrators.

MSHN's persons in recovery, administrators and providers demonstrated a comprehensive assessment score above 3.50.

FY2019	RSA-R Persons in Recovery	RSA-R Provider Version	RSA-R Administrator Version
Comprehensive Score	**4.28**	**4.18**	**4.24**
Involvement - Subcategory	3.83	3.55	3.78
Individually Tailored Services - Subcategory	4.31	4.10	4.26
Diversity of Treatment - Subcategory	4.17	4.17	4.19
Life Goals Sub-Category	4.36	4.28	4.34
Choice - Subcategory	4.45	4.47	4.55
Inviting - Subcategory	4.52	4.46	4.59

The results of the RSA-R are reviewed by MSHN's Quality Improvement Council, SUD Provider Advisory Council, the Regional Consumer Advisory Council and internal MSHN Committees to determine areas for quality improvement. The areas that will be targeted are those categories that are below the average scores (based on regional average of all scores) and priority areas identified through review of all categories. In addition, the above average categories will be analyzed for identification of best practices. The effectiveness of improvement initiatives will be determined as an increase in the regional average for the targeted areas during future assessments.

Additional detailed information can be found in the full reports found on the MSHN website at: *https://midstatehealthnetwork.org/consumers-resources/quality-compliance/satisfaction-surveys.*

For further information, please contact Kim 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.

Happy Holidays