



Impact Report

Welcome

Since 2014, Mid-State Health Network (MSHN) has served as the Prepaid Inpatient Health Plan (PIHP) for a 21-county region in mid-Michigan, formed by the region's 12 Community Mental Health Service Programs (CMHSP). As we conclude our 6th year in operation, it is time to reflect on our shared accomplishments while looking ahead to the future.

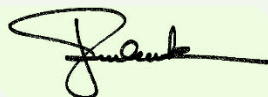
MSHN is one of 10 public specialty behavioral health managed care entities in the state. We collaborate with providers to ensure access to Medicaid and other publicly funded services to adults with severe mental illness, children with severe emotional disturbance, and individuals with intellectual and/or developmental disabilities. We also are responsible for all prevention and treatment of individuals with substance use disorders (SUD) in our region.

In a time when demand is high and budgets are tight, MSHN's provider system has been able to maintain timely access to high-quality care while keeping expenses at or below our allocated revenues. How?

Collaboration. Advocacy. Integration. Fiduciary excellence. Innovation.

In short, we have built great systems around great people that put people and families served first. Together with our CMHSP Participants and community providers, we keep our eye trained on the horizon of helping individuals achieve wellness through quality supports and services that advance the dimensions of health, home, purpose, and community.

We are proud of the team at MSHN and the accomplishments of our region, and excited to share this Impact Report for our first six years of service.



Joseph P. Sedlock, MSA,
Chief Executive Officer



Amanda L. Ittner, MBA,
Deputy Director

Mid-State Health Network: Extensive, Efficient, Effective

Of the over 390,000 Medicaid-eligible recipients living in the MSHN region, over 57,000 individuals were served in FY2019, impacting many of the 1.6 million citizens who call our region home.^{1,2,3} Over 45,000 individuals were served through our CMHSP Participants:

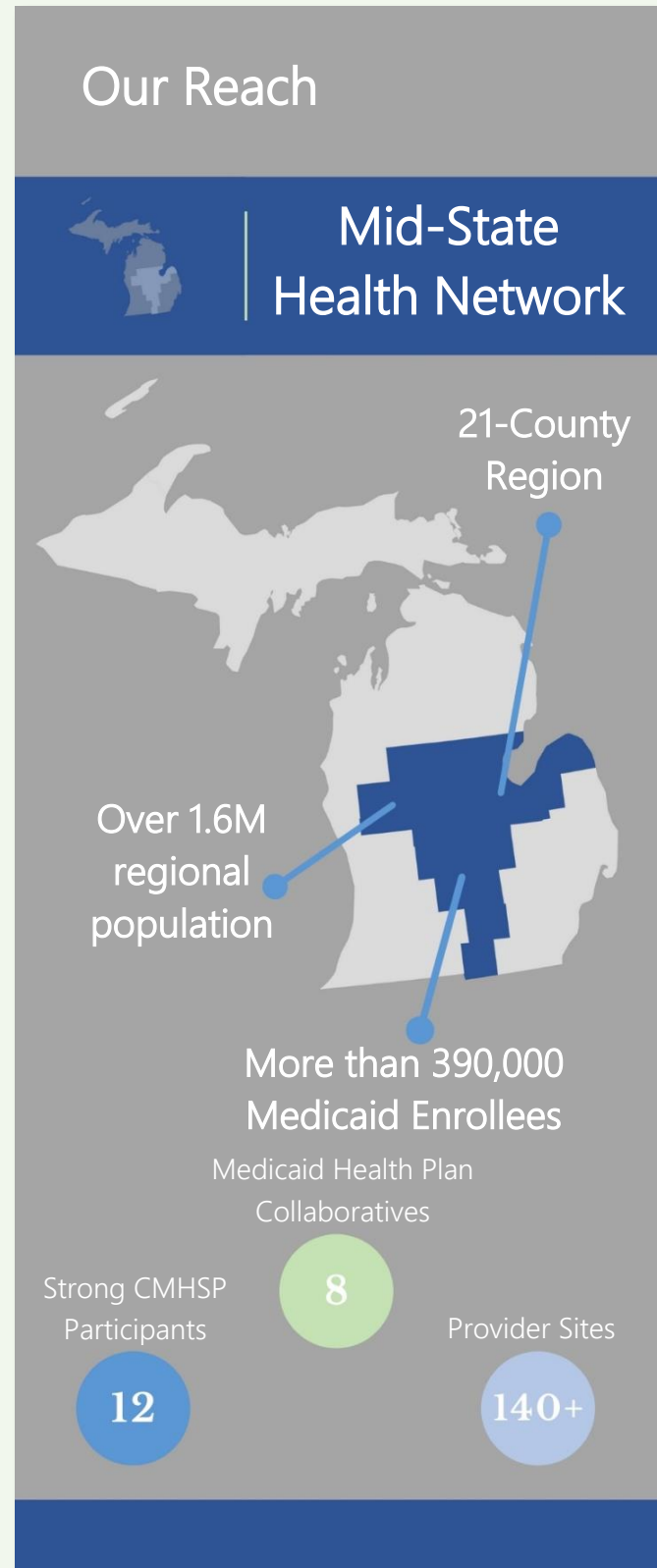
- Bay-Arenac Behavioral Health Authority
- Clinton-Eaton-Ingham Community Mental Health Authority
- Community Mental Health for Central Michigan
- Gratiot Integrated Health Network
- Huron County Community Mental Health Authority
- LifeWays Community Mental Health Authority
- Montcalm Care Network
- Newaygo County Community Mental Health Authority
- Saginaw County Community Mental Health Authority
- Shiawassee Health and Wellness
- The Right Door for Hope, Recovery, and Wellness (Ionia)
- Tuscola Behavioral Health Systems

In addition, MSHN contracts with 77 prevention and treatment agencies to address the needs of individuals with substance use disorders in over 140 provider sites in and outside the region. These providers operate in both urban centers and remote rural areas and served 11,809 individuals in FY2019. In the face of enduring poverty and health concerns in the region, and a shifting political climate, MSHN continues to ensure access to high-quality behavioral healthcare while maintaining fiscal soundness.

¹ <https://www.census.gov/quickfacts/fact/table/US/PST045218>

² https://www.michigan.gov/documents/mdhhs/JE02022020_681485_7.pdf

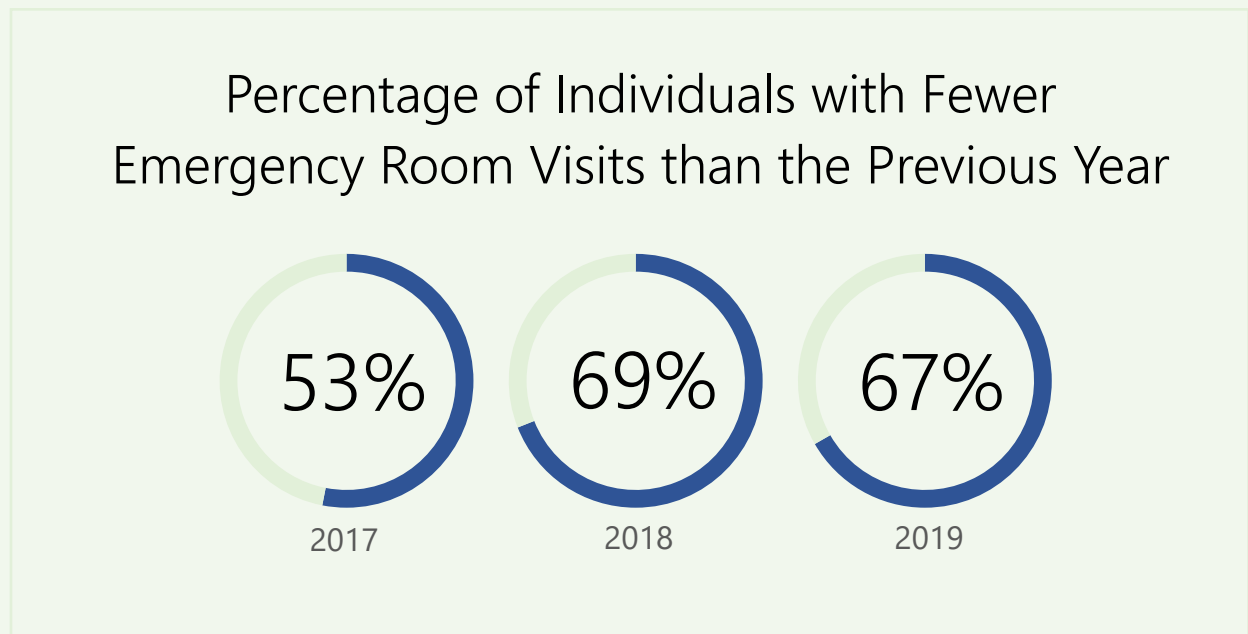
³ FY 2019 Medicaid Utilization & Net Cost Report



MSHN actively promotes total-person care through strong working relationships with 8 out of 11 Medicaid Health Plans operating in Michigan. The following Medicaid Plans are currently responsible for physical healthcare needs across the region:

- Aetna Better Health of Michigan
- Blue Cross Complete of Michigan
- Health Alliance Plan (HAP) Empowered
- McLaren Health Plan
- Meridian Health Plan of Michigan
- Molina Healthcare of Michigan
- Priority Health Choice
- UnitedHealthcare Community Plan

MSHN has led care coordination efforts with these health plans through conducting regular joint case reviews of high-risk individuals and guiding follow-up activities to ensure access to needed health care services. These activities have resulted in improved care, reduced costs, lower emergency room utilization⁴, and integrated planning focused on the individual’s physical and behavioral health needs, including addressing social determinants of health and health disparities.



The graphic above shows the impact of care coordination efforts between MSHN and Medicaid Health Plans in reducing the number of emergency room visits for certain high-risk individuals compared to the previous year.

⁴ Graph represents percentage of individuals with care coordination plans between the PIHP and MHP who had fewer emergency room visits compared to previous year.

Offering Hope for Recovery

The people we serve consistently tell us that treatment services provided throughout our network of care are of high quality and are effective in meeting their needs. In May 2019, MSHN surveyed over 775 individuals to learn more about how treatment providers were assisting them on their recovery journeys. As seen in these results, responses were overwhelmingly positive. Individuals responding to the survey reported high scores on measures related to belief in their recovery, hope for the future, and feeling welcomed at their place of treatment.

Recovery Self-Assessment





Prioritizing the Perspective of Persons Served

No one understands behavioral health better than those with lived experience. By involving persons served throughout the care management, planning, and delivery process, we ensure that the voices of individuals served remain paramount. Our organization is intentionally structured to assure that people served have a significant influence on how care is delivered. Fifty percent of our board is comprised of primary and secondary consumers. Individuals with lived experience lend their voices by participating in the Consumer Advisory Committees or providing frontline services as peer support specialists and peer recovery coaches.

Highlighting Innovation & Peer Support

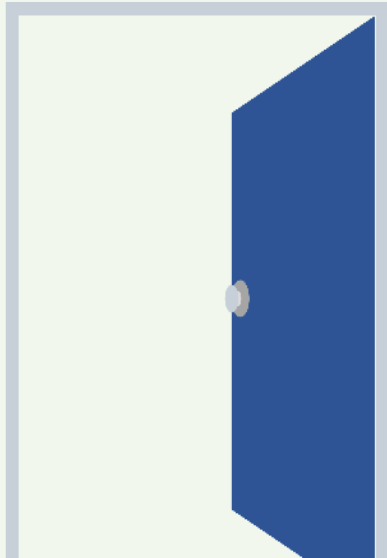
MSHN offers innovative screenings for persons with substance use disorders. Project ASSERT (i.e. *Alcohol & Substance Abuse Services Education and Referral to Treatment*) is an evidence-based model that assists people in hospital and health clinic settings. Once identified, MSHN-supported, specially-trained Peer Recovery Coaches meet with individuals across the lines of race, gender, ethnicity, and age, to offer on-going support from the peer perspective to engage their journeys of recovery. The region has 18 hospitals collaborating with Project ASSERT and have Peer Recovery Coaches integrated into services.



True to its commitment to persons served, MSHN has partnered with providers to train over 200 individuals as Peer Recovery Coaches who are a vital part of MSHN's frontline services.

Trust in Relationship, Power in Community

MSHN believes in the power of relationship and using diverse skillsets to dig in and address problems facing our community. In order to effectively coordinate care in our communities, collaboration is a must. These joint efforts have yielded strong and trusting relationships, allowing us to significantly expand services in the region. Below are some examples of MSHN joining forces with community partners to develop creative approaches for addressing some of the most challenging community needs, making a real difference for those served.



Every Right Door

Substance use disorders affect almost 20 million individuals every year.⁵ MSHN recognizes the impact of addiction and works alongside its SUD provider network to fight for our communities. The organization has implemented region-wide policies and initiatives, such as “No Wrong Door” focused on eliminating barriers to accessing SUD services, and getting individuals the help they need. Regardless of how an individual arrives, MSHN is determined to set them on the path to recovery.

Access to Effective Services

MSHN understands that accessing services promptly when needs arise is critical to effective healthcare. We prioritize ease of access to both physical and behavioral healthcare services. In collaboration with our partners, we work hard to ensure that our system is responsive at the point that individuals identify a need for services and offer time-sensitive and effective services to meet those needs.^{6,7}

Timeliness of First Service

97.6%



Of our new beneficiaries started receiving services within two weeks of their assessment

Timeliness of Initial Assessment

98%



Of new beneficiaries received an initial assessment within 14 calendar days of first request

⁵ <https://americanaddictioncenters.org/rehab-guide/addiction-statistics>

⁶ Percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service (Q1 2019)

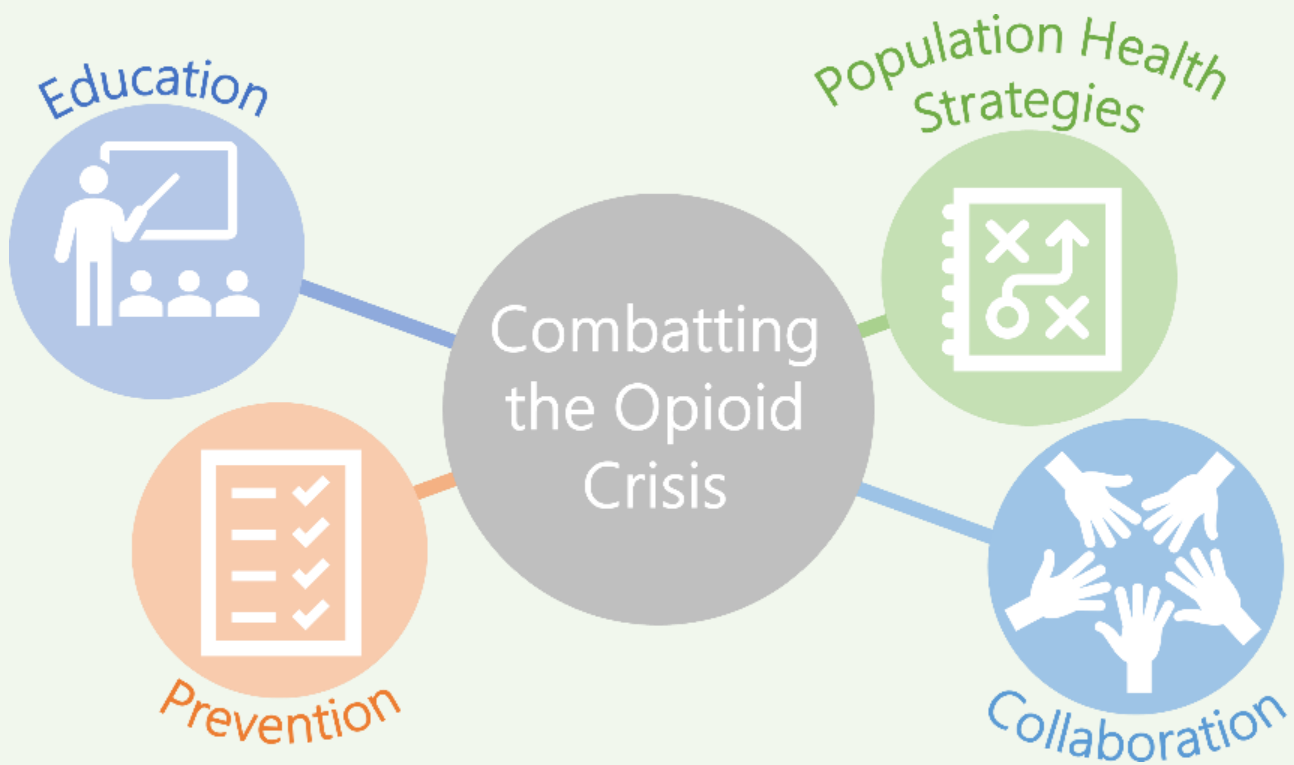
⁷ Percentage of new Medicaid beneficiaries during the quarter starting any needed ongoing service within 14 days of a non-emergent face-to-face assessment with a professional (Q1 2019).

Combatting the Opioid Crisis

MSHN knows that a cookie-cutter approach will not work to truly help people fight the battle against opioids.

In responding to the state and national epidemic, MSHN developed a multi-pronged strategy to address opioid misuse and abuse across all 21 counties as well to ensure adequate access to treatment for individuals seeking recovery from opioid use disorder, including Medication-Assisted Treatment (MAT) Services. This approach combines education, prevention, population health strategies, and collaboration with community partners and healthcare providers, supporting impactful work in the communities we serve.

Our commitment to combatting the opioid crisis includes expanding access to critical services like MAT. MSHN has increased from 8 to 20 MAT provider sites in the last 5 years. MSHN has also expanded its access to important medications including Naloxone, Vivitrol, Suboxone, and Narcan.



Comprehensive Response to the Opioid Crisis

Thousands of
Narcan/Naloxone Kits
Distributed to CMHs,
Law Enforcement, and
Providers

Collaborating with
Michigan State Police's
Angel Program to
connect individuals to
treatment through a
central hub

Hundreds of Opioid-
Focused Community
Presentations to
Providers in the Region

MSHIN
Mid-State Health Network

Connecting medical care
providers to Opioid
Treatment Programs for
pregnant women with
Opioid Use Disorders
and babies born with
Neonatal Abstinence
Syndrome

Dozens of Evidence-
Based Practice Trainings
for MAT Providers

Quarterly Meetings with
regional MAT
Workgroup including all
MAT Providers

Expanding Access to Effective Opioid Treatment

MSHN's approach to combatting the opioid crisis is more than just a tag line. Our efforts are improving access to services and expanding services so those with opioid use disorder can get the care they need. Between 2015 and 2019, MSHN's opioid treatment expansion efforts have:

Doubled the number of individuals served by Opioid Treatment Programs (Methadone)*

Provided Office-Based MAT (Suboxone/Vivitrol) to *25 times more people***

Mobile Unit

Launched in October of 2019, the AIM for Recovery & Wellness project brings mobile services to individuals seeking recovery from opioid use disorders in underserved communities in the MSHN region. The mobile unit is staffed by fully credentialed, trained staff including peer recovery coaches who have lived experience with addiction. The AIM for Recovery & Wellness bus offers drug screening, substance abuse counseling, peer supports, and referral to treatment along with life-saving syringe support services and overdose prevention kits.



Prevention

MSHN's prevention team has led efforts in the region to provide community education, direct prevention services, and early intervention initiatives. These efforts have reduced cigarette and alcohol use in young people across the region.

Successful reduction of youth alcohol use from 24% in 2014 to 19% in 2018

Successful reduction of youth cigarette use from 11.4% in 2014 to 6.5% in 2018



Added prevention providers and programs based on the diverse needs of our 21-county region

Partners with colleges and promotes recovery in the student population

*From 1,393 individuals in 2015 to 2,789 individuals in 2019

**From 44 individuals in 2015 to 1,123 individuals in 2019

Focus on Veterans and Military Families

Veterans of the United States military make up approximately 5% of Michigan's 9.9 million citizens. MSHN recognizes that many who served, and their families, face the impacts and challenges of past experiences associated with their service. To honor the uniqueness of those experiences, MSHN offers specialized navigation that prioritizes the behavioral healthcare needs of the region's expansive veteran population.



Under the direction of Michael J. Scott, MHRLR (U.S. Army veteran), MSHN developed a military cultural competency curriculum. Upon publication, the information was adopted by the Michigan Department of Health and Human Services (MDHHS) for statewide use. MSHN recognizes the value of having a veteran lead this conversation. This commitment to cultural competency confirms MSHN's stance on veterans: "Never leave anyone behind."

MSHN has tailor-made a "Veterans Navigator" program which focuses on engagement and follow-up with veterans and their families. These services include addressing basic needs, physical health, mental health, and substance abuse treatment for the veteran and their families. MSHN has developed novel algorithms to identify anyone with veteran status so these individuals receive the services and benefits that they deserve from providers that are competent in military culture.



Guiding the Way

Mr. Michael J. Scott

After nine years in the United States military, Mr. Michael J. Scott continued down a career path of serving our military as best as he could. For Mr. Scott, this meant finding new ways to lend a helping hand to the community of veterans in Michigan. Mr. Michael J. Scott serves as the Veteran Navigator for MSHN. In this role, he identifies resources and bridges the gap between services and those who need them. His leadership has led to statewide cultural innovations, increased access, and the belief that those who served deserve the best care available.

Maintaining Your Trust

The continuity of services in the region is predicated on adequate funding and proper stewardship of resources to ensure individuals get the right service, in the right amount, at the right time. MSHN prioritizes the continuation of fully funded services through ongoing advocacy efforts, consistent revenue growth, and performance geared towards achieving incentive payments.

One hundred percent of incentives were reinvested in strengthening the financial health of CMHSPs in our region.

Revenue growth of

25.5%

since MSHN's 2014 inception

Earned

100%

of MDHHS incentive payments over the last five years, totaling \$12.2 million

MSHN

Mid-State Health Network

Actively managed resources to ensure risk reserves are covered through an internal service fund (ISF) totaling over

\$46 million

Led state-wide negotiations to

Strengthen the Safety Net

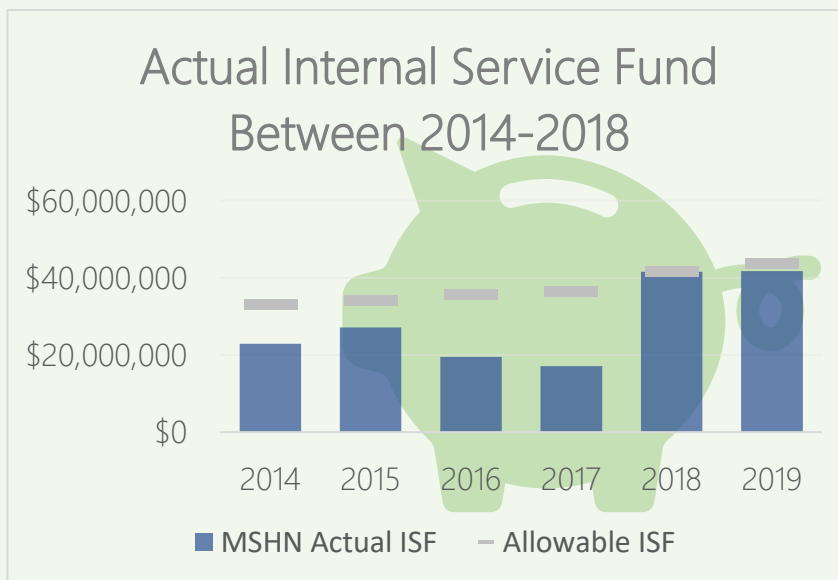
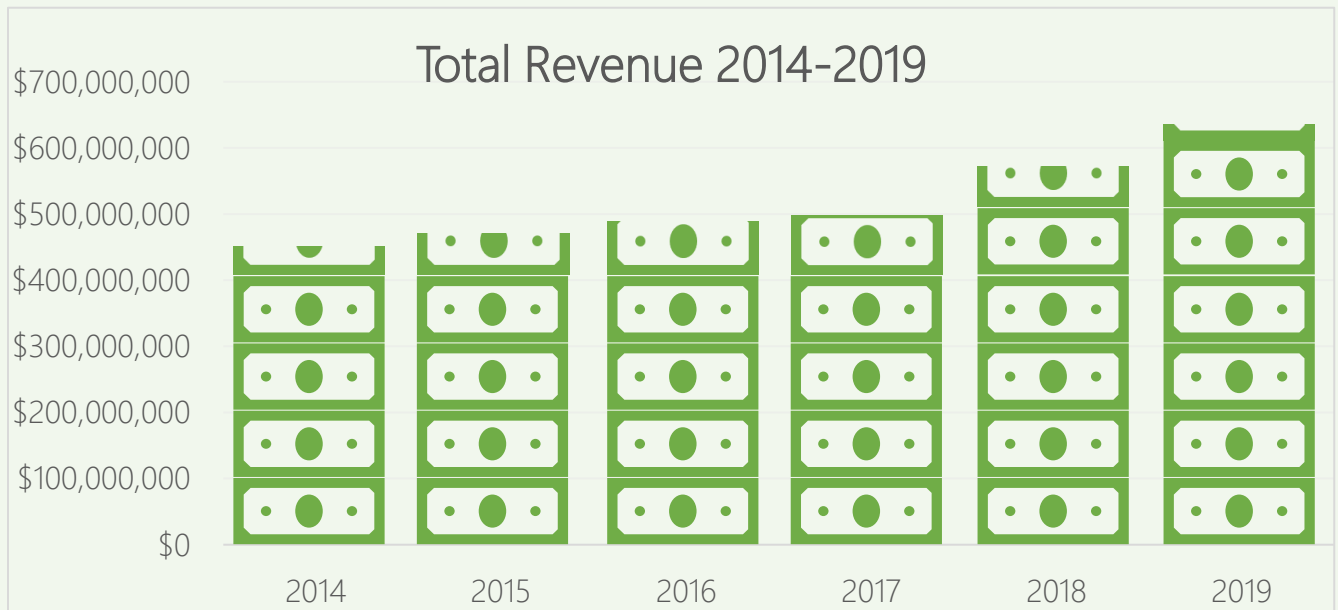
for returning citizens

MSHN's efforts ensured effective SUD treatment services for individuals under supervision of the Michigan Department of Corrections.

For over six years, MSHN has wisely managed regional resources to ensure sustainment of prevention, supports and services and to minimize disruptions that would adversely impact the lives of individuals and families served.

Fiscal Integrity

MSHN has demonstrated its commitment to fiscal integrity throughout its existence by ensuring resources are used efficiently and effectively.



Through its prioritization of dollars directed to service delivery, emphasis on administrative efficiencies, and prudent use of resources, MSHN has seen continued revenue growth and steady contributions to its Internal Service Fund (ISF) since its inception.

The intention of MSHN is to continue prioritizing revenues for the provisions of supports and services within its region. Through innovative and effective

leveraging of its staff leadership, regional partnerships, and technology investments, MSHN has kept its direct administrative costs limited to less than 2% of the total revenues for services. We are committed to maintaining the maximum allowable ISF as defined by MDHHS to ensure service needs are met during high demand/low revenue cycles.⁸

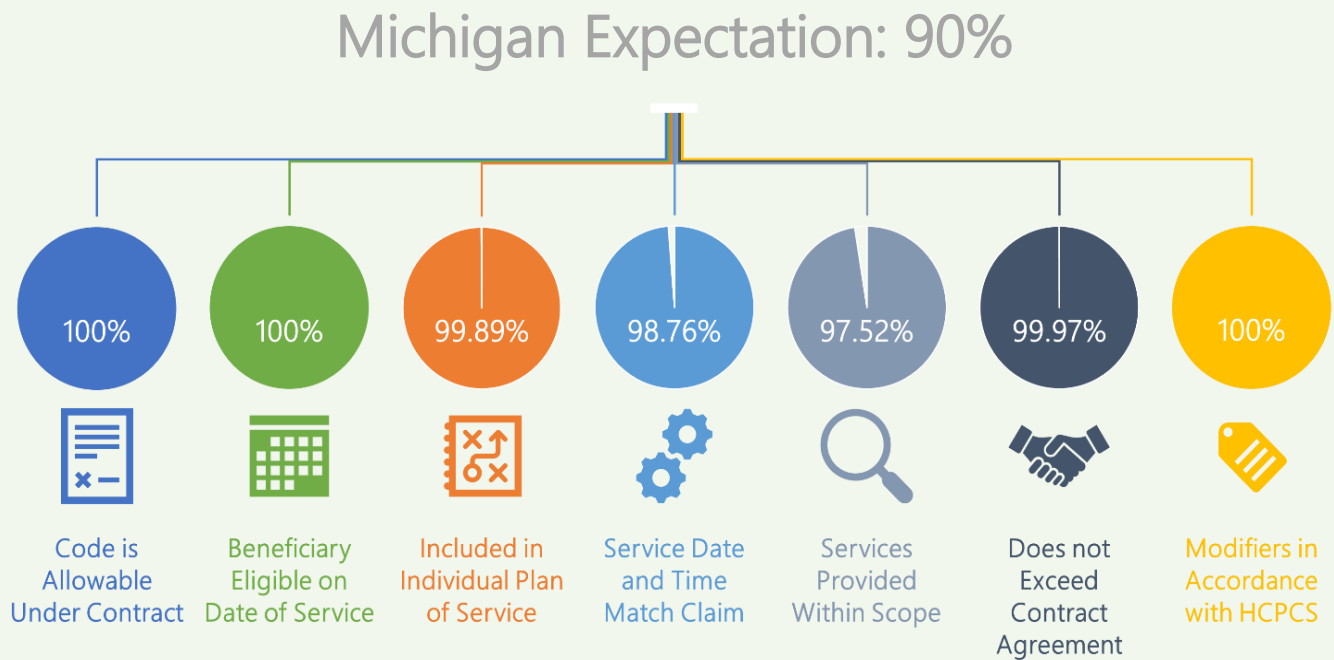
⁸ In FY16, MSHN used \$9.4M from ISF to cover FY 16 Autism Expenses. MSHN elected to use Medicaid savings of ~\$9M in FY17 to cover operational expenses and CMHSP Medicaid Smoothing payments.

Adhering to Behavioral Health Performance Standards

Michigan's public behavioral health system has long been a leader in creating innovative approaches and associated performance expectations. In partnership with CMHSPs and providers, MSHN has built extensive measurement systems that are formulated on the quality and clinical expertise by regional councils and advisory committees.

MSHN is a leader among PIHPs in timeliness and completeness of data reporting, ensuring clean claims and encounters reporting, confirming individual eligibility for benefits, and recording services accurately. It is our responsibility to be good stewards of public funds, and we take pride in verifying that all services meet state and federal contract standards.

FY19 Examples of our performance are shown below⁹:



⁹ FY19 Compliance Summary Report

Beyond Compliance

Since its inception, MSHN has been among the highest-rated PIHPs in adhering to Michigan's Behavioral Health Performance Standards.

Among the Highest
Performing Plans in Michigan



Each PIHP is evaluated annually against national and state standards by an external quality review organization. MSHN has consistently demonstrated its ability to perform and deliver to meet managed care requirements. Due to its diligent efforts, external reviews affirm MSHN has excelled in the following quality areas:



Clinical Leadership

Within a large region, it is vital to have strong centralized executive clinical leadership working in partnership with local clinical leaders. Our Regional Medical Directors Committee includes the MSHN Chief Medical Officer (CMO) and the Medical Directors of CMHSP Participants. Together they provide guidance related to clinical service quality and service utilization standards and trends. The Clinical Leadership Committee, comprised of clinical and program leaders from across the region, created regional clinical protocols to ensure implementation of best practices for care coordination within each county-based CMHSP. While CMHSPs' clinical practices are responsive to the needs of their unique communities, common assessment tools, and evidence-based practices are in place to support a Clinically Integrated Network for today and the future.

Visionary Leadership

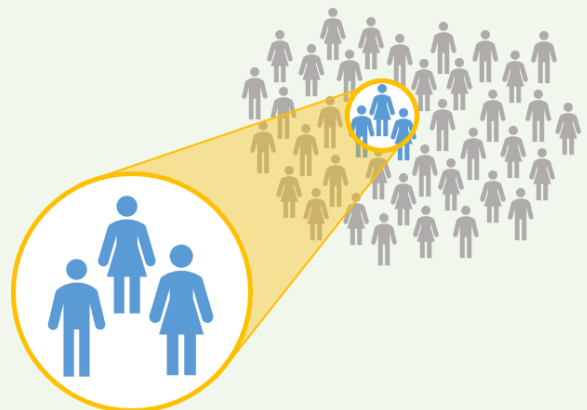
Dr. Zakia Alavi

Zakia Alavi, MD, is a child and adult psychiatrist. For the past 21 years, Dr. Alavi has served in various roles including diplomate of the American Board of Psychiatry and Neurology, Medical Director for Child Services of MDHHS, and Assistant Professor at Michigan State University College of Human Medicine. Since 2017, Dr. Alavi has served as CMO at MSHN, where she has worked to increase access, improve quality, and develop clinical outcomes for all, from foster care to geriatrics. Dr. Alavi's outreach and career embody what it means to be a leader at MSHN.



Helping More People

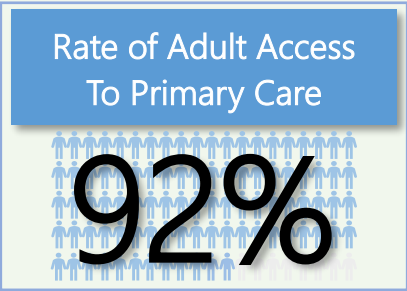
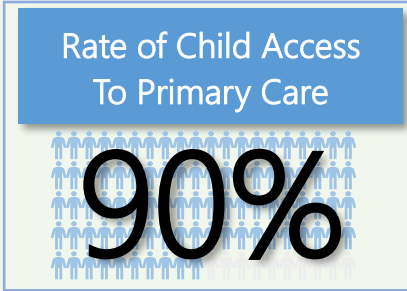
MSHN continues to expand its reach, offering services to new populations in need. While the number of enrollees in the Medicaid and Healthy Michigan Plan (HMP) has plateaued across the state in recent years, the number of those requesting services has increased in the MSHN region. This increase has led to a higher rate of regional service provision than the state average for Medicaid enrollees receiving specialty behavioral health services.



This increased penetration rate has allowed MSHN to allow for service increases across multiple populations, from those with autism to children with severe emotional disturbances. Embracing new people means embracing new ways to provide service, and MSHN continues to analyze, serve, and grow along with the diverse communities it serves.

Access to Primary Care

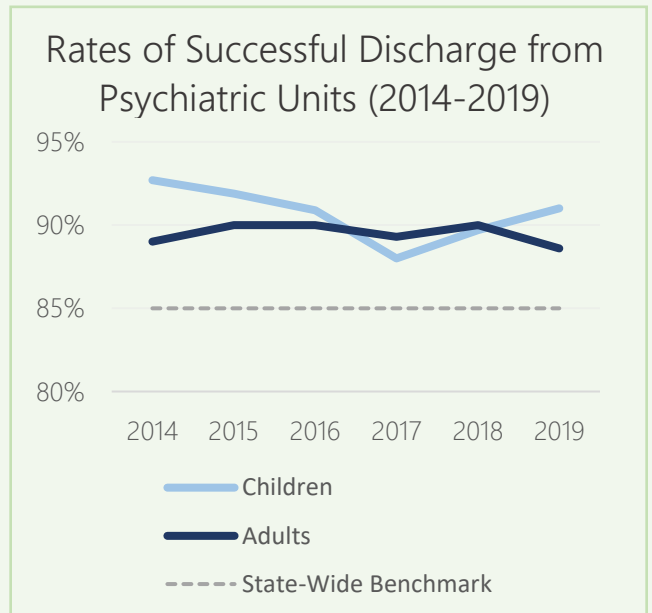
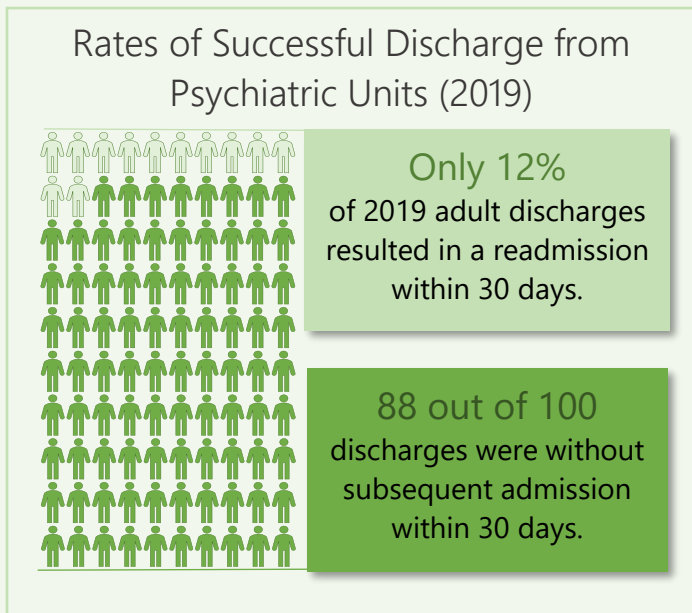
In addition to access to behavioral healthcare services, we work closely with our provider system and our physical health plan partners to ensure that the individuals we serve have access to primary care services.¹⁰ We believe that this focus on ensuring access to both primary care and behavioral health services is critical to the overall health of the individuals we serve and are committed to continued integration of care for the health of our service populations. Because of these efforts across the region, rates of primary care access among beneficiaries meet and/or exceed Michigan Medicaid Health Plan Averages.¹¹



Intentional Follow Up

MSHN, and our provider partners, recognizes that individuals are vulnerable and in need of well-organized support immediately following a psychiatric inpatient admission. To address this, we prioritize outreach and engagement efforts on making contact with individuals following an inpatient stay. We connect with people and ensure that they are actively engaged in follow-up care, resulting in a psychiatric readmission rate significantly better than statewide standards.

MSHN has maintained impressive rates on readmission standards since its inception, performing consistently better than the statewide standard every year. Individuals discharging from psychiatric units in the MSHN region are less likely to require readmission.



¹⁰ In FY2019

¹¹ 2019 HEDIS Aggregate Report for Michigan Medicaid, produced by Health Services Advisory Group for MDHHS

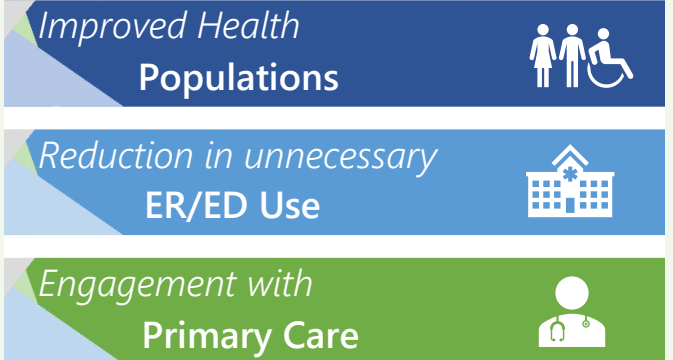
Promoting Services That Work

MSHN is taking the initiative to ready its network for value-based payment, shifting to models that prioritize and reward service outcomes.

We are constantly pushing for new and unique ways to incentivize providers to find solutions that work. Through collaborations with our service providers to develop creative contracts, MSHN looks to strengthen relationships between beneficiaries and providers by emphasizing the need for results. Combining the creativity of providers with fair incentives establishes a new precedent that asks the question: *How can we reward excellent outcomes?*

MSHN leads a regional pilot project to improve the quality and efficiency of substance abuse treatment through a value-based purchasing model. These incentive-based contracts include strengthening care coordination and engaging individuals in a continuous care relationship.

Paying for Performance



Technology Innovations

Telehealth

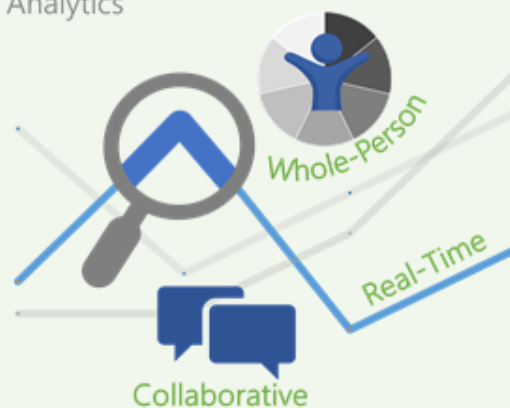
In a world of rapidly advancing technology, Mid-State Health Network is at the cutting edge of innovations that improve our beneficiaries' care experience. Telehealth utilizes the electronic infrastructure of a globalized world to bring care directly to persons served. Whether that means virtual conferencing with a psychiatrist, text messaging with a clinician, or remote consultation, telehealth is designed to make the patient's experience convenient, secure, and simple.

Information Technology

MSHN continues to leverage its technology and data analysis expertise in advancements such as

- Real-time alerts/notifications and identification of actionable items to enhance health
- Admission/Discharge/Transfer (ADT) feeds from hospitals
- Health Information Exchange
- Website tools for patient engagement
- Management Dashboards to track Key Performance Indicators (KPIs)

Data Analytics



Leveraging Data for Population Health and Improved Care

MSHN's investment in cutting-edge technologies sets the pace for management of behavioral healthcare by working with highly skilled statisticians and data analysts to better understand the healthcare needs of the populations served in our region. MSHN analyzes real-time physical and behavioral healthcare data made available by our community partners, including Medicaid Health Plans, hospital systems, and doctor's offices.¹² We have built our population health data system on nationally normed metrics, establishing secure and open access for our CMHSP partners. This cutting-edge system allows for a better understanding of trends in healthcare utilization and identification of gaps in care that drive decisions impacting on-going service improvement for at-risk populations.

Likewise, MSHN's innovative managed care information system integrates with CMHSP and providers' electronic medical records to afford ready sharing of information allowing for successful coordination of individuals' physical and behavioral health care needs. Michigan Department of Health and Human Services (MDHHS) frequently consults with MSHN's technology leaders, resulting in the creation of a common electronic consent form and the integration of Admission-Discharge-Transfer datasets across the region. This consultation has improved administrative efficiencies and nourished more robust datasets statewide.

¹² Applications/Exchanges: Integrated Care Delivery Platform (ICDP), Admission/Discharge/Transfer (ADT), Health Information Exchanges (HIE) such as Virtual Integrated Patient Record (VIPR) and Michigan Health Information Network (MiHIN).



Administrative Efficiencies

MSHN has transformed the administrative processes within its region to reduce redundancies. We have identified and reduced overlaps in audit systems, training initiatives, and provider contracting. Our goal is to free the hands of our partners and providers so they can spend more time providing services and less time facilitating the same repeated administrative tasks.



Performance Monitoring. MSHN has developed a regional provider performance monitoring system which combined locally varied processes, reducing redundant provider performance monitoring activities for some provider types by as much as 70%.



Training. MSHN, our colleagues, and partners identified core competencies, standard testing out procedures, state-wide training transcripts, and training resources for employers. We have taken our regional approach to the next level with regional training requirements specified by role and evaluation of minimum requirements annually. Our focus on standardized training increases the competency of those providing services and ensures those served receive the best care possible.



Provider Contracting. With individual CMHSPs facilitating many local contracting efforts, MSHN saw an opportunity to facilitate efficiencies through a coordinated regional approach. In collaboration with our valued CMHSP partners, we create a mutually agreed-upon standard contract template with boilerplate language and statements of work for several common contract types. We meet with our providers at least annually to ensure that contract language meets the needs of both payers and providers. We know that inviting our partners to develop consistent processes together creates a uniform system better prepared to serve those in the MSHN region, at less cost, and with reduced administrative effort.

Much Accomplished; Forging Ahead

Together, our region's community-based providers, county-based Community Mental Health Service Programs, and the highly capable managed care professionals at Mid-State Health Network have collaboratively achieved excellence from every angle. It took all of us working together to reach the accomplishments offered in this annual review. And we are not done yet.

We are excited about a future that builds on successful public management of healthcare, balancing integrated care, cost containment, and population health in new and innovative ways. At MSHN, we strive to improve whole-person care that bolsters Michiganders in living their best possible lives with appropriate physical healthcare, transportation, housing, job training, and employment.

We are committed to keeping our ideas flowing and our doors open to new possibilities. We invite you to please contact us with yours – or with any questions you might have.

For questions about this report or inquiries related to MSHN, please contact:

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