Mid-State Health Network
October 2016 Board Newsletter

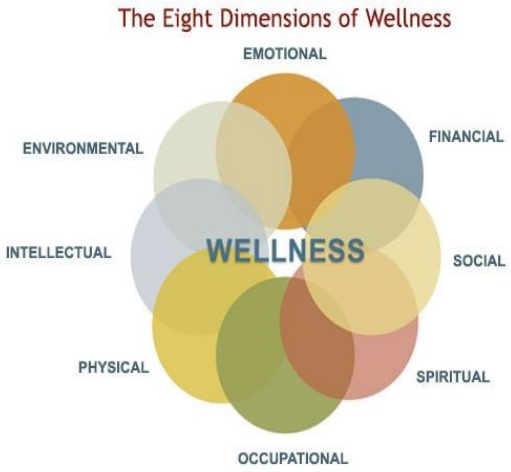
From the CEO's Desk

Joseph Sedlock
Chief Executive Officer

Eight Dimensions of Wellness

Social Wellness

In the last newsletter, we focused on emotional wellbeing. In this edition of our newsletter, we will highlight social wellness. Remember that wellness is defined as the presence of optimal physical and behavioral health, purpose in life; active involvement in satisfying work and play; joyful relationships; and happiness (Dunn, 1961).



Social wellness is a key dimension of overall wellness and is a key determinant of health. Social wellness directly relates to our ability to develop and maintain meaningful relationships with a network of friends, family members and others, and to contribute to community life. Developing relationships with those around us requires good communication skills, self-respect, respect for others and involves a variety of self-regulation and self-awareness skills.

Here are a few characteristics of good social wellness:

- Development of assertiveness skills not passive or aggressive ones.
- Balancing social and personal time.
- The ability to be who you are in all situations.
- Becoming engaged with other people in your community.
- Valuing diversity and treat others with respect.
- Continually being able to maintain and develop friendships and social networks.
- The ability to create boundaries within relationship boundaries that encourage communication, trust and conflict management.
- Remembering to have fun.
- Having supportive network of family and friends.

For some people who are living with mental illnesses, social wellness has been impaired due to the existence of their illness. Relationships have often been damaged and this results for many in social isolation and social exclusion. Loneliness and isolation contribute to despair, anxiety, depression and a variety of other behavioral and primary healthcare concerns.

A key part of the work of the behavioral health system is to aid the people we support in reconnecting with others - developing their natural supports networks. We work on behalf of all of those we support to decrease social isolation and exclusion; in short, to address stigma, so that the people can participate more fully in relationships with family, friends and others, and more fully engage in community life.

Please contact Joe Sedlock with questions or concerns related to the above information and/or MSHN Administration at joseph.sedlock@midstatehealthnetwork.org.

Organizational Updates

Amanda Horgan
Deputy Director

Welcome to MSHN's New Team Member

MSHN is pleased to announce that we have filled the Treatment Specialist position. Ashley Kniceley officially joined MSHN on October 11, 2016. She comes to us with many years of experience working at Washtenaw County Community Mental Health. Please join us in welcoming Ashley to the MSHN team!

Measurement Portfolio

In order to support a comprehensive approach to performance measurement, MSHN has developed a portfolio approach to ensure a well-balanced set of measurements, aligned with the region's strategic aims.

Having a well-balanced measurement portfolio and advanced analytic software is the initial step toward improving care through data driven decisions. MSHN, along with our CMHSP Participants and Substance Use Disorder Provider Network, will begin to refine current work to effectively incorporate this data. This will require action by individuals at all levels of the system including care coordinators, clinical supervisors, directors, PIHP functional leads, and executives.

MSHN's portfolio includes measures in the following categories:

- Screening and Monitoring for Common Comorbid Health Conditions
- Engaging Primary Care
- Acute Care Follow Up
- Alcohol Prevention and Intervention
- Management of ADHD

Click HERE for the full report which includes the measurements definitions.

Please contact Amanda Horgan with questions or concerns related to MSHN Organization and/or the above information at Amanda.horgan@midstatehealthnetwork.org.

Information Technology

Forest Goodrich
Chief Information Officer

Departmental Updates

As we wrapped up the effort to make sure all data reporting was complete for Habilitation Support Waiver, MDHHS put out a couple of reports from data submitted by regions, including MSHN, where we need to improve on some of the elements being reported that identify the person providing the service (Rendering Provider) and the organization that is billing Medicaid for the service (Billing Provider). MDHHS has provided further clarification on when they expect these values to be filled with certain information. Meanwhile, the Information Technology Council (ITC) has reviewed them and are working to make appropriate changes, to ensure data coming from MSHN will be as good as we can make it for actuary use.

The Managed Care Information System (MCIS) project is closer to an informed recommendation. We developed some follow-up questions for vendors and anticipate seeing functionality within organizations that are similar to how MSHN operates.

We are working with the Michigan Health Information Network (MiHIN) to develop two more uses of statewide data in the health information exchange that will assist our region. We are beginning the Medication Reconciliation Use Case as a PIHP pilot. This dataset supplies us with information from the hospital at discharge for a person we serve. For example, the data will include diagnosis at the time of discharge, medications prescribed during the stay, and labs ordered during the stay. The second use is working with MiHIN to pass credentials from MSHN users to CareConnect 360, and having those credentials meet MDHHS requirements so that our staff do not have to sign into multiple State systems.

We continue to develop and support a wide array of reports and reporting tools so that staff can be informed at all levels of the care process for the persons being served throughout the region.

Please contact Forest Goodrich with questions or concerns related to MSHN Information Technology at forest.goodrich@midstatehealthnetwork.org.

Finance News

Leslie Thomas
Chief Financial Officer

Departmental Updates

Finance staff are continuing their review of fiscal information from Substance Abuse Prevention and Treatment (SAPT) providers to ensure consumers receive better health, better care, and better value. A major component of the evaluation process includes continuous assessment of fiscal arrangement from a regional perspective, in order to serve consumers needing assistance. This process has involved a comprehensive review of annual plan submissions as well as follow-up meetings with

providers to address their concerns related to potential changes in funding arrangements. In addition, MSHN continues to communicate with providers regarding the impact of changes to financial arrangements and make adjustments as necessary to address significant negative fluctuations in revenue, to maintain valued services not easily defined by procedure coding.

Please contact Leslie Thomas with questions or concerns related to MSHN Finance at leslie.thomas@midstatehealthnetwork.org.

Utilization Management

Dr. Todd Lewicki, PhD, LMSW
Utilization Management & Waiver Director

Home and Community Based Service Transition Update

Mid State Health Network (MSHN) is about to begin Phase Two of surveying beneficiaries, family members/guardians, and residential and non-residential providers regarding the Home and Community Based Services (HCBS) Rule. In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a Final Rule on HCBS. HCBS are Medicaid services for persons with disabilities to assist them in living in their own homes and fully participating in community life. This survey helps to determine how the individual experiences services and supports and is able to participate fully in his or her community to the fullest extent possible relating to independence, choice, inclusion. There will be approximately 962 surveys sent to beneficiaries, family/guardians, residential, and non-residential providers. Once all responses are in, MSHN will begin taking steps to ensure HCBS Rule compliance for all beneficiaries, where there are discrepancies in survey responses with their service providers. This will generate analyses of provider outcomes, some of which will potentially result in corrective action plans geared toward ensuring the intent of the HCBS rule transition is met. The Developmental Disabilities Institute (DDI) is facilitating the survey process in partnership with the Michigan Department of Health and Human Services (MDHHS) and each of the Pre-Paid Inpatient Health Plans (PIHPs). DDI will be issuing education and outreach materials within the next week to assist in communication of the initiative, and can be accessed at DDI HCBS Transition. MDHHS also maintains a website on the HCBS transition process, located at MDHHS HCBS Transition.

Please contact Dr. Todd Lewicki with questions or concerns related to MSHN Utilization Management at todd.lewicki@midstatehealthnetwork.org.

Treatment & Prevention

Dr. Dani Meier, PhD, LMSW
Chief Clinical Officer

Clinical Team Activity

As we begin FY17, we're pleased to welcome Treatment Specialist Ashley Kniceley, formerly of Washtenaw County Community Mental Health. This new hire brings our team back to full strength for the first time since July. Despite being down a team member, the clinical team has been productive doing site reviews, reviewing

annual plans, developing and strengthening provider protocols, and trouble-shooting issues for individual providers.

Women's Specialty Services (WSS) within the provider network were recently expanded through Office of Recovery Oriented Systems of Care (OROSC) funding, which resulted in the addition of three providers for Enhanced Women's Services. The Treatment Team offered a WSS training event, which included presentations on gender-specific responses to trauma for women in SUD treatment and sleep disorders, and as well as new MDHHS funding related the program.

The provider network was strengthened due to training and certification of over 70 regional provider staff in Critical Incident Stress Management; a three-day course that equips participants with the tools needed to appropriately respond to individuals and communities in the wake of a traumatic event.

Prevention team activities included organization and facilitation of a three-day SUD prevention conference, which brought together prevention providers from throughout the region. The conference focused on wellness and ways that providers can help our consumers approach their health in a holistic way, reducing the risks associated with mental illness and addiction. The team also completed a Synar coverage survey of tobacco vendors, to ensure compliance with the prohibition on tobacco sales to minors.

Please contact Dr. Dani Meier with questions or concerns related to MSHN Clinical/Treatment and Prevention at dani.meier@midstatehealthnetwork.org.

Provider Network Updates

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

Delegated Managed Care/Program Specific Monitoring

MSHN staff continue to conduct Delegated Managed Care (DMC) Reviews of the CMHSPs. During the interim year, we are reviewing corrective action plans established by CMHSPs and approved by MSHN in 2016, in addition to compliance with new standards and BH-TEDS reporting. Ten out of twelve DMC reviews have been completed; all showing substantial or full compliance. New standards went into effect for FY16 which included staff training requirements, implementation of the 24/7/365 access standards, and autism/ABA requirements. Community Mental Health for Clinton, Eaton, and Ingham Counties (CEI), in its capacity as the QI/BH-TEDS/Encounter contractor, assessed each CMHSP's readiness for reporting BH-TEDS. The remaining two reviews will conclude in November. In 2017, MSHN will conduct its biennial full review of all DMC and program specific standards.

Monitoring of the region's substance use disorder (SUD) treatment and prevention providers continue, with a total of thirty-one site reviews completed and another eight scheduled to be completed by the end of the year. A full report will be available in the annual compliance report.

Psychiatric Inpatient Advocacy

In September, the Certificate of Need Commission (CON) took action on the proposed psychiatric bed special pool for individuals living with intellectual/developmental disabilities, geriatric psychiatric patients, and individuals with medical management requirements also needing inpatient psychiatric care. The proposal was for a total special pool of 170 beds based on a two percent formula in the proposed standards. CON has adopted a five percent special pool standard, two and one-half times higher than proposed. In part, this action was taken because applications from hospitals for beds within the special pool has already exceeded the originally calculated number of beds, even though the standards were in draft and had not yet been adopted. MDHHS will need to recalculate the allocation of beds across the three special adult populations and the two child populations, but expectation of beds available in the special pool will be 125 beds for adults in each of the three categories and 25 in each of the two child categories. This is very good news for the people supported by our system. The Commission should publish the final rule shortly.

The Commission has also taken the official position to recommend to the Joint Legislative Committee (JLC) and the Governor, the establishment of a Statewide Psychiatric Bed Registry system which can be accessed by medical and community mental health personnel. The specific communication from the Commission to the JLC will be forwarded when available.

Finally, the Commission will be recommending action to expand telepsychiatry in Michigan, specifically to practitioners licensed in other states, to practice (via telemedicine mechanisms) in Michigan. Specifics will be conveyed when they are available.

MSHN would like to thank each of our partner CMHSPs for their advocacy. Many letters from the Community Mental Health System were acknowledged by the Commission Chair; Karen Amon, from Bay Arenac Behavioral Health, and Joe Sedlock also provided testimony. We also want to recognize Dr. Kathleen Cowling, who chaired the psychiatric standards workgroup and who practices as an emergency room physician at Covenant HealthCare in Saginaw, for her advocacy and work to further the interests of persons served by the public behavioral health system.

Meanwhile, the pilot Psychiatric Inpatient Denial Data Collection phase ended on September 31, 2016. The region's CMHSPs have committed to continuing data collection through FY17. The Behavioral Health and Developmental Disabilities Administration (BHDDA) has expressed interest in expanding the data collection state-wide and has asked MSHN to submit a Health Innovation Grant request to provide ongoing support of the initiative. Grant recipients will notified within the next week.

- Psychiatric Inpatient Denial Data Collection Report for the period of March 1, 2016, through August 31, 2016, which indicates over 11,000 instances of denials.

Reciprocity

In addition to the PIHP Training Reciprocity Workgroup that was reported on in the August newsletter, a PIHP Monitoring and Credentialing Reciprocity Workgroup has been formed to develop a method to achieve reciprocity as it relates to provider monitoring and credentialing. The workgroup's initial focus is on developing a common

monitoring system for specialized residential and inpatient facilities. Feedback from providers is overwhelmingly positive and supportive of the workgroups charge.

For questions and concerns related to MSHN Provider Network Management, please contact Carolyn Watters at Carolyn.watters@midstatehealthnetwork.org.

Quality, Compliance & Customer Service

Kim Zimmerman
Director of Quality, Compliance and Customer Service

FY2016 Satisfaction Surveys

During Fiscal Year 2016, MSHN implemented several satisfaction surveys that were distributed by each of the Community Mental Health Services Participants (CMHSPs). Included in these surveys were the Youth Satisfaction Survey for Families (YSS-F), Mental Health Statistics Improvement Program (MHSIP) Survey, the Recovery Assessment Scale (RAS) Survey and the Recovery Self-Assessment Survey (RSA).

The YSS-F and the MHSIP are surveys that have been chosen to be completed on an annual basis by the Michigan Department of Health and Human Services (MDHHS). The completion of these surveys is voluntary and are completed during a pre-determined two-week period of time following detailed instructions provided by MDHHS. The MHSIP survey is distributed to consumers who receive services from the Assertive Community Treatment (ACT) Team and the YSS-F are distributed to the parent/guardian of the consumer receiving services from the Home-Based Services (HBS) Team. Both surveys use a 5-point scale (score of 1 meaning strongly disagree and a score of 5 meaning strongly agree) for scoring the responses. The MHSIP includes the following seven domains: general satisfaction, access to care, quality of care, participation in treatment, outcomes of care, functional status and social connectedness. The responses for the MHSIP revealed that consumer satisfaction was highest within the region in the domains of "Perception of Participation in Treatment", "Perception of Access" and "General Satisfaction." The YSS-F includes the following six domains: quality and appropriateness (satisfaction with service), access to care, family participation in treatment planning, outcomes of care, cultural sensitivity of staff, and social connectedness. The responses for the YSS-F revealed that consumer satisfaction was highest in the domains of "Perception of Access," "Perception of Cultural Sensitivity," and "Perception of Participation in Treatment."

The Recovery Assessment Scale (RAS) was developed as a voluntary outcome measure for program evaluations. Based on a process model of recovery, the RAS attempts to assess aspects of recovery with a special focus on hope and self-determination. The tool is distributed to adult consumers with a diagnosis of mental illness, to assess the perceptions of individual recovery. All items are rated using the same 5-point scale that ranges from 1 ("strongly disagree") to 5 ("strongly agree"). The RAS includes the following three domains: personal recovery, clinical recovery and social recovery. The outcomes for MSHN showed an improvement in the average score for the personal recovery domain from FY15 to FY16 and showed a slight decrease in the average score for the clinical recovery domain (decrease of 0.04%) and the social recovery domain (decrease of 0.325).

The Recovery Self-Assessment Survey (RSA) is a self-reflective tool designed to identify strengths and target areas of improvement, as agencies and systems strive to offer recovery-oriented care. The RSA is a voluntary survey completed by supervisors representing all CMHSP programs that provide services to adults with a Mental Illness diagnosis. All items are rated using the same 5-point scale that ranges from 1 ("strongly disagree") to 5 ("strongly agree"). The RSA contains six subcategories that include the following: invite, choice, involvement, life goals, individually tailored services and diversity of treatment. The outcomes for MSHN showed an increase in all subcategories from FY15 to FY16 with the exception of "involvement," which showed a slight decrease of 0.28%.

The results of these surveys are reviewed on an ongoing basis by the Quality Improvement Council (QIC) and the Regional Consumer Advisory Council (RCAC) to determine possible region-wide improvement efforts as well as identification of any trends that have occurred from year to year. The results are also compared to state and national averages, as available. The areas of improvement will focus towards the domains with the lower average scores (based on the regional average of all scores), and those domains that have shown a decrease from the previous years. Each CMHSP also reviews their local results for areas of improvement at the local level.

The summary reports for all of these surveys are located on the MSHN website at the following link: http://www.midstatehealthnetwork.org/performance.php.

For questions and concerns related to MSHN Quality, Compliance and Customer Service, please contact Kim Zimmerman at kim.zimmerman@midstatehealthnetwork.org.

Mid-State Health Network (MSHN) exists to ensure access to high-quality, locally-delivered, fiscally responsible, and effective behavioral healthcare that promotes recovery and resiliency.

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