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| **MSHN Provider Advisory Committee (PAC)** **5.10.2021 Meeting Agenda** **Key Decisions and Required Action** **DATE: 5.10.21 – 1:00 – 3:00 p.m.****Zoom link ~** https://us02web.zoom.us/j/81518848412?pwd=MnNGeHUwRTFWNGc2MEJjV1llREpoQT09**Passcode:** 971700**Meeting ID:** 815 1884 8412**PURPOSE:** MSHN’s SUD Provider Advisory Committee is charged with serving in an advisory capacity to offer input to MSHN regarding SUD policies, procedures, strategic planning, monitoring and oversight processes, to assist MSHN with establishing and pursuing state and federal legislative, policy and regulatory goals, and to support MSHN’s focus on evidence-based, best practice service and delivery to persons served. |
| **Attendance (Providers):** |  | **MSHN Reps** | **Other MSHN Staff** |
| [x]  Nichole Kosten (Chair) [x]  Mary Ellen Johnson[ ]  Richard Simpson[ ]  Daphne Hamburg[ ]  Shannon Douglas | [ ]  Matt Mitchell[x]  Tonya Evans[x]  Kim Thalison[x]  Patti Tygre[x]  Rebecca Steenbergh | [x]  Jill Worden [ ]  Kate Flavin[x]  Shannon Myers[ ]  Melissa Davis | [x]  Dani Meier[x]  Carolyn Tiffany[x]  Joseph Sedlock[ ]  Sandy Gettel  |
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| **AGENDA ITEM** | **KEY DECISIONS** | **ACTION REQUIRED** |
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| **Introductions/Member Updates** | N/AAdditional attendees- Emmy Ellis and Jan Maino (ASAM Update) | By Whom: Nichole/All |  | By When: N/A |  |
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| **Review & Approve Previous Minutes and Agenda** | -No additions to the agenda.-No additions to the previous meeting minutes.  | By Whom: Nichole/All |  | By When: N/A |   |
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| **Update on COVID-19 Block Grant Funding**   | Jill provided update that MDHHS has submitted plan to SAMHSA but there is not an update from them to let us know if it was approved. Kim Thalison- Hopes there is flexibility with the funds to meet needs we may not anticipate. Many children have been out if school for ¾ of the years. She imagines there will be needs for vaping and marijuana intervention. We do not know what we do not know. Not sure if this will be an intervention or treatment need. It is hard to predict since there are so many unknowns.Joe Sedlock- We have received the talking document from the department for prevention funds. However, we do not know if all these items were included in the submission to SAMHSA. MSHN is not sure what we will receive or how it can be used. MSHN is advocating for the needed funds. As soon as MSHN receives any information from the state about the BG grant funds we will share it with the network. In the meantime, if providers have gaps where the funding can be used, please send to Jill. There are no funding guarantees, but MSHN will try to advocate for the needed areas.  | Bay Whom: Jill/AllMSHN will send updates to the provider network as soon as the information is received from the state. Providers send any known funding gaps/needs to MSHN. |  | By When: OngoingOngoing |  |
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| **Group Discussion/Brainstorming on Hiring and Staffing**  | Provider shared regional concerns:* Patti Tygre- CEI has a staffing delay with hiring people. They are also short staffed from COVID and health issues.
* FSCA- they are down staff and having difficulty with getting resumes from qualified people.
* Nichole- Arbor Circle is having difficulty staffing their Newaygo office. They have many people who come from college. They typically stay about 2 years then leave to try new things. One of the main complaints have been the paperwork required for funding are more intense than private practice. They are a rural provider, and a lot of people don’t want to commute. They have used telehealth to support gaps.
* Mary Ellan Johnson- Saginaw is having problems with hiring as well. They have worked hard to increase benefits and changed policies to make them more competitive. They keep management down to have more people work with children. Many jobs feel dead end for staff there aren’t many places for people to move up.

Jill requested prevention specific questions be sent to her and she will send them to the whole prevention network for ideas to support staffing. Dani shared this is a system wide issue that has gotten worse with the pandemic. Requested ideas providers have used to improve staffing:* Nichole- Shared ideas to have people to take leadership for their roles and the area they work over. This has helped with retention.

Discussed if there were any barriers with SUD credentials- Consensus was this does not appear to be a barrier as they can get temporary privileging from MSHN and development plan until they can get full MCBAP credentials (CAADC, CADC, etc.)Joe shared BHDDA, LARA and another agency are forming a work group that is focused on work force shortages in the state. Once the group is formed MSHN will provide details to how to contact people on the work group to share concerns and issues.  | By Whom: Nichole/AllProvider will share work force concerns with the state level work group once it is formed. Prevention Providers- Send staffing concerns to Jill Jill- Will integrate prevention staffing concerns throughout the network and request ideas that have supported staffing retention with prevention providers. MSHN- Will share the contacts for the state work group that is being developed to address staffing with this group and he network as soon as it has that information.  |  | By When:Ongoing30 days60 daysAs soon as the information is provided to MSHN.  |  |
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| **ASAM Training Update** | Jan shared PCE systems is already testing and getting ready to demo the ASAM Continuum on their platform. There will be a button that launches ASAM Continuum that will take clinicians to a secure platform to complete the assessment. Two reports will be generated. They will be automatically downloaded to PCE. These are the only two things that will be able to be saved. If you want to save them on your system, this will be reviewed.ASAM Continuum Trainings:1. PCE training for the user interface within REMI
2. ASAM Training 1- Four hours of self-paced training online. This will be monitored by ASAM.
3. ASAM Training 2- Sign up for one of twenty sessions. They will be virtual. This will be to demonstrate how to navigate the ASAM Continuum. Training team will address adolescent adaptations so ASAM could be used for adolescents.  Will also addressing co-occurring mental health diagnosis since the assessment will not produce a COD/MH diagnosis.

Once the assessment is marked final it will become a PDF and will not allow any other edits. It is very important to capture co-occurring needs and other comments in the assessment prior to marking it as final. CMHA will be providing the training and will send it out information on dates/times. CEUs will be provided. Training dates will be released in early June. Space will be limited so it is imperative to attend the session that is signed up for. It is highly recommended to sign up for an early session to ensure you get to complete it. Patti requested that this be able to integrate into their EMR. Jan shared that it is being done in REMI as most PIHPs use PCE. This will allow less financial commitment and a smoother roll out. If a provider wants to pursue this, it will likely be in the following fiscal year once it has been rolled out and data collected. Jan stressed there will not be a financial commitment from MSHN or the MDHHS to help with the cost. This would be future development and the cost would be on the provider.  | By Whom: Jan Maino will share training dates from CMHA once they are available.Jan will continue to provide updates as they are available.  |  | By When: Ongoing |  |
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| **298 reboot – Integration update**  | There are currently two different suggestions out there:1. Reviewed “Gearing Toward Integration Report.” The report calls for full integration of physical, behavioral and SUD. The plan eliminates PIHPs. It creates relationship with health plans and MDHHS directly then they would contract down. Report does not include the recommendations from the 298-work group.
2. ASO-Calls for a single not for profit. It looks like Blue Cross Blue Shield would be the only agency that could likely meet it.

Recommend signing up for action alerts from the CMHA to know about advocacy efforts in the state.No legislation has been introduced for either item yet. There are questions around; if they will be introduced, if they are introduced will they be the same, or will they be changed. Social welfare act and the mental health code is how they would make these changes. Substance abuse disorder treatment and prevention are governed by the public health code and there has not been any talk about changing is. If anyone would like copies of these in their original form, please let Joe know and he will send them out. No one knows if there is any word or recommendations from the governor’s office regarding either proposal. Not sure if her office will share an opinion once an actual bill is introduced. The “Gearing Toward Integration” proposal uses terms the governor’s office used (SIP, etc.) but they do not have the same applicability as they did in the original 298 discussions. They are supposed to have a meeting with director Hertel. They have asked for her about the governor’s position on these two items but are not sure if she will respond.  | By Whom: Joe Sedlock/MSHN will provide updates as they receive them.Providers can sign up for the CMHA action alerts to get notices on advocacy needs.  |  | By When: OngoingOngoing |  |
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| **Provider Stabilization Update** | MSHN provides services to 18% of Medicaid population in the state and has provided 23% of the state’s provider stabilization. Almost $2.4 has been provided to the SUD network through March. This does not include PPE, staffing support or the direct care increase. Joe encouraged all providers ask for what you need. We want to support you though the pandemic and beyond. Please share any needs that you have. Though there is a BG reduction we want to understand needs and assist meeting them where we can.  | By Whom: Joe SedlockProviders- Submit any needs for support to MSHN |  | By When:Ongoing |  |
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| **FY22 Provider Manual and Contract Changes** | Carolyn shared the process for the annual updates to contract and provider manual. Internal review by MSHN staff, then reviewed by SUD PAC, once have PAC review it is sent to the whole network. This is usually completed by the end of June. Once we receive MDHHS contract we would add any state required items in the contract. Carolyn shared the biggest highlights from the change log. Change log and tracked changes documents are in the meeting folder for review by everyone. Training grid- no changes recommended  |  By Whom: Carolyn TiffanyProviders- send any questions comments or concerns related to the changes to Carolyn.  |  | By When: 2 weeks (5/24/2021) |  |
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| **2022 Annual Plans (Treatment, Recovery, Prevention/Community Recovery.)** | Treatment Annual Plans started at the end of April and will be completed through the beginning of June. Cost reimbursed budgets need to be sent to Trisha Thrush by 6/1/2021. Treatment provider questions are being reviewed as they come up during the annual planning process. If there are any questions about the annual plan process, please reach out directly to the treatment specialist that you work with. Prevention and Community Recovery have sent out their annual plan packets. Site visits also being completed now for prevention providers. The prevention team tried to ensure that site revies are not at the same time as annual plans. Prevention asked budgets remain the same from FY21 to FY22. Providers can change line items amount so long as the total is the same.  |  By Whom: Jill/Shannon |  | By When: |  |
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| **CAIT License**  | Waiting to hear from the state how this will impact prevention and recovery providers. They are working to revise the CAIT license. CAIT licenses no longer needed for government agencies (RESAs, health department, police department, CMHSP, etc.)MCBAP board has brought up the discussion to have their own certification/license for prevention providers to maintain integrity to the field. These talks are progressing slowly and there is not an update. We will share any updates that we receive when we receive them. Joe s shared there was not an update from the state last week at the meeting.If there are any questions send to Jill.  | By Whom: Jill Providers send any CAIT license questions to Jill.MSHN will provide an update once we have it from the state.  |  | By When:  |  |
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| **Satisfaction Survey** | Carolyn will bring Satisfaction Survey results once the final report is drafted. She will send it in advance with a draft action plan. Please review the report prior to the next meeting and be prepared to discuss and have ideas to help us improve.  | By Whom: Carolyn- will send the finalized reportProviders- please review before next meeting |  | By When: |  |
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