Mid-State Health Network

Board of Directors Meeting ~ January 11, 2022 – 5:00 p.m.

Board Meeting Agenda

THIS MEETING WILL BE HELD AT A PHYSICAL LOCATION WITH APPROPRIATE SOCIAL DISTANCING AND/OR MASKING REQUIREMENTS

Best Western Okemos/East Lansing Hotel & Suites
Stadium Room
2209 University Park Dr.
Okemos, MI 48864

MEMBERS OF THE PUBLIC AND OTHERS UNABLE TO ATTEND IN PERSON CAN PARTICIPATE IN THIS MEETING VIA TELECONFERENCE
Teleconference: (Call) 1. 312.626.6799; Meeting ID: 379 796 5720

1. Call to Order
2. Roll Call
3. **ACTION ITEM:** Approval of the Agenda

   Motion to Approve the Agenda of the January 11, 2022 Meeting of the MSHN Board of Directors
4. Public Comment (3 minutes per speaker)
5. **ACTION ITEM:** CMHAM Special Assessment *(Page 6)*

   Motion to direct the MSHN Chief Executive Officer to pay a special assessment of dues for the 2022 fiscal year in the sum of $20,000 (twenty thousand dollars) to the Community Mental Health Association of Michigan to enhance the Association's public education and advocacy activities.
6. Chief Executive Officer's Report *(Page 11)*
7. Deputy Director's Report *(Page 31)*
8. Chief Financial Officer's Report

   8.1 Financial Statements Review for Period Ended November 30, 2021 *(Page 35)*

   ACTION ITEM: Receive and File Preliminary Statement of Net Position and Statement of Activities for the Period ended November 30, 2021

   8.2 FY21 Block Grant Utilization and Spending *(Page 42)*
9. **ACTION ITEM:** Contracts for Consideration/Approval *(Page 45)*

   The MSHN Board of Directors Approve and Authorizes the Chief Executive Officer to Sign and Fully Execute the FY 2022 Contracts, as Presented on the FY 2022 Contract Listing
10. Executive Committee Report
11. Chairperson's Report

MSHN
Mid-State Health Network

Our Mission:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members

Our Vision:

To continually improve the health of our communities through the provision of premiere behavioral healthcare & leadership. MSHN organizes and empowers a network of publicly funded community partnerships essential to ensure quality of life while efficiently, and effectively addressing the complex needs of the region's most vulnerable citizens.

****

Board of Directors Meeting Materials:
Click **HERE**
or visit MSHN's website at:
HTTPS://MIDSTATEHEALTHNETWORK.ORG/STAKEHOLDERS-RESOURCES/BOARD-COUNCILS/BOARD-OF-DIRECTORS/FY2022-MEETINGS

****

Upcoming FY22 Board Meetings

Board Meetings convene at 5:00pm unless otherwise noted

March 1, 2022
Best Western Okemos
2209 University Park Drive
Okemos, MI 48864

May 3, 2022
Location to be determined

July 5, 2022
Location to be determined

September 13, 2022
Location to be determined

****

Policies and Procedures
Click HERE or Visit
https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies

12. **ACTION ITEM:** Consent Agenda

    Motion to Approve the documents on the Consent Agenda

    12.1 Approval Board Meeting Minutes 11/02/21. *(Page 47)*
    12.2 Receive SUD Oversight Policy Board Minutes 06/16/21 *(Page 52)* and 10/20/21. *(Page 56)*
    12.3 Receive Board Executive Committee Minutes 12/17/21. *(Page 60)*
    12.4 Receive Operations Council Key Decisions 11/15/21 *(Page 62)* and 12/20/21. *(Page 64)*

13. Other Business

14. Public Comment (3 minutes per speaker)

15. **ACTION ITEM:** CEO Performance Evaluation Results *(Page 66)*

    Motion to receive and file the 2021 MSHN Chief Executive Officer Performance Evaluation Results

16. Adjourn

MSHN
Mid-State Health Network

FY22 MSHN Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	Appointing CMHSP	Term Expiration
Anderson	Jim	jdeweya@yahoo.com		989.667.1313	989.327.0734	BABHA	2022
Bohner	Brad	bbohner@tds.net		517.294.0009		LifeWays	2022
Brehler	Joe	jbrehler@sprynet.com		517.882.7491	517.230.5911	CEI	2022
Cadwallender	Bruce	bcadwall@umich.edu		517.703.4223		Shia Health & Wellness	2024
Cierzniewski	Michael	mikecierzniewski@yahoo.com		989.493.6236		Saginaw County CMH	2023
Colton	Craig	johnniec15@hotmail.com		989.912.0312		HBH	2023
DeLaat	Ken	kdelaat1@aol.com		231.414.4173		Newaygo County MH	2023
Griesing	David	davidgriesing@yahoo.com		989.823.2687		TBHS	2024
Grimshaw	Dan	midstatetitlesvcs@mstsinc.com		989.823.3391	989.823.2653	TBHS	2023
Hicks	Tina	tmhicks64@gmail.com		989.576.4169		GIHN	2024
Holman	Dianne	dianne@workingbugs.com		517.908.9951	517.333.6880	CEI	2022
Johansen	John	j.m.johansen6@gmail.com		616.754.5375	616.835.5118	MCN	2024
Johnson	Steve	saj1950@comcast.net		231.349.6979		Newaygo County MH	2022
Ladd	Jeanne	stixladd@hotmail.com		989.634.5691		Shia Health & Wellness	2024
Matelski	Rhonda	rhondam2374@gmail.com		989.269.2374		HBH	2023
McFarland	Pat	pjmcfarland52@gmail.com		989.225.2961		BABHA	2023
McPeek-McFadden	Deb	deb2mcmail@yahoo.com		616.794.0752		The Right Door	2024
Nyland	Gretchen	gretchen7080@gmail.com		616.761.3572		The Right Door	2022
O'Boyle	Irene	irene.oboyle@cmich.edu		989.763.2880		GIHN	2023
Peasley	Kurt	peasleyhardware@nethawk.com		989.560.7402	989.268.5202	MCN	2024
Phillips	Joe	joe44phillips@hotmail.com		989.386.9866	989.329.1928	CMH for Central	2022
Raquepaw	Tracey	tl.raquepaw@icloud.com	raquepawt@michigan.gov	989.737.0971		Saginaw County CMH	2022
Scanlon	Kerin	kscanlon@tm.net		502.594.2325		CMH for Central	2022
Woods	Ed	ejw1755@yahoo.com		517.392.8457		LifeWays	2024

MSHN
Mid-State Health Network

Open Meetings Act, 1976 PA 267 Modifications
Effective January 1, 2022

Effective 01/01/2022, the only legal basis for a member of a public body to participate in a meeting via telephonic or video conferencing as a member of the public body (i.e., to vote, to be counted toward a quorum, or to deliberate toward a decision), is if that member is absent due to military duty. This modification eliminates the previously permissive practice of a public body allowing its members to participate and vote remotely if a physical quorum was present.

This change to the Open Meetings Act (OMA) may require an amendment to the current MSHN Bylaws, specifically the below section:

> 4.12 **Quorum and Voting**. The presence of thirteen (13) members of the Board of Directors shall constitute a quorum for the transaction of business by the Entity Board. Actions voted on by a majority of Entity Board members present at a meeting where a quorum is present shall constitute authorized actions of the Board, excepting, however, to adopt a budget, to hire/fire/discipline the CEO or to recommend changes to the Bylaws or Operating Agreement, it shall require thirteen (13) votes. Board members are considered present for the purposes of voting if they are physically present during the meeting or are present via telephone, teleconference, videoconference, or other similar means, through which all Board members participating can communicate with each other, for the entire duration of the discussion which is the subject of the motion and/or vote, subject to the following requirement:
>
> > A. Physical Presence. A Board member may participate in a Board meeting without being physically present only if a quorum of the Board of Directors is physically present at a duly constituted Board meeting.

MSHN Attorney, Timothy Perrone, recommends waiting until pending OMA legislation is resolved before initiating an edit to the MSHN bylaws. MSHN Administration will continue tracking these developments and report out when the OMA legislation is finalized and/or when MSHN Attorney Timothy Perrone advises to move forward. Please see the following page with the communication from MSHN Attorney Timothy Perrone.

COHL, STOKER & TOSKEY, P.C.
ATTORNEYS AND COUNSELORS
601 NORTH CAPITOL AVENUE
LANSING, MICHIGAN 48933
(517) 372-9000

SHAREHOLDERS
PETER A. COHL
DAVID G. STOKER
BONNIE G. TOSKEY
ROBERT D. TOWNSEND
TIMOTHY M. PERRONE
MATTIS D. NORDFJORD
GORDON J. LOVE

ASSOCIATES
COURTNEY A. GABBARA
SARAH K. OSBURN
CHRISTIAN K. MULLETT
DONALD J. KULHANEK

OF COUNSEL
RICHARD D McNULTY

IMPORTANT CLIENT UPDATE

The Michigan Legislature enacted and the Governor signed Senate Bill 1246 as 2020 Public Act 254, which modified the Open Meetings Act, 1976 PA 267 (OMA), effective last December 23, 2020. These revisions were made to address the continuation of remote attendance to meetings open to the public.

Specifically, public bodies were allowed to hold wholly or partly electronic meetings by telephonic or video conferencing through December 31, 2021, to accommodate members of the public body absent due to (a) military duty, (b) a medical condition, or (c) a statewide or local state of emergency or state of disaster declared pursuant to law or charter or local ordinance by the governor or a local official, governing body, or chief administrative officer that would put the personal health and/or safety of the public body or members of the public at risk if held in person.

However, ***effective January 1, 2022***, the only legal basis for a member of a public body to participate in a meeting via telephonic or video conferencing as a member of the public body (i.e., to vote, to be counted toward a quorum, or to deliberate toward a decision), is if that member is absent due to military duty. This amendment to the OMA eliminates the previously permissive practice of a public body allowing its members to participate and vote remotely if a physical quorum was present. (A public meeting could still have a partial "hybrid" remote component at the public body's option to allow members of the public and/or staff to attend and participate remotely if they can be heard by all persons attending the meeting. However, during such a hybrid meeting, board members *must* be present to be counted as part of the quorum, to vote, and to otherwise participate in a meeting as a member of the public body.)

County Boards of Commissioners and other public bodies are encouraged to modify their Bylaws, Board Rules, and procedures as needed to be consistent with the OMA, as amended.

Should you have questions or require assistance, please do not hesitate to contact our Office.

Cohl, Stoker & Toskey, P.C.
601 N. Capitol Ave.
Lansing, MI 48933
(517) 372-9000

November 29, 2021

MSHN
Mid-State Health Network

Community Mental Health Association of Michigan's (CMHAM) Voluntary Special Assessment to support expanded advocacy work

Background

The attached fact sheet provides details from the Community Mental Health Association of Michigan's ("Association") proposal and request that our organization (and all other CMHSPs and PIHPs) make a voluntary payment to CMHAM early in FY 2022. The funds received by CMHAM, through this special assessment, will be used to strengthen what is already a sophisticated and multi-component advocacy capacity and is more fully described in the attached document. This strengthened advocacy capacity is needed now to match the level of threats and opportunities faced by the state's CMHSPs and PIHPs and those whom we serve. The Association is suggesting a PIHP contribution of 4 times the PIHPs fees to CMHAM ($20-25,000).

PIHP-Related Considerations

- Questions have been raised about the allowability of the use of Medicaid for the purposes described, including by MSHN.
    - While the description of the uses of the special assessment are varied, the description includes lobbying the legislature and administration. This use of funds caused CMHSPs and PIHPs, which are prohibited from lobbying, to question whether a contribution could be made.
    - In response, the association and others have made the valid point that almost all membership organizations include some form of lobbying as a benefit or feature of membership in that organization. The Association has been engaged in lobbying since its inception, and this work (among the other work performed by the Association) has been supported with dues, a part of which are Medicaid funds.
    - MSHN has consulted with our auditors, and while questions have been raised about whether the expense is allowable, MSHN believes a membership fee is an allowable expense (as it is for all other organizational memberships).
    - If the expense were unallowable, MSHN's only source to cover the cost would be as a deduction from regional distribution of earned Performance Incentive Bonus payments (which are projected to be about $4.5M) that by provisions in our Operating Agreement must be distributed to CMHSP Participants in the region.
- PIHPs do not currently pay membership dues to the Association. PIHPs pay fees associated with consumption of certain resources only.
    - The special assessment would be treated and invoiced by the Association as "dues".
    - The MSHN Board, on the founding of the PIHP, was opposed to MSHN paying dues to the Association. The argument at that time was that the payment of dues by the PIHP would be redundant to the dues paid by the CMHSP Participants because the funding came from the PIHP.
- MSHN Administration (and other PIHPs) have been critical of, and raised questions about, the extent to which Association advocacy includes PIHPs and regional interests.
    - MSHN has advocated for different approaches within the Association advocacy strategy that more strongly features PIHP performance and interests.

  - A strong point should be made that now, in the midst of the most serious threats to the services and supports needed by beneficiaries and the systems that exist to serve them, is not the time to argue over or nit-pick strategy.
  - Now is the time for a unified, full court press designed to defeat the threat and enlist public participation in doing so.
  - PIHP participation is also the best way to ensure representation of the substance abuse prevention, treatment and recovery community.
- CMHAM activities initiated under the fund will be guided by input from a CMHAM committee that includes representation from its Board and member providers, PIHPs and CMHSPs.
  - CMHAM has indicated that it will provide regular updates to the membership about how funds were used (categorically, i.e., "billboards", marketing materials, public education campaigns, etc.).
- MSHN expects to lapse to MDHHS tens of millions in excess revenue for last fiscal year and is projecting revenues to be above expenses for the region in the current fiscal year.
- The Association has, and will continue to, publish(ed) the names of organizations contributing to the special assessment fund (but not the amount contributed). To date, the list includes about 15 CMHSPs and 2 PIHPs, although board action is pending in many CMHSPs and PIHPs.
  - Inclusion of an organization on this list carries a message of support of the Association and its positions, including its opposition to the system redesign proposal(s).
  - Non-participation (exclusion (or omission) of an organization from this list) also carries several messages that may not be in the interests of MSHN and could subject MSHN to unintended consequences (such as, but certainly not limited to, criticism that, by most measures, the most financially successful PIHP isn't participating).
  - Non-participation also works against or defeats some of the other arguments made in this motion summary, including the need for a collective impact to address and hopefully defeat the most serious threats facing the public behavioral health system.
- MSHN policies permit the Chief Executive Officer to authorize expenditures of $25,000 or less, so administration could make a decision to proceed on that basis. Given the issues described, MSHN believes that the board itself should make this decision to support a contribution to the special assessment fund (or not) and if so, at what amount. The recommendation of the MSHN Executive Committee follows:

Recommended Motion:

The Mid-State Health Network Board of Directors Executive Committee recommends adoption of the following motion by the full MSHN Board:

> Motion to direct the MSHN Chief Executive Officer to pay a special assessment of dues for the 2022 fiscal year in the sum of $20,000 (twenty-thousand dollars) to the Community Mental Health Association of Michigan to enhance the Association's public education and advocacy activities.

Attachment: Association Special Assessment Summary

12/21/2021 (JPS)

Community Mental Health Association's Voluntary Special Assessment to support expanded advocacy work

November 2021

SUMMARY: This fact sheet proposes that our organization make a voluntary payment to CMHA, early in FY 2022, in response to a Voluntary Special Assessment by CMHA. The funds received by CMHA, through this special assessment will be used to strengthen what is already a sophisticated and multi-component advocacy capacity. This strengthened advocacy capacity is needed now to match the level of threats and opportunities faced by the state's CMHs and PIHPs and those whom we serve.

BACKGROUND: During its meeting on November 12, the CMHA Steering Committee, by a unanimous vote, supported the issuance, by CMHA, of a **Voluntary Special Assessment** of its CMH and PIHP members.

PURPOSE OF VOLUNTARY SPECIAL ASSESSMENT: The purpose of this special assessment (in which participation is voluntary on the part of each CMH and PIHP) is to provide a significantly increased level of funding for CMHA's advocacy work – **an increase designed to match the level of threats and opportunities faced by the state's CMHs and PIHPs and those whom we serve.**

These increased dollars would be used, as your dues and fees to CMHA are currently used, to fund the advocacy, government affairs, and media/public relations work of CMHA - but with greater intensity and reach.

The legal and accounting bases for your supporting this special assessment are no different than those for the dues and fees that you have traditionally paid to CMHA- **thus allowing the use of any funding source (Medicaid, GF, local, earned revenue, etc.) to be used to pay this special assessment**.

PAST ADVOCACY-FOCUSED SPECIAL ASSESSMENTS: You may remember that CMHA issued a special assessment, several years ago, when the initial privatization threat (via Section 298) was faced by our system. That special assessment was used to fund the advocacy capacity that currently exists within CMHA.

BUILDNG ON CURRENT CMHA ADVOCACY CAPACITY: CMHA's current advocacy capacity (used in the past and currently depending upon the issue) is made up of the following components:

- Social media campaigns
- Electronic Action Alerts
- Media relations including guest editorials
- Development of coalitions and partnerships with allies across the state
- Legislative relations (carried out by CMHA staff and CMHA's multi-client lobbyists) including dialogue with legislators and targeted contributions from the CMHA Advocacy Fund to the corporate accounts of legislators
- Dialogue with executive branch leaders
- Policy and fiscal analysis (sometimes captured in white papers)

Note that PAC contributions, by CMHA, do not use CMHA funds nor member dues and will not use the funds collected through this special assessment.

Community Mental Health Association's Voluntary Special Assessment to support expanded advocacy work

EXAMPLES OF ADVOCACY WORK THAT WILL BE MADE POSSIBLE WITH SPECIAL ASSESSMENT: The funds collected through the Voluntary Special Assessment will be used to build upon the advocacy tools of CMHA by expanding their intensity and reach. Examples of this increased intensity and reach include:

- High profile social media advertisements
- Much stronger social media presence with "boosting" payments to social medial sites
- Development of professional videos, for use in a number of media formats and venues,
- Public opinion polls, with large sample of respondents
- Petition drives
- Full-page newspaper advertisements highlighting advocacy points and/or list of large and growing number of groups in support of CMHA stance
- Billboards
- Contributions (in addition to PAC fund) to elected officials who support CMHA stance
- Television and radio spots
- Targeted mailings and/or e-mails

APPROXIMATE SIZE OF SPECIAL ASSESSMENT: CMHA is working to draw together, through this special assessment, a public education and media relations fund of size – a size to compete in the public arena, with those who spend, at last count, 27 times what our association, members, and allies spend on such efforts.

To build this fund in a way that is roughly proportional to the size of the budgets of CMHA member organizations we are suggesting (only suggesting; you know your budget best) that any of the following be used (or any other method that your organization chooses) to get a sense of the size of the special assessment that each member consider contributing (**A reminder that this contribution is voluntary, with the amount given, if any, being determined by the CMHA member organization**):

- CMH members: Some ways to think through your organization's contribution:
  - A voluntary contribution equal to the CMH's dues to CMHA
  - A percentage (0.5%, 1%, 2%) of the CMH's budget
- PIHP members: Some ways to think through your organization's contribution:
  - A voluntary contribution equal to 4 times the PIHP's fees to CMHA
  - A percentage (0.5%, 1%, 2%) of the PIHPs budget

MECHANICS OF VOLUNTARY SPECIAL ASSESSMENT: Because of the voluntary nature of this special assessment, the mechanics differ from the traditional dues and fees invoicing process. The process that is being used for this special assessment is outlined below:

1. The request to participate in this special assessment is made by CMHA
2. Our organization reviews its ability to contribute to CMHA, through this special assessment, and indicates our willingness to contribute to the special assessment and the amount for which CMHA should invoice our organization. **CMHA has asked that this notification be provided to CMHA by our organization by December 31, 2021**. Of course, earlier notification is greatly appreciated by CMHA.
3. CMHA sends our organization an invoice in the amount that you have indicated in this survey.
4. Our organization pays the invoice.
5. CMHA implements the expansion of its public education and media relations work related to the most serious threats and opportunities facing CMHA members and those whom we serve.

Community Mental Health Association's Voluntary Special Assessment to support expanded advocacy work

RECOMMENDATION: That (name of your CMH or PIHP) authorize the payment of $xxxxx to CMHA in response to CMHA's Voluntary Special Assessment. These funds are intended to be used by CMHA to strengthen its marketing and advocacy work.

MSHN
Mid-State Health Network

REPORT OF THE MSHN CHIEF EXECUTIVE OFFICER
TO THE MSHN BOARD OF DIRECTORS
November/December 2021

PIHP/REGIONAL MATTERS

Announcement from MDHHS:

MDHHS leadership has announced that BHDDA Senior Deputy Director Allen Jansen is on extended leave and that until he returns, the Acting Senior Deputy Director is Jeffrey Wieferich.

1. COVID-19 MSHN Internal Operations Status:

- MSHNs suite of four offices within the Michigan Optometric Association (MOA) building have been closed since March 16, 2020.
- All MSHN personnel remain engaged in the work of supporting our region, its providers, and beneficiaries. All MSHN personnel are working from remote locations 100% of the time, except for three employees, Sherry Kletke (Executive Assistant) and Traci Fisher (Office Assistant) who are office-based and Linda Manser (SIS Assessor) who is field based.
- Mid-State Health Network internal operations will continue to be performed and conducted via away from office (remote) work arrangements for an indeterminate period, for all employee classifications unless specific operational or business requirements mandate that a specific employee or group of employees be deployed for in-person work at either the MSHN office location(s) or at provider or community-based site(s). We remain in regular communication directly with MSHN staff and through leadership team members.
- MSHN is engaged in the process of evaluating the conditions for a return to office-based work, continuation of remote-based work, or a hybrid arrangement, based in part on information gathered from an employee and a provider survey of preferences and considerations. Given the current surge/spike, MSHN is projecting that it's plan will be ready for release at the end of March 2022. MSHN intends to give employees and providers several months' notice of any individual, departmental or organizational change in operating posture and parameters.

2. MSHN Regional Operations Status:

- CMHSPs: All CMHSPs in the region remain functional and capable of delivering all essential services and supports to beneficiaries, families, and communities. CMHSPs in the region are at various tiers and in various stages of office-based services re-engagement. Most are continuing with a blend of telehealth and in-person services.
- SUD Prevention, Treatment and Recovery Providers: All SUD providers remain functional and capable of delivering all essential services and supports to beneficiaries, families, and communities. In all cases, services and supports that can be delivered

telephonically or by means of video or other alternatives to in-person/face-to-face have been developed and deployed (as authorized under State guidance).

3. **Region (and Statewide) Workforce Issues Continue:**

As reported previously, providers across the region (and the State) continue to experience extreme workforce issues impacting services and supports. Please see my September 2021 board report for additional details if needed.

- **UPDATE:** MSHN, supported in principle by the regional Operations Council, is at the initial stages of planning to make available an amount of money from FY 21 savings that have been carried forward into FY 22 (and from projected surplus revenue in the current fiscal year) for grantmaking to providers for workforce stabilization initiatives. The pooled funding arrangement at this point is intended to be a MSHN-managed pool of funding made available to SAPTR providers and CMHSP provider networks to fund one-time or short-term staffing crisis-related initiatives. While very early in this process, I wanted to provide advanced notice that MSHN administration may bring a proposal for MSHN board action in March to create a board-designated fund for the purpose of providing grants to in-region providers for the stated purpose to be expended by fiscal year ending 09/30/2022.

  A study conducted by the Community Mental Health Association of Michigan in December 2021 shows that the extrapolated vacancy rate for positions within the public behavioral healthcare system are as follows:

  - Estimated number of positions: 100,000
  - Vacancies: 15,794
  - Percent Vacant: ~16%

  For direct support professionals:

  - Estimated number of positions: 50,000
  - Vacancies: 10,286
  - Percent Vacant: ~21%

4. **FY 22 Budget Amendment Update – Delay until March 2022:**

Administration informed the Board in September 2021 that a budget amendment would be prepared for presentation to the Board in January 2022 due to the lateness of receiving rate certifications upon which to base regional estimates. Chief Financial Officer, Leslie Thomas, and the regional Finance Council have determined that most regional CMHSP participants have not had sufficient time to accurately adjust their local budgets and obtain local board approval. As a result, MSHN will delay the FY 2022 budget amendment to the March 2022 board meeting. Revenue projections continue to trend positively, so this delay should not have a negative impact on resources or operations.

5. **MSHN Mobile Unit Update:**

MSHN operates, through contractor Recovery Pathways, a mobile care unit intended to serve individuals in remote areas of the region with SUD treatment services. The mobile care unit was recently featured in a

news story at this link. MSHN is planning to have the bus "on site" at a future board meeting when the weather is a little more conducive to a walk through for members. (Note that the mobile care unit is owned by MSHN and operated by the identified contractor).

6. **MSHN Legislation Tracking Improvements:**

My office has undertaken an effort to improve tracking of, and communications about, legislative initiatives potentially affecting our responsibilities. Sherry Kletke, MSHN's Executive Assistant, is now responsible for monitoring Michigan legislation initiatives, communicating legislation proposals to various MSHN subject matter experts, and helping with related education and advocacy efforts. In this and all future board reports there will be an attachment summary of Michigan legislative activities being tracked or monitored by MSHN. Sherry has done an excellent job with getting this initiative organized and implemented, for which the leadership team is grateful.

7. **CMH Partnership of Southeast Michigan:**

The CMH Partnership of Southeast Michigan (CMHPSM), a PIHP, sued the State of Michigan, accusing it of shorting the PIHP $41.9 million in Medicaid funds for the 2017, 2018 and 2019 fiscal years. The Michigan Court of Appeals has ruled against the CMHPSM indicating that it failed to file suit against the state within the required period of time. The merits of the case were not addressed.

8. **Office Building Update:**

MSHN offices experienced another episode of water damage. On 12/1/2021 a water heater on the second floor of the office building (occupied by MOA, the Michigan Optometric Association) failed, causing water to leak through the ceiling area into the main MSHN office suite. Our landlord (MOA) responded immediately, repaired the failed water heater, and remediated the water damage in the MSHN office area.

9. **Regional COVID-19 Guidance:**

While the volume of updates has slowed, please see the MSHN website, Coronavirus page to view all regional guidance (including an updated regional guide for Provider Support and Stabilization, Direct Support Professional Enhanced Compensation, and many others) along with applicable State and Federal resources. Amanda Ittner, MSHN Deputy Director, has functioned as our clearinghouse for confirming, vetting and publishing regional guidance through our web portal.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

10. **Oxford High School Shooting:**

Media outlets have broadly reported the shooting by a 15-year-old student at Oxford High School that led to the deaths of five people and injured others, including traumatizing an entire community. The Community Mental Health Association and several statewide partners (including Michigan State Police, Michigan Department of Education, Michigan Association of Secondary School Principals, Michigan Elementary and Middle School Principals Association, Michigan Association of Intermediate School Administrators, among others) have been working together to provide definitive guidance to stakeholders relating to school violence threat assessment and many related prevention activities. In particular, a recent press release from the

coalition just described includes Threat Assessment at School Fact Sheet from the National Association of School Psychologists, and model policies and guidelines from the State of Virginia (among other materials being distributed).

As noted in my recent newsletter article, MSHN is proud of the actions taken by Oakland Community Health Network to lead the coordination and delivery of supports and services to individuals, families and communities immediately after and in the ongoing aftermath of this traumatic and horrific event, regardless of their individual eligibility for services.

11. Michigan Annual Health Equity Reports:

PA 653 of 2006 requires, among other things, that MDHHS make progress in addressing priority recommendations of the Michigan Health Equity Roadmap. There are a variety of reports available, the most recent one issued to the Legislature in July 2021. This report notes, among other things, that health disparities have become even more apparent with the COVID-19 impact and its disproportionate impact on communities of color.

12. Michigan Psychiatric Care Improvement Project:

I have been reporting on the Michigan Psychiatric Care Improvement Project and many other BHDDA initiatives. Please see the attached December 2021 Update provided by BHDDA on the status of these many initiatives directly related to Psychiatric Care Improvement. Also note that MSHN is directly involved in these initiatives.

13. Michigan Health Integration Updates:

I have been reporting on the Michigan Health Integration Activities and many other BHDDA initiatives. Please see the attached December 2021 Update provided by BHDDA on the status of these many initiatives directly related to state Integration Initiatives. Also note that MSHN is directly involved in these initiatives.

14. Arriving Afghan Nationals Statewide Update:

This update has been prepared by the Office of Global Michigan for sharing with the following local agencies in Michigan: ***WIC*** *(Women, Infants, and Children),* ***CMH*** *(Community Mental Health), and* ***LHD*** *(Local Health Department)* ***Health Officers****. Resettlement agencies have also received this update. Information is coming quickly and is subject to change.*

Weekly (Wednesday) educational sessions focused on Afghan cultural competence continue through December, 2021.

Michigan Weekly Afghan Arrivals Status Report

Affiliate/City	*Resettlement County*	*Proposed Capacity*	*Assured, yet to travel [a]*	*Arrived [a]*
JFS/Ann Arbor		300	115	149
	Washtenaw	300		149
USCRI/Dearborn		200	212	110
	Wayne	undetm		?

Michigan Weekly Afghan Arrivals Status Report

Affiliate/City	*Resettlement County*	*Proposed Capacity*	*Assured, yet to travel* [a]	*Arrived* [a]
	Oakland	undetm		?
	Macomb	undetm		?
Samaritas/Troy		350	286	48
	Wayne	undetm		?
	Oakland	undetm		?
	Macomb	undetm		?
CCSEM/Clinton Twp		25	29	8
	Wayne	undetm		?
	Oakland	undetm		?
	Macomb	undetm		?
Samaritas/Grand Rapids		75	72	40
	Kent	45		40
	Calhoun	30		0
BCS/Grand Rapids		230	145	100
	Kent	100		91
	Muskegon	65		0
	Ottawa	65		9
Samaritas/Kalamazoo		100	70	25
	Kalamazoo	100		25
BCS/Kalamazoo		30	28	2
	Kalamazoo	30		2
SVCC/Lansing		300	145	153
	Ingham	300		153
		1610	1102	635

[a] Provided by the federal government; number last updated: 11/30/2021

15. <u>Michigan Reports to CMS on its Innovative Practices relating to Drug Utilization Review (DUR):</u>

- "Throughout FFY 2020, Michigan Department of Health and Human Services (MDHHS) worked diligently to combat the opioid crisis; improve access to Medication Assisted Treatment and hepatitis C medications; and to manage spending through implementation of a single preferred drug list (PDL) and outcomes-based contracting.
- In December 2019, MDHHS lowered the morphine milligram equivalent threshold to 120 MME per day. This has been a gradual tapering process that began in 2018. That same month, MDHHS removed the clinical prior authorization (PA) and prescriber restrictions on MAT medications. Dosages exceeding FDA approved labeling and those medications that are PDL non-preferred still require prior authorization. With the removal of this clinical PA, there has been a 28% increase in the number of beneficiaries on MAT medications.
- As a result of the DUR Board's input on the SUPPORT Act, MDHHS developed a new process with the managed MCOs to perform concurrent utilization reviews on opioids with antipsychotics and with benzodiazepines. MCO aggregate utilization trends along with those for Fee For Service are presented to the Board each quarter starting at the March 2020 meeting.

- Over the past few years, MDHHS has worked to reduce the barriers to hepatitis C treatments. In October 2019, we expanded the coverage of hepatitis C medications to patients with Fo liver scarring. Prior to that date, coverage had been limited to more advanced liver scarring of stages F1-F4. The MDHHS Public Health Administration set a goal to eliminate hepatitis C virus (HCV) in Michigan. It is leading a steering committee with stakeholders, clinicians and community leaders to develop a state plan that includes data and strategic planning, community-based interventions, and adult and pediatric interventions. They entitled this initiative We Treat Hep C. MDHHS and the Michigan Department of Corrections (MDOC) drafted a collaborative RFP to secure lower pricing on hepatitis C agents to treat as many Michiganders as possible. The goal is to select one hepatitis C medication as preferred on the PDL. MDHHS entered into an agreement with the manufacturer AbbVie to expand access to Mavyret (glecaprevir/pibrentasvir). Effective April 2021, clinical prior authorization (PA) is no longer required for Mavyret. This includes removal of the requirement that HCV medications must be prescribed by or in consultation with a hepatologist, gastroenterologist, or infectious disease specialist. All providers who have prescriptive authority will be able to prescribe this treatment to beneficiaries with HCV. PA will still be required for the PDL Non-Preferred agents.
- Much of FFY 2020 was also devoted to developing a single Medicaid PDL to maximize drug manufacturer rebates to generate savings. MDHHS also coordinated the adoption of the FFS PDL PA criteria by the MCOs. Both FFS and the MCOs utilize the same criteria to ensure consistency across the entire Medicaid population for the PDL drug classes. Also, to support National Medicaid FFS FFY 2020 DUR Annual Report 578 State Explanations the financial sustainability of Michigan's independent pharmacies, MDHHS proposed raising the Medicaid Health Plan dispensing fee for independent pharmacies to $3. The single PDL and related changes were implemented on October 1, 2020.
- To further address the high cost of medications, MDHHS received CMS approval in October 2018 to pursue Outcomes-Based Contracts with drug manufacturers. In August 2020, the first contract was executed with Novartis Gene Therapies for the gene therapy medication, Zolgensma."

FEDERAL/NATIONAL ACTIVITIES

16. Surgeon General's Youth Mental Health Advisory:

US Surgeon General Dr. Vivek Murthy in mid-December issued an unprecedented advisory on "Protecting Youth Mental Health". From the related press release, the "Surgeon General's advisory calls for a swift and coordinated response to this crisis as the nation continues to battle the COVID-19 pandemic. It provides recommendations that individuals, families, community organizations, technology companies, governments, and others can take to improve the mental health of children, adolescents and young adults." The advisory outlines several recommendations, including:

- Recognize that mental health is an essential part of overall health.
- Empower youth and their families to recognize, manage, and learn from difficult emotions.
- Ensure that every child has access to high-quality, affordable, and culturally competent mental health care.
- Support the mental health of children and youth in educational, community, and childcare settings. And expand and support the early childhood and education workforce.
- Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers.
- Increase timely data collection and research to identify and respond to youth mental health needs more rapidly. This includes more research on the relationship between technology and youth mental health, and

technology companies should be more transparent with data and algorithmic processes to enable this research.

17. **House Committee hearing on the Overdose Crisis:**

The US House Health Subcommittee of the Energy and Commerce Committee held a hearing on 12/2/21 on the topic of the overdose crisis in the United States. Follow this link to the memorandum from the full committee chair to the sub-committee membership for a summary of federal perspectives, including a Biden Administration legislative proposal summary.

18. **Federal Overdose Prevention Strategy:**

HHS has released a new overdose prevention strategy featuring federal action around the following:

- Primary prevention
- Harm reduction
- Evidence-based treatment
- Recovery support

19. **Federal Health Workforce Strategic Plan:**

HHS/HRSA has announced the release of the HHS Health Workforce Strategic Plan which "provides a forward-looking framework for health workforce improvements, focused on four key goals:

- Expanding supply,
- Ensuring equitable distribution,
- Improving quality, and
- Enhancing the use of data and evidence to improve program outcomes."

20. **Treatment Improvement Protocol (TIP) 33 – Treatment for Stimulant Use Disorders:**

SAMHSA has released a new TIP for the "Treatment of Stimulant Use Disorders." This updated TIP reviews what is known about treating the medical, psychiatric, and SUD-related problems associated with the use of cocaine and methamphetamine, as well as the misuse of prescription stimulants. The TIP offers recommendations on treatment approaches and maximizing treatment engagement and retention, and strategies for initiating and maintaining abstinence.

Submitted by:

Joseph P. Sedlock, MSA
Chief Executive Officer
Mid-State Health Network
Finalized: 12/21/2021

Attachments:

- Legislative Tracking Summary, December 2021
- MDHHS Integration Updates, December 2021
- Michigan Psychiatric Care Improvement Project, December 2021

MSHN
Mid-State Health Network

Compiled and tracked by Sherry Kletke

Below is a list of Legislative Bills MSHN is currently tracking and their status as of December 21, 2021:

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 4059 (PA 111)	Autism Services (Wendzel) Modifies autism evaluation review process requirements for Medicaid benefit eligibility.	Signed by the Governor (11/10/2021; Signed: November 10, 2021, Effective: February 7, 2022)
HB 4075	Parking Spot Signage (LaFave) Modifies signage for parking spaces designated for persons with disabilities.	Received in Senate (10/7/2021; To Health Policy and Human Services Committee)
HB 4076	Accessibility Symbol (LaFave) Modifies symbol of accessibility.	Received in Senate (10/7/2021; To Health Policy and Human Services Committee)
HB 4348	Pharmacy Benefit Managers (Calley) Provides for requirement for pharmacy benefit managers to be licensed in Michigan.	Committee Hearing in Senate Health Policy and Human Services Committee (7/15/2021)
HB 5163	MAT Programs (Witwer) Requires certain hospitals to provide emergency-based medication-assisted treatment (MAT) programs and provides for grants from the department of health and human services to implement the MAT programs.	Received in Senate (10/21/2021; To Health Policy and Human Services Committee)
HB 5165	Inpatient Psychiatric Services (Whiteford) Modifies adult inpatient psychiatric services ability to pay provision.	Reported in House (12/9/2021; By Health Policy Committee)
HB 5353	Mental Health (Whiteford) Provides revisions to the Michigan crisis and access line.	Introduced (9/30/2021; To Health Policy Committee)
HB 5354	Mental Health (Whiteford) Creates the 9-8-8 suicide prevention and mental health crisis hotline fund.	Introduced (9/30/2021; To Health Policy Committee)
HB 5467	Open Meetings (Green) Provides policy related to member participation in virtual committee meetings.	Introduced (10/21/2021; To Local Government and Municipal Finance Committee)
HB 5482	Drug Court (Howell) Modifies eligibility to drug treatment courts.	Introduced (10/27/2021; To Judiciary Committee)
HB 5483	Mental Health Court Participants (LaGrand) Modifies eligibility for mental health court participants.	Introduced (10/27/2021; To Judiciary Committee)

MSHN
Mid-State Health Network

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 5484	Drug Court (Yancey) Modifies termination procedure for drug treatment courts.	Introduced (10/27/2021; To Judiciary Committee)
HB 5488	Psychologists (Kahle) Modifies individuals who are authorized to engage in the practice of psychology in this state to include individuals who are authorized to practice under the psychology interjurisdictional compact.	Received in Senate (12/14/2021; To Health Policy and Human Services Committee)
HB 5489	Psychologists (Brabec) Enacts psychology interjurisdictional compact.	Received in Senate (12/14/2021; To Health Policy and Human Services Committee)
HB 5593	Mental Health (Calley) Provides community mental health oversight of competency exams for defendants charged with misdemeanors.	Introduced (12/1/2021; To Health Policy Committee)
SB 101	Mental Health (McBroom) Updates provisions within the Mental Health Code by creating standards and licensing requirements for mental health transport for involuntary psych hospitalization.	Reported in Senate (10/7/2021; S-3 substitute adopted; By Health Policy and Human Services Committee)
SB 190	Psychiatric Units (VanderWall) Requires accepting public patients as a condition of licensing for psychiatric hospitals and psychiatric units.	Passed in Senate (3/24/2021; 35-0)
SB 191	Mental Health (VanderWall) Expands the definition of mental health professional to include physician assistants, certified nurse practitioners, and clinical nurse specialists-certified, and allow them to perform certain examinations.	Received in House (4/29/2021; To Health Policy Committee) Passed in Senate (4/29/2021; 35-0)
SB 321	Mental Health (Santana) Provides development or adoption of professional development standards for teachers on mental health first aid.	Passed in Senate (9/29/2021; 36-0)
SB 412	Prescription Drugs (Hertel, C.) Provides exemption of certain prescription drugs from the department of health and human services Medicaid prior authorization process.	Committee Hearing in House Health Policy Committee (12/2/2021)
SB 435	Public Health Code (MacDonald) Expands to include mental health professionals under the definition of designated professional	Committee Hearing in House Health Policy Committee (10/7/2021)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
	for the Michigan essential health provider recruitment strategy act.	
SB 578	Controlled Substances (Brinks) Allows distribution of opioid antagonists by community-based organizations under a standing order.	Introduced (10/14/2021; To Health Policy Committee) Passed in Senate (10/14/2021; 35-0)
SB 579	MAT Programs (VanderWall) Requires certain hospitals to provide emergency-based medication-assisted treatment (MAT) programs and provides for grants from the department of health and human services to implement the MAT programs.	Introduced (10/14/2021; To Health Policy Committee) Passed in Senate (10/14/2021; 35-0)
SB 597	Behavioral Health Care (Shirkey) Provides specialty integrated plan in behavioral health services.	Reported in Senate (10/26/2021; S-2 substitute adopted; By Government Operations Committee)
SB 598	Mental Health (Bizon) Provides updates regarding the transition from specialty prepaid inpatient health plans to specialty integration plans.	Reported in Senate (10/26/2021; S-2 substitute adopted; By Government Operations Committee)
SB 637	Mental Health (Chang) Creates community crisis response grant fund and program.	Presented in Senate (12/16/2021; Presented 12/16/2021)
SB 638	Behavioral Health (Outman, R.) Creates behavioral health jail diversion program.	Presented in Senate (12/16/2021; Presented 12/16/2021)
SB 707	Telehealth Visits (Hollier) Requires reimbursement rate for telehealth visits to be the same as reimbursements for office visits.	Introduced (10/28/2021; To Health Policy and Human Services Committee)
SB 714	Behavioral Health (Shirkey) Provides multidepartment supplemental for behavioral health changes.	Introduced (10/28/2021; To Appropriations Committee)
SB 792	Open Meetings (McMorrow) Modifies circumstances permitting electronic attendance of members at meetings of public bodies.	Introduced (12/14/2021; To Local Government Committee)

Michigan Integration Efforts

December 2021 Update

Overview

Overview
MDHHS Integration Efforts include four key initiatives: Behavioral Health Homes (BHH), Opioid Health Homes (OHH), Certified Community Behavioral Health Clinics (CCBHC) and Promoting Integration of Primary and Behavioral Health Care (PIPBHC). Each initiative seeks to improve both behavioral and physical health outcomes by emphasizing care coordination, access, and comprehensive care. These programs specifically focus on adults and children with mental health and substance use disorder needs.

Goals

1. Increase access to behavioral health and physical health services.
2. Elevate the role of peer support specialists and community health workers.
3. Improve health outcomes for people who need metal health and/or substance use disorder services.
4. Improve care transitions between primary, specialty, and inpatient settings of care.

Opportunities for Improvement

1. Improve access to care for all individuals seeking behavioral health services (SMI, SUD, SED, mild to moderate).
2. Identify and attend to social determinants of health needs.
3. Improve care coordination between physical and behavioral health services.

Behavioral Health Homes (BHH)

Overview

- Medicaid Health Homes are an optional State Plan Benefit authorized under section 1945 of the US Social Security Act.
- Behavioral Health Homes provide comprehensive care management and coordination services to Medicaid beneficiaries with select serious mental illness or serious emotional disturbance by attending to a beneficiary's complete health and social needs.
- Providers are required to utilize a multidisciplinary care team comprised of physical and behavioral health expertise to holistically serve enrolled beneficiaries.
- As of December 2, 2020, Behavioral Health Home services are available to beneficiaries in 37 Michigan counties including PIHP regions 1 (upper peninsula), 2 (northern lower Michigan), and 8 (Oakland County)

Current Activities:

- As of November 2, 2021, there are 960 people enrolled:
    - Age range: 7-84 years old
    - Race: 21% African American, 73% Caucasian, 1% or less American Indian, Hispanic, Native Hawaiian and Other Pacific Islander
- The State of Michigan budget allocated funding to expand behavioral health homes into two new regions. MDHHS is working on policy documents to expand in 2022.
- Regions are continuing to enroll eligible beneficiaries and working to expand health home partners to increase capacity to serve more beneficiaries.

Questions or Comments

- Lindsey Naeyaert (naeyaertl@michigan.gov)
- Jon Villasurda (villasurdaj@michigan.gov)

Certified Community Behavioral Health Clinics (CCBHC)

Overview

- MI has been approved as a Certified Community Behavioral Health Clinic (CCBHC) Demonstration state by CMS. The demonstration will launch in October 2021 with a planned implementation period of two years. 14 sites, including 11 CMHSPs and 3 non-profit behavioral health providers, are eligible to participate in the demonstration. The CCBHC model increases access to a comprehensive array of behavioral health services by serving all individuals with a behavioral health diagnosis, regardless of insurance or ability to pay.
- CCBHCs are required to provide nine core services: crisis mental health services, including 24/7 mobile crisis response; screening, assessment, and diagnosis, including risk assessment; patient-centered treatment planning; outpatient mental health and substance use services; outpatient clinic primary care screening and monitoring of key health indicators and health risk; targeted case management; psychiatric rehabilitation services; peer support and counselor services and family supports; and intensive, community-based mental health care for members of the armed forces and veterans.
- CCBHCs must adhere to a rigorous set of certification standards and meet requirements for staffing, governance, care coordination practice, integration of physical and behavioral health care, health technology, and quality metric reporting.
- The CCBHC funding structure, which utilizes a prospective payment system, reflects the actual anticipated costs of expanding service lines and serving a broader population. Individual PPS rates are set for each CCBHC clinic and will address historical financial barriers, supporting sustainability of the model. MDHHS will operationalize the payment via the current PIHP network.

Current Activities

- The CCBHC Demonstration started on October 1, 2021!
- CCBHC's are working on their certification application in the BHDDA CRM and MDHHS staff are beginning to review the applications.
- The final CCBHC policy (MSA 21-34) and CCBHC Demonstration Handbook can be found on the CCBHC webpage MDHHS - Provider (michigan.gov)
- All technological systems met October 1st start date requirements. As of December 2, 2021, there are 3,688 people assigned to a CCBHC in the WSA.
- Final rates and implementation procedures have been submitted to CMS for approval. The Implementation Team has been engaging in ongoing technical assistance with CMS.
- An MDHHS marketing request has been submitted to begin a public marketing campaign. Marketing is intended to increase awareness of the CCBHC model, eligibility, and services among the public and other community providers. Marketing will target the sixteen counties with demonstration sites.

Questions or Comments

- Amy Kanouse (kanousea@michigan.gov)
- Lindsey Naeyaert (naeyaertl@michigan.gov)
- Jon Villasurda (villasurdaj@michigan.gov)

Opioid Health Homes (OHH)

Overview

- Medicaid Health Homes are an optional State Plan Amendment under Section 1945 of the Social Security Act.
- Michigan's OHH is comprised of primary care and specialty behavioral health providers, thereby bridging the historically two distinct delivery systems for optimal care integration.
- Michigan's OHH is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.
- As of October 1, 2021, OHH services are available to eligible beneficiaries in 48 Michigan counties. Service areas include PIHP region 1, 2, 6,7, 9 and Calhoun and Kalamazoo counties in region 4.

Current Activities

- As of December 2, 2021, 1,773 beneficiaries are enrolled in OHH services.
- MDHHS has recently expanded OHH services to an additional nine counties within PIHP region 6, 7, and 10. Existing OHH's are expanding access with new providers and growing services for more beneficiaries.
- MDHHS is working on collaborating with many state agencies such as the Maternal and Infant Health division to ensure OHH beneficiaries have wraparound support services through their recovery journey.

Questions or Comments

- Kelsey Schell (schellk1@michigan.gov)
- Jon Villasurda (villasurdaj@michigan.gov)

Promoting Integration of Primary and Behavioral Health Care (PIPBHC)

Overview

- PIPBHC is a five-year Substance Abuse and Mental Health Services (SAMHSA) that seeks to improve the overall wellness and physical health status for adults with SMI or children with an SED. Integrated services must be provided between a community mental health center (CMH) and a federally qualified health center (FQHC).
- Grantees must promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental health and substance use disorders along with co-occurring physical health conditions and chronic diseases.
- MDHHS partnered with providers in three counties:
    - Barry County: Cherry Health and Barry County Community Mental Health to increase BH services
    - Saginaw County: Saginaw County Community Mental Health and Great Lakes Bay Health Centers
    - Shiawassee County: Shiawassee County Community Mental Health and Great Lakes Bay Health Centers to increase primary care

Current Activities

- Grantees are currently working toward integrating their EHR system to Azara DRVS to share patient data between the CMH and FQHC. This effort should improve care coordination and integration efforts between the

physical health and behavioral health providers.

- Shiawassee County is starting to see shared patient data in Azara DRVS. Implementation of the care management module is underway and Saginaw County is continuing to integrate the system into their practice.
- Providers are starting to deliver more in person appointments to enrollees, but telehealth is still offered and preferred by some patients.
- CMH's and FQHC's are partnering to provide COVID-19 vaccination clinics to CMH recipients.

Questions or Comments

- Lindsey Naeyaert (naeyaertl@michigan.gov)
- Jon Villasurda (villasurdaj@michigan.gov)

Michigan Psychiatric Care Improvement Project (MPCIP)

December 2021 Update

Overview

Michigan House CARES Task Force and the Michigan Psychiatric Admissions Discussion evolved into the Michigan Psychiatric Care Improvement Project (MPCIP).

Two Part Crisis System

1. Public service for anyone, anytime anywhere: Michigan Crisis and Access Line (MiCAL) per PA 12 of 2020, Mobile crisis*, Crisis Receiving and Stabilization Facilities [1] *

2. More intensive crisis services that are fully integrated with ongoing treatment both at payer and provider level for people with more significant behavioral health and/or substance use disorder issues

Opportunities for improvement

- Increase recovery and resiliency focus throughout entire crisis system,
- Expand array of crisis services
- Utilize data driven needs assessment and performance measures
- Equitable services across the state
- Integrated and coordinated crisis and access system – all partners
- Standardization and alignment of definitions, regulations, and billing codes

MI-SMART (MEDICAL CLEARANCE PROTOCOL)

Overview

- Standardized communication tool between EDs, CMHSPs, & Psychiatric Hospitals to rule out physical conditions when someone in the ED is having a behavioral health emergency and to determine when the person is physically stable enough to transfer if psychiatric hospital care is needed.
- Broad cross-sector implementation workgroup.
- Implementation is voluntary for now.
- Target Date: Soft rollout has started as of August 15, 2020.
- www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/

Current Activities: No changes

- Education of key stakeholders statewide; supporting early implementation sites; performance metric development.
- As of 12/1/21: Adopted/Accepted by: 30 Emergency Departments, 14 Psychiatric Hospitals, 13 CMHSPs. 19 more facilities are in the process of implementing.
- Targeted outreach to specific psychiatric hospitals and CMHSPs in geographic areas of ED adoption
- Developing a commitment letter for Psych hospitals, CMHSPs, and EDs to sign
- Partnering with LARA to develop a crosswalk that outlines regulatory practices that MiSMART can help meet
- Record high COVID numbers in Emergency Departments are impeding progress.

Michigan Crisis and Access Line (MiCAL)

Legislated through PA 12 of 2020, PA 166 of 2020.

CALL SIDE

Overview

- Crisis triage, support, and information and referral services 24/7 via phone, text, and chat
- Predicated on Recovery & Resiliency Principles: Caller-defined crisis, holistic, crisis support and triage, trauma informed, safety assessments, non-judgmental, referrals with follow up to help people connect to treatment when needed.

- Supports all Michiganders with behavioral health and substance use disorder needs to locate care regardless of severity level or payer type. Integrated with BHDDA Peer/ Recovery Coach Warm line, warm hand-offs and follow-ups, crisis resolution and/or referral, 24/7 warm line, and information and referral offered.
- MiCAL will not prescreen individuals. MiCAL will not directly refer people to psychiatric hospitals or other residential treatment. This will be done through PIHPs, CMHSPs, Emergency Departments, and Crisis Stabilization Units.
- Individual level performance measures.
- Opportunity for systems level change: data source for systems level needs i.e. to be addressed in collaboration with other systems including other crisis lines.
- Common Ground is the MiCAL staffing vendor.
- Target Dates: Pilot start date: Upper Peninsula and Oakland April 2021; Operational Statewide October 2022**.**
- Michigan Warmline is active statewide.
- Planned Design Activities:
    - Targeted Engagement Discussions to ensure MiCAL meets all Michiganders' needs. This process will pull together providers and people with lived experience for specific population groups to ensure that MiCAL is effectively outreaching and serving them.
    - Resources: Developing partnerships and technological integration with 211 and OpenBeds to ensure MiCAL has up to date resource information.

Current Activities

- Frontline Strong First Responder Crisis support project called Frontline Strong in partnership with Wayne State is in development. Crisis line is estimated to go live in Spring 2022.
- MiCAL and the Michigan Warmline staff have had over 29,000 encounters since April 19th (MiCAL go live); mostly calls. Over half the encounters have been on the Warmline.
- Pilot is focused on streamlining and routinizing care coordination process with CMHSPs and ensuring that CRM technology supports these processes.
- MiCAL integration with 211 is complete. Integration with OpenBeds/MiCARE is in progress.
- MiCAL Rollout: MiCAL will rollout statewide in two phases.
    - Phase 1 FY 22: Starting in January 2022, MiCAL will rollout statewide one region at a time, providing coverage for 988 and crisis and distress support through the MiCAL number. It will not provide additional regions with CMHSP crisis after hours coverage at this time.
    - Phase 2 FY 23: CMHSP After Hours Crisis Coverage. MiCAL will provide afterhours crisis coverage for CMHSPs who currently contract with a third party for afterhours crisis coverage. Rollout will occur one PIHP at a time.
- Overview of MICAL/988 Rollout with the rollout schedule was provided in a PIHP/CMHSP/CCBHC Director Overview on November 17th. The Rollout schedule is attached to this handout.

BHDDA Customer Relationship Management (CRM) – Internal Business Processes

Overview

- BHDDA will be transitioning all its internal business processes to a customer relationship management (CRM) system. The BHDDA CRM is a customized technological platform designed to automate and simplify procedures related to the regulatory relationship between BHDDA and its customers: PIHPs, CMHSPs, CCBHCs, SUD entities, Michiganders, etc.
- The development process includes written documentation of the business process, describing the process and highlighting requirements, and the translation of the business process into technology. All this information is included in the user training.

- Stakeholders for each process are actively engaged throughout the design process and user testing.
- Training materials on the CRM and each of the business processes are housed within the CRM. Training materials include videos and written job aids.
- Virtual, synchronous training and "Learning Lab hours" are held when a business process goes live.

Current Activities

- Universal Credentialing (PA 282 of 2020): BHDDA has been holding stakeholder meetings and in partnership with stakeholders is exploring the most efficient and effective way to implement this legislation.
- Customer Service Inquiry and Contract Management Processes are rolled out statewide.
- ASAM Level of Care Certification Development Process testing and training is occurring now and will go live in January 2022.
- CMHSP Certification: Design work is still being done on this process. We are also working on rollout plans which will likely be a gradual rollout. We are designing a template to facilitate the upload of current CMHSP Certification Service information into the CRM. In the next several months, all CMHSPs will be offered the opportunity to update their Certification data via the template so it can be automatically uploaded rather than them manually entering all their certification data into the new CRM.

988 COALITION

Overview

- MDHHS received a grant from Vibrant Emotional Health (Vibrant) to plan for the implementation of a new, national, three-digit number for mental health crisis and suicide response (9-8-8), which will launch on or before July 16, 2022.
- The 9-8-8 Planning Coalition has gathered input from stakeholders to aid in the development of Michigan's implementation plan. They met monthly over the last several months to help develop, review
- Michigan's Draft Plan has two phases based on implementation time frames. Phase 1 focuses primarily on ensuring adequate call coverage statewide. Phase 2 will focus on metrics, operations requirements, and marketing. Note: Vibrant is still developing requirements so they suggested the "Phase" planning approach.
- Stakeholders have provided feedback throughout the planning process. Workgroup meetings have focused on topics such as vision, follow up care, resources, marketing, metrics, communications, and funding.
- Michigan's final plan is due January 30, 2022.
- 988 will have a soft launch in July 2022.
- Marketing will start at the federal level late 2022, early 2023. We have been asked to wait to market until we receive notice from Vibrant. They will send us marketing materials.

Current Activities

- We have Official 988 Draft Plan was approved by the Workgroup and BHDDA Leadership and has been submitted to Vibrant and SAMHSA for their review. We just received feedback from Vibrant and SAMHSA and their feedback is mainly asking for clarification. The final plan is due the end of January.
- It is important to note that 988 Coverage plans in Michigan are not firm and have already shifted since the Draft Plan was submitted. MiCAL will provide primary phone coverage for the large majority of the state population.
- We have developed an email list to keep Workgroup members up to date and to solicit their help as needed on topics such as marketing.
- Operations workgroup meetings with current NSPL centers are occurring to talk about Vibrant's expectations related to staff training, response times, follow up care, and resources.

- Resource workgroup meetings with 211, OpenBeds and NSPL centers have occurred and at this point in time all NSPL centers will have access to the same resources so no more meetings are necessary.
- As 988 gains publicity, there is increasing interest from community partners in the crisis services system and the role of 988, especially as this supports all Michiganders regardless of payer type.

PSYCHIATRIC BED TREATMENT REGISTRY

Overview

- Legislated through PA 658 of 2018, PA12 of 2020, PA 166 of 2020.
- Electronic service registry housing psychiatric beds, crisis residential services, and substance use disorder residential services.
- The Psychiatric Bed Registry is housed in the MiCARE/ OpenBeds platform which is Michigan's behavioral health registry/ referral platform which is operated and funded by LARA.
- MiSMART will eventually house all private and public Behavioral Health Services and will have a public facing portal.
- The Psychiatric Bed Registry Advisory Group's purpose will transition from choosing a platform to supporting successful rollout and maximization of the OpenBeds platform to meet Michigan's needs.
- LARA is rolling out MiCARE regionally with a statewide completion date by early 2022.
- **Target audience:** Psychiatric Hospitals, Emergency Departments, CMHSP staff, PIHP staff.
    - Public and broader stakeholder access through MiCAL.
    - Broad cross-sector Advisory Workgroup.
- **Target Implementation Date:** Implemented statewide by January/ February 2022.

Current Activities

- LARA is in the process of rolling out MiCARE statewide to all the psychiatric hospitals. There are 58 facilities. 70% attended the initial orientation.
- Psychiatric Bed Advisory Workgroup is providing feedback on tailoring MiCARE to Michigan, i.e. bed categorization, acuity and the rollout.
- MiCARE Demonstration to all CMHSP/PIHP staff is scheduled for Wednesday, December 8th at 2 pm.

CRISIS STABILIZATION UNITS

Overview

- PA 402 of 2020 codifies Crisis Stabilization Units (CSUs) in the Mental Health Code. This new statute requires MDHHS to develop, implement, and oversee a certification process for CSUs. The legislation did not appropriate funding.
- MDHHS is contracting with Public Sector Consultants to help develop with the develop of a Michigan Model and certification criteria.
    - MDHHS is convening a cross sector stakeholder group to develop a Michigan model. As a group Stakeholders will review models from other states and from Michigan to make recommendations around a model that will best fit the behavioral health needs of all Michiganders. Stakeholder Workgroup has over 50 members and is inclusive of people with lived experience, Peers, and representatives from diverse disciplines and geographic regions.
- **Timing**: Michigan Model developed by 12/1. Draft Certification rules developed by March 2022, finalized by Sept. 2022

Current Activities

- Michigan CSU Model for adults has been drafted and approved by Workgroup.
- The Michigan Model is now being tailored to the needs of Children and Families.
- A very small subset of the Stakeholder group is developing draft certification criteria for adults. It will be presented to the larger workgroup in early 2022 for their feedback. There is special attention being paid to congruency with funding requirements, licensing requirements of related services, and accreditation.
- A rural crisis continuum meeting with a broad set of stakeholders will be held to provide feedback on certification criteria for rural areas and there is rural representation on certification subgroup.
- PSC 'extensive research on best practices in other states is being incorporated in the model.
- PSC is looking at available statewide data to help determine capacity needs.

MOBILE CRISIS SERVICES

Overview

- Mobile crisis services are one of the three major components that SAMHSA recommends as part of a public crisis services system.
- MDHHS goal is to eventually expand mobile crisis across the state for all populations, taking advantage of the enhanced Medicaid match.
- MDHHS has contracted with PSC/HMA to develop recommendations to expand mobile crisis for adults in Michigan, with special attention on strategies for rural areas.
- There is coordination with the MDHHS staff leading the KB lawsuit around services for children.

Target Date: Spring 2022

Current Activities – No new updates this month.

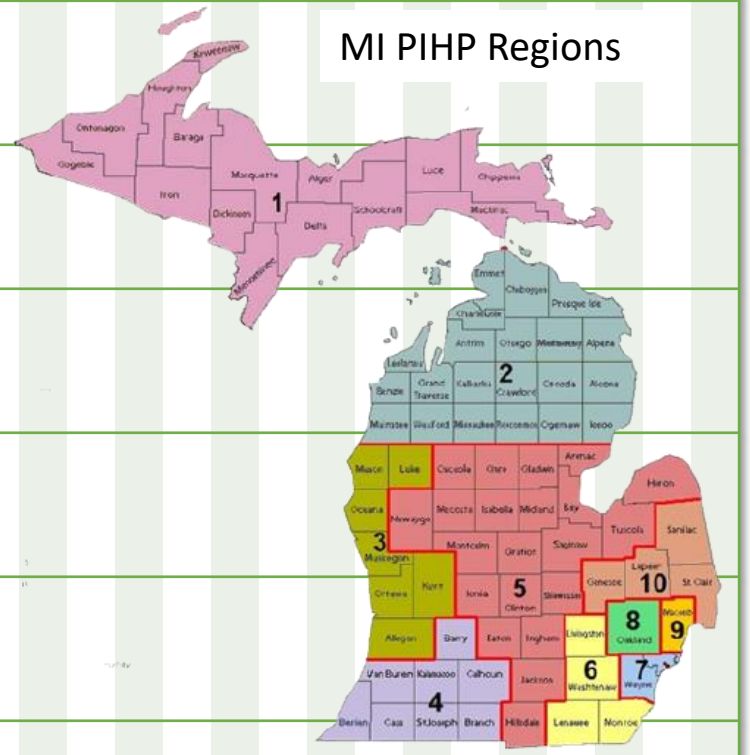
- PSC is doing research on mobile crisis models.
- PSC is coordinating work with the Diversion Council and Wayne State Center for Behavioral Health Justice (CBHJ) who are also focused on looking at adult mobile crisis models.
- PSC will start exploring adult crisis stabilization services offered by CMHSPs in Michigan.
- MDHHS plans to take advantage of the advanced Medicaid match coming in the spring of 2022.

QUESTIONS OR COMMENTS?

- Krista Hausermann (hausermannk@michigan.gov)
- Jon Villasurda (villasurdaj@michigan.gov)

MiCAL 988 Rollout Timeline (MiCAL/NSPL is active in Regions 1- UP & 8-Oakland)

	JAN 22'					FEB 22'				MAR 22'				APR 22'				MAY 22'					JUNE 22'				JULY 22'				AUG 22'				SEP 22'					OCT 22'				
	3	10	17	24	31	7	14	21	28	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	3	10	17	24	31
3 – Lakeshore Regional Entity																																												
10 – Region 10 PIHP																																												
2 – Northern MI Regional Entity																																												
5 – Mid-State Health Network																																												
6 – CMH Partnership of Southeast MI																																												
7 – Detroit Wayne Integrated Health Network																																												
4 – Southwest MI Behavioral Health																																												
9 – Macomb County CMH Services																																												



MSHN
Mid-State Health Network

Community Mental Health Member Authorities

Bay Arenac Behavioral Health

CMH of Clinton.Eaton.Ingham Counties

CMH for Central Michigan

Gratiot Integrated Health Network

Huron Behavioral Health

The Right Door for Hope, Recovery and Wellness (Ionia County)

LifeWays CMH

Montcalm Care Center

Newaygo County Mental Health Center

Saginaw County CMH

Shiawassee Health and Wellness

Tuscola Behavioral Health Systems

Board Officers

Ed Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Kurt Peasley
Secretary

REPORT OF THE MSHN DEPUTY DIRECTOR
to the Board of Directors
November/December

MSHN Staffing Update

Sarah Surna accepted the position of Prevention Specialist and joined MSHN on November 18th. Sarah comes to us from Barry-Eaton District Health Department where she worked as the Community Health Promotion Specialist.

Bria Perkins, MSHN's Waiver Assistant accepted the promotion to Medicaid Event Internal Auditor. She will transition to her new role effective February 1, 2022.

Steve Grulke, MSHN's Technology Project Manager accepted the promotion to Chief Information Officer and transitioned to his new role on December 20, 2021.

Lastly, as a result of an internal review within the Treatment and Prevention Teams to address effectiveness and efficiencies, the Lead Treatment Specialist position has been restructured to the Director of Substance Use Disorder Services and Operations, with additional responsibilities that include supervision of the Treatment Specialists and Grant Coordinator. Trisha Thrush will move into this new role, effective January 3, 2022.

Please join me in welcoming Sarah and congratulating our staff on their promotions.

The Wavier Assistant and Technology Project Manager positions have been posted to the MSHN website. A listing of our current vacancies is located on the MSHN website under careers: https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers.

Crisis Residential Development

The MSHN Board of Directors approved at the January 12, 2021, Board of Directors meeting to move forward with the development of crisis residential services within the region. The crisis residential program was to be established within the region and to be used by any MSHN CMHSP but was primarily targeted, based on need of the CMH, for Bay-Arenac Behavioral Health, CMH for Central Michigan, Gratiot Integrated Health Network, Montcalm Care Network, Newaygo CMH, and Shiawassee County CMH. A Request for Proposal (RFP) was developed and distributed region-wide with only two responses initially. Both responses were rejected due to inadequate response. The MSHN Crisis Residential workgroup met with the potential vendors, clarified the regional need and rationale, and encouraged them to respond again per the RFP requirements. Three vendors submitted responses to the second round of reviews. The review committee, led by Dr. Lewicki, MSHN's Chief Behavioral Health Officer, conducted an analysis and scoring, with a decision to make a recommendation to North Shores/Hospital Psychiatry. The Operations Council supported the recommendation on December 20, 2021, for MSHN Board approval. A tentative timeline for implementation includes:

- January 11-Board of Directors Contract Approval
- January 12-Contract award notice
- January 13-Re-engage TBD Solutions
- January 14-Begin development of implementation plan
- March 1-Implement plan
- April 1-Contract start date

This is great news for our region and supports the identified needs of the community. MSHN is thankful for the workgroup's collaboration, dedicated time, and development to bring this service to our region.

Performance Bonus Incentive Report FY21

Per MDHHS requirements, MSHN must submit an annual report on the joint metrics and activities related to integration of behavioral health and physical health. PIHPs must provide a narrative related to five (5) areas of performance; 1. Comprehensive Care, 2. Patient-Centered, 3. Coordinated Care, 4. Accessible Services, and 5. Quality and Safety. Attached via the link below, includes the report submitted on November 15, 2021. The report provides updates to each one of the identified areas related to MSHN direct provided efforts as well as the integration of services across the region by our affiliate community mental health partners. MSHN expects to receive 100% of the bonus incentive again this year, estimated at $5.3million, that will be distributed to our CMHSPs as earned local funds. Highlights from the report include:

- MSHN had integrated care plans for 70 individuals in partnership with 7 Medicaid Health Plans
  - 100% of care plans were closed successfully
  - 67% of individuals experienced a reduction in Emergency Department (ED) utilization
- MSHN hosted three Whole Health Action Management (WHAM) trainings with support from MDHHS Adult Mental Health Block Grant funding. WHAM is an evidence-based model that uses peer support specialists to engage persons served in chronic disease self-management and assist them with developing and achieving person-centered health goals. A total of 47 peers were trained in WHAM during FY21 and have implemented it in a variety of settings including peer support drop-in centers, CMHSPs, and co-located integrated health clinics.

For the full report, **see the link below: *Performance Bonus Incentive Report FY21.***

Population Health and Integrated Care Update

MSHN supports broad level integration through the Region's Population Health Plan that covers elements such as:

- Epidemiological data for the population served by MSHN
- Identification of chronic co-morbid physical health conditions that contribute to poor health and drive health costs for individuals with behavioral health disorders
- Description of the concepts of population health, social determinants of health, health disparities, health equity, and identification of specific factors that impact the population in the MSHN region
- Strategic priorities for 2022-2024 related to improving health outcomes and reducing health disparities
- Recommendations for strategic planning, monitoring and oversight of integrated care and population health activities
- Steps to measure value and effectiveness through quality, costs, outcome

The population health plan also includes activities related to coordination of services for individuals with substance use disorders, such as Project ASSERT. Project ASSERT is a model of early intervention, screening, and referral to treatment for individuals in hospital and primary care settings. MSHN-funded peer recovery coaches trained in Project ASSERT are currently located in hospital emergency departments in 13 counties in the MSHN region. 2,147 individuals received screening and follow-up support from Project ASSERT coaches in response to a substance-related hospital ED visit during FY 2021.

For more information regarding population health activities**, see the link below: *Population Health and Integrated Care Report FY21Q4.***

Medicaid Event Verification Annual Report

The Medicaid Event Verification Annual report has been completed and submitted to MDHHS. The report includes the results related to the verification of the Medicaid claims/encounters submitted within the region for fiscal year 2021. Seven elements on each claim are reviewed for allowability/accuracy that include: A.) The code is an allowable service code under the contract, B.) Beneficiary is eligible on the date of service, C.) Service is included in the beneficiary's individual plan of service, D.) Documentation of the service date and time matches the claim date and time of the service, E.) Services were provided by a qualified individual and documentation of the service provided falls within the scope of the service code billed, F.) Amount billed and paid does not exceed contractually agreed upon amount, and G.) Modifiers are used in accordance with the HCPCS guidelines. The charts below represent the results of the CMHSPs (12) and the SUD (37) Providers. The dollar amount of the claims reviewed totaled $527,020.71. Of the $527,020.71 reviewed $243,607.45 were billed using Medicaid funding, $206,269.50 were billed using Healthy Michigan and $77,142.76 were billed using Block Grant funding.

CMHSP

	A	B	C	D	E	F	G
BABHA*	100%	100%	100%	99.74%	100%	100%	100%
CEI	100%	100%	100%	100T%	99.00%	100%	100%
CMHCM	100%	100%	98.78%	98.31%	97.68%	98.78%	96.41%
Gratiot*	100%	100%	100%	98.97%	98.15%	100%	99.04%
Huron	100%	100%	99.92%	99.92%	99.01%	99.52%	99.57%
Lifeways*	100%	100%	99.28%	98.79%	99.76%	100%	78.86%
Montcalm	100%	100%	100&	99.63%	99.91%	99.96%	96.67%
Newaygo	97.97%	97.97%	97.96%	97.51%	96.76%	97.96%	73.69%
Saginaw*	100%	100%	100%	99.94%	100%	100%	100%
Shiawassee*	100%	100%	100%	99.76%	100%	100%	100%
The Right Door	100%	100%	100%	99.88%	97.92%	100%	98.72%
Tuscola	100%	100%	100%	99.82%	96.94%	100%	98.71%
MSHN Average	**99.83%**	**99.83%**	**99.63%**	**99.30%**	**98.76%**	**99.69%**	**95.14%**

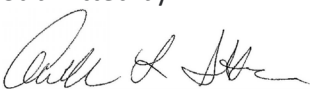
SUD

	A	B	C	D	E	F	G
SUD Providers	**100%**	**100%**	**100%**	**99.50%**	**99.28%**	**100%**	**99.84%**

The overall findings included a total dollar amount of invalid claims identified for CMHSP's direct and indirect services of $172,561.76 and $39,892.40 for substance use disorder treatment providers. All invalid claims were corrected based on MSHN's established process, that includes voiding, re-billing for correct codes/modifiers and corrective action plans to establish and tighten controls.

For more information on Medicaid event activities, ***see the link below: Medicaid Event Verification Report FY21.***

Submitted by:



Amanda L. Ittner
Finalized: 12.28.21

Links to Reports:
Performance Bonus Incentive Report FY21
Population Health and Integrated Care Report FY21Q4
Medicaid Event Verification Report FY21

MSHN
Mid-State Health Network

Background:

In accordance with the MSHN Board of Directors to review financials, at a minimum quarterly, the Preliminary Statement of Net Position and Statement of Activities for the Period Ending November 30, 2021, have been provided and presented for review and discussion.

Recommended Motion:

The MSHN Board of Directors receives and files the Preliminary Statement of Net Position and Statement of Activities for the Period Ending November 30, 2021, as presented.

Mid-State Health Network
Statement of Activities
As of November 30, 2021

Rows Numbers	A	B	C	D	E (C - D)	F (E / D)	
		Columns Identifiers					
		Budget Annual	Actual Year-to-Date	Budget Year-to-Date	Budget Difference	Budget Variance	
		FY 22 Original Bdgt		FY 22 Original Bdgt			
1	Revenue:						
2	Grant and Other Funding	$ 293,800	12,170	48,967	(36,797)	(75.15) %	1a
3	Medicaid Use of Carry Forward	$ 51,407,120	50,150,952	8,567,853	41,583,099	485.34 %	1b
4	Medicaid Capitation	662,068,169	122,620,250	110,344,695	12,275,555	11.12 %	1c
5	Local Contribution	3,140,208	457,483	523,368	(65,885)	(12.59) %	1d
6	Interest Income	80,000	7,766	13,333	(5,567)	(41.75) %	1e
7	Change in Market Value	0	(1,316)	0	(1,316)	0.00 %	
8	Non Capitated Revenue	19,861,516	1,462,257	3,310,253	(1,847,996)	(55.83) %	1f
9	Total Revenue	736,850,813	174,709,562	122,808,469	51,901,093	42.26 %	
10	Expenses:						
11	PIHP Administration Expense:						
12	Compensation and Benefits	7,838,917	927,980	1,306,486	(378,506)	(28.97) %	
13	Consulting Services	130,000	14,823	21,667	(6,844)	(31.59) %	
14	Contracted Services	110,540	7,987	18,423	(10,436)	(56.65) %	
15	Other Contractual Agreements	504,150	69,164	84,025	(14,861)	(17.69) %	
16	Board Member Per Diems	18,060	1,890	3,010	(1,120)	(37.21) %	
17	Meeting and Conference Expense	172,470	13,860	28,745	(14,885)	(51.78) %	
18	Liability Insurance	38,445	17,818	6,408	11,410	178.06 %	
19	Facility Costs	154,369	30,665	25,728	4,937	19.19 %	
20	Supplies	305,405	97,521	50,901	46,620	91.59 %	
21	Depreciation	50,397	8,399	8,399	0	0.00 %	
22	Other Expenses	987,300	292,030	164,550	127,480	77.47 %	
23	Subtotal PIHP Administration Expenses	10,310,053	1,482,137	1,718,342	(236,205)	(13.75) %	2a
24	CMHSP and Tax Expense:						
25	CMHSP Participant Agreements	612,873,059	109,808,756	102,145,510	7,663,246	7.50 %	1b,1c
26	SUD Provider Agreements	52,104,959	7,926,797	8,684,160	(757,363)	(8.72) %	1c,1f
27	Benefits Stabilization	2,351,000	391,833	391,833	0	0.00 %	1b
28	Tax - Local Section 928	3,140,208	457,484	523,368	(65,884)	(12.59) %	1d
29	Taxes- IPA/HRA	21,556,045	3,542,215	3,592,675	(50,460)	(1.40) %	2b
30	Subtotal CMHSP and Tax Expenses	692,025,271	122,127,085	115,337,546	6,789,539	5.89 %	
31	Total Expenses	702,335,324	123,609,222	117,055,888	6,553,334	5.60 %	
32	Excess of Revenues over Expenditures	$ 34,515,489	$ 51,100,340	$ 5,752,581			

Mid-State Health Network
Preliminary Statement of Net Position by Fund
As of November 30, 2021

Row Numbers		Column Identifiers A	B	C	D B + C	
1	**Assets**		**Behavioral Health Operating**	**Medicaid Risk Reserve**	**Total Proprietary Funds**	
2	**Cash and Short-term Investments**					
3	Chase Checking Account		31,115,092	0	31,115,092	1a
4	Chase MM Savings		31,818,210	0	31,818,210	
5	Savings ISF Account		0	42,963,362	42,963,362	1b
6	Savings PA2 Account		8,911,790	0	8,911,790	1c
7	Investment ISF Account		0	2,997,839	2,997,839	1b
8	Total Cash and Short-term Investments		$ 71,845,092	$ 45,961,201	$ 117,806,293	
9	**Accounts Receivable**					
10	Due from MDHHS		11,003,496	0	11,003,496	2a
11	Due from CMHSP Participants		50,700,015	0	50,700,015	2b
12	Due from CMHSP - Non-Service Related		236,479	0	236,479	2c
13	Due from Other Governments		29,211	0	29,211	2d
14	Due from Miscellaneous		294,085	0	294,085	2e
15	Due from Other Funds		0	4,190,000	4,190,000	2f
16	Total Accounts Receivable		62,263,286	4,190,000	66,453,286	
17	**Prepaid Expenses**					
18	Prepaid Expense Rent		4,529	0	4,529	2g
19	Prepaid Expense Other		6,534	0	6,534	2h
20	Total Prepaid Expenses		11,063	0	11,063	
21	**Fixed Assets**					
22	Fixed Assets - Vehicles		251,983		251,983	2i
23	Accumulated Depreciation - Vehicles		(83,994)		(83,994)	
24	Total Fixed Assets		167,989	0	167,989	
25	**Total Assets**		**$ 134,287,430**	**$ 50,151,201**	**$ 184,438,631**	
26	**Liabilities and Net Position**					
27	Liabilities					
28	Accounts Payable		$ 11,913,116	$ 0	$ 11,913,116	1a
29	Current Obligations (Due To Partners)					
30	Due to State		42,761,215	0	42,761,215	3a
31	Other Payable		3,724,134	0	3,724,134	3b
32	Due to State HRA Accrual		2,468,700	0	2,468,700	1a, 3c
33	Due to State-IPA Tax		1,073,515	0	1,073,515	3d
34	Due to State Local Obligation		(128,899)	0	(128,899)	3e
35	Due to CMHSP Participants		123,483	0	123,483	3f
36	Due to other funds		4,190,000	0	4,190,000	3g
37	Accrued PR Expense Wages		109,162	0	109,162	3h
38	Accrued Benefits PTO Payable		347,824	0	347,824	3i
39	Accrued Benefits Other		17,554	0	17,554	3j
40	Total Current Obligations (Due To Partners)		54,686,688	0	54,686,688	
41	Deferred Revenue		8,539,576	0	8,539,576	1b 1c 2b 3b
42	Total Liabilities		75,139,380	0	75,139,380	
43	Net Position					
44	Unrestricted		59,148,050	0	59,148,050	3k
45	Restricted for Risk Management		0	50,151,201	50,151,201	1b
46	Total Net Position		59,148,050	50,151,201	109,299,251	
47	**Total Liabilities and Net Position**		**$ 134,287,430**	**$ 50,151,201**	**$ 184,438,631**	

Mid-State Health Network
Notes to Financial Statements
For the Two-Month Period Ended,
November 30, 2021

Please note: The Preliminary Statement of Net Position contains Fiscal Year (FY) 2021 cost settlement figures between the PIHP and Michigan Department of Health Human Services (MDHHS) as well as each Community Mental Health Service Program (CMHSP) Participants. CMHSP Cost settlement figures were extracted from MSHN's Financial Status Report (FSR) submitted to MDHHS in November. CMHSP cost settlement activity is generally finalized in May following the fiscal-year end.

Preliminary Statement of Net Position:

1. Cash and Short-Term Investments
   a) The Cash Chase Checking and Chase Money Market Savings accounts is the cash available for operations. A portion of cash available for operations will be used to cover accounts payable and taxes.
   b) The Savings Internal Service Fund (ISF) and Investment ISF reflect designated accounts to hold the Medicaid ISF funds separate from all other funding per the MDHHS contract.
   c) The Savings PA2 account holds PA2 funds and is also offset by the Deferred Revenue liability account.
2. Accounts Receivable
   a) Approximately 25% of the balance in Due from MDHHS represents amounts owed to MSHN for October and November 2021 HRA payments. Roughly 50% of the balance is owed to MSHN for the estimated FY 21 Performance Bonus Incentive Pool (PBIP) funds. The remaining amount in this account stems from Block Grant and other various grants funds owed to MSHN.

CMHSP	Cost Settlement	Payments/Offsets	Total
Bay	1,200,988.76	-	1,200,988.76
CEI	25,012,373.73	-	25,012,373.73
Central	1,201,002.98	-	1,201,002.98
Gratiot	1,790,653.20	-	1,790,653.20
Huron	-	-	-
The Right Door	2,399,076.23	-	2,399,076.23
Lifeways	4,164,207.21	-	4,164,207.21
Montcalm	3,405,738.03	2,895,000.00	510,738.03
Newaygo	2,226,751.37	-	2,226,751.37
Saginaw	10,304,265.20	-	10,304,265.20
Shiawassee	1,353,714.72	-	1,353,714.72
Tuscola	536,243.17	-	536,243.17
Total	**53,595,014.60**	**2,895,000.00**	**50,700,014.60**

   c) Due from CMHSP – "Non-Service Related" account balance is primarily FY 22's Outstanding CMHSP Relias billing with a small portion owed for MSHN's performance of Supports Intensity Scale (SIS) assessment billed to two CMHs in the region.
   d) Due from Other Governments is the account used to track PA2 billing to the twenty-one counties in MSHN's region. The balance reflects FY 21 quarter four outstanding collections due from four counties.
   e) Approximately 63% of the balance in Due from Miscellaneous represents amounts owed from providers for Medicaid Event Verification (MEV) findings. The remaining amount

represents advances made to Substance Abuse and Treatment (SAPT) providers to cover operations.

f) Due from other funds is the account used to manage anticipated ISF transfers. MSHN can retain up to 7.5 % of current FY revenue to manage risk. This amount is in addition to the allowable 7.5% for savings generated when Medicaid and Healthy Michigan revenue exceed expenses.

g) Prepaid Expense Rent balance consists of security deposits for three MSHN office suites.

h) The full balance in Prepaid Expense Other represents payments made in FY 21 for FY 22 Relias training. The Relias contract cycle is November through October. MSHN has a regional contract which includes the CMHSPs, and they are billed directly for their portion of Relias seats.

i) Fixed Asset Vehicle contains the total cost for MSHN's Mobile Unit. The Mobile Unit will be used to provide Substance Use Disorder services and tele-psychiatry as needed. Amounts in this account are being depreciated.

3. Liabilities

a) Due to State account balance contains the outstanding FY 20 lapse amount which is $2.6 M based on the Compliance Examination. The lapse amount indicates we have a fully funded ISF, and that savings will fall within the second tier (above 5%). Per contractual guidelines MDHHS will receive half of every dollar generated beyond this threshold until the PIHP's total savings reach the 7.5% maximum. In addition, MSHN is projecting an FY 21 $21 M lapse to MDHHS based on the guidelines mentioned directly above. Lastly, MSHN estimates a lapse of approximately $18 M to MDHHS for unspent Direct Care Worker (DCW) premium pay funds.

b) This amount is related to SUD provider payment estimates and is needed to offset the timing of payments.

c) The HRA (Hospital Rate Adjustor) is a pass-through account for dollars sent from MDHHS to cover supplemental payments made to psychiatric hospitals. The HRA payments are intended to incentivize hospitals to have available psychiatric beds as needed. Total HRA payments are calculated based on the number of inpatient hospital services reported.

d) Due to State - IPA Tax contains funds held for tax payments associated with MDHHS Per Eligible Per Month (PEPM) funds. Insurance Plan Assessment taxes are applied to Medicaid and Healthy Michigan eligible.

e) Due to State Local Obligation has a negative balance as MSHN submitted advance payment to MDHHS in November is awaiting payment from one CMHSP.

f) Due to CMHSP contains a balance for one FY 21 cost settlement.

g) Due to other funds is the liability account associated with 2f above.

h) Accrued payroll expense wages represent expense incurred in November and paid in December.

i) Accrued Benefits PTO (Paid Time Off) payable is the required liability account set up to reflect paid time off balances for employees.

j) Accrued Benefits Other represents retirement benefits expense incurred in November and paid in December.

k) The Unrestricted Net Position represents the difference between total assets, total liabilities, and the restricted for risk management figure.

Statement of Activities – PLEASE NOTE – Medicaid Carryforward could vary pending FY 21 Cost Settlement activity:

1. Revenue
    a) This account tracks SIS revenue earned from CMHSPs, Veterans Navigator activity and other small grants. Actual revenue is lower than expected due to ongoing pandemic concerns.
    b) Medicaid Use of Carry Forward represents FY 21 savings. Medicaid savings is generated when prior year revenue exceeds expenses for the same period. A small portion of Medicaid Savings is sent to the CMHSPs as Benefit Stabilization for 24/7/365 SUD activities which include access, prevention, and customer services. FY 21 Medicaid Carry Forward must be used as the first revenue source for FY 22.
    c) Medicaid Capitation – Actual is higher than budget because MSHN is receiving Certified Community Behavioral Health Center (CCBHC) revenue from MDHHS. This revenue category was not included in the budget presented in September as the program was still in development and the information available was not sufficient for financial forecasting. In addition, there is still a moratorium on Medicaid disenrollments. Medicaid Capitation dollars are disbursed to CMHSPs based on per eligible per month (PEPM) payment files and paid to SUD providers based on service delivery.
    d) Local Contribution is flow-through dollars from CMHSPs to MDHHS. Typically, revenue equals the expense side of this activity under Tax Local Section 928. Local Contributions were scheduled to reduce over the next few fiscal years until completely phased out. FY 2022 amounts owed were nearly $800 k less than FY 21.
    e) Interest income is earned from investments and changes in principle for investments purchased at discounts or premiums. The “change in market value” account records activity related to market fluctuations. Actual interest income is less than anticipated due to ongoing low interest rates and fewer investment opportunities to generate this revenue. In addition, the other portion of interest income is amounts earned from the PA2 and General Savings accounts.
    f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. The variance may decrease over time however unspent PA2 dollars remain in the deferred revenue account and Block Grant is received based on actual expenses incurred and billed to MDHHS.
2. Expense
    a) Total PIHP Administration Expense is slightly under budget. The line items with the largest dollar amount variances are Compensation and Benefits and Other Expenses. MSHN’s compensation line includes budget amounts for vacant positions and as a result, actual salary expense is lower. Other Expenses actual amount is higher than the budget because MiHIN’s (technology provider – data exchange) entire FY 22 invoice was paid in October.
    b) IPA/HRA actual tax expenses are slightly lower than the budget amount however the variance is minimal. IPA estimates are impacted by variability in the number of Medicaid and Healthy Michigan eligibles. HRA figures will vary throughout the fiscal year based on inpatient psychiatric utilization. (Please see Statement of Net Position 3c and 3d).

MID-STATE HEALTH NETWORK
SCHEDULE OF INTERNAL SERVICE FUND INVESTMENTS
As of November 30, 2021

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY
UNITED STATES TREASURY BILL	912796SP5	4.23.19	4.25.19	10.24.19	no	988,182.64	1,000,000.00	2.365%
UNITED STATES TREASURY BILL	912796SP5	4.23.19	4.25.19	10.24.19			(1,000,000.00)	
FEDERAL HOME LOAN MTG CORP	3137EAEF2	5.2.19	5.3.19	4.20.20	no	624,605.01	630,000.00	2.331%
FEDERAL HOME LOAN MTG CORP	3137EAEF2						(630,000.00)	
UNITED STATES TREASURY BILL	912796RN1	6.7.19	6.10.19	12.5.19	no	1,979,752.50	2,000,000.00	2.068%
UNITED STATES TREASURY BILL	912796RN1						(2,000,000.00)	
UNITED STATES TREASURY BILL	912796TF6	8.14.19	8.15.19	2.13.20	no	2,972,607.48	3,000,000.00	1.823%
UNITED STATES TREASURY BILL	912796TF6						(3,000,000.00)	
UNITED STATES TREASURY BILL	912796TK5	9.12.19	9.12.19	3.12.20	no	991,043.07	1,000,000.00	1.788%
UNITED STATES TREASURY BILL	912796TK5						(1,000,000.00)	
FEDERAL FARM CREDIT BANK	3133ELCD4	12.2.19	12.3.19	6.2.21	yes	2,000,092.22	2,000,000.00	1.660%
FEDERAL FARM CREDIT BANK	3133ELCD4						(2,000,000.00)	
UNITED STATES TREASURY BILL	912796UC1	2.12.20	2.13.20	1.28.21	no	2,959,268.75	3,000,000.00	
UNITED STATES TREASURY BILL	912796UC1						(3,000,000.00)	
UNITED STATES TREASURY BILL	912796C56	1.28.21	1.28.21	7.29.21	no	2,999,590.50	3,000,000.00	0.027%
UNITED STATES TREASURY BILL	912796C56	1.28.21	1.28.21	7.29.21			(3,000,000.00)	
UNITED STATES TREASURY BILL	912796k57	8.2.21	8.3.21	7.14.22		2,998,706.25	2,999,154.89	
JP MORGAN INVESTMENTS							2,999,154.89	
JP MORGAN CHASE SAVINGS							42,439,653.72	0.050%
							$ 45,438,808.61	

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

Block Grant Update

Federal Substance Abuse Prevention & Treatment Block Grant (SAPTBG) Funds are available to pay the cost of services for individuals who have no insurance or are underinsured. These dollars may also be used to fund discretionary services that are not funded by Medicaid or HMP (examples: transportation assistance, recovery housing). Beginning January 1, 2021, MSHN implemented numerous Block Grant Spending Reductions strategies to align actual expenses with a nearly 37% decrease in MDHHS funding. The summary of changes includes benefit plan modifications such as authorization adjustments and reduced service episodes. In addition, some services were impacted by implementing lower reimbursement rates and applying higher consumer copays.

Please Note: MSHN committed that individuals already in treatment prior to January 1,2021, would not be subject to the new Block Grant benefit limits. As such, the Utilization Management team continued to authorize accordingly at previous levels. Aswe move throughout the remainder of Fiscal Year 2021, we anticipate a more noticeable reduction in costs as those individuals phase out of treatment. Persons who entered treatment on or after January 1, 2021, are subject to benefit limits.

The strategies implemented are helping MSHN see lower overall trends in paid amounts, cases, and units since January 2021. The attached document displays spending from July 2020 through September 2021. The Analytical Summary box on page two examines the average for July - December 2020 as compared to January and then the next month February is compared to the prior one and so on. The analysis highlights that we are moving in the right direction to achieve the goal of bringing actual expenses closer to available Block Grant Revenue. A few items to noteregarding the analysis:

- Case count decreases should be primarily related to Block Grant changes.
- Unit decreases result from Block Grant changes and shifting multiple services into one bundled reimbursement.

Through September 2021, MSHN used approximately $8.1 M in Block Grant Funds. The updated budget amount is $9.9 M which leaves a balance of $1.8 M for the remainder of Fiscal Year 2021. The $1.8 M balance reflects all Block Grant categories such as Treatment, Women's Specialty, Prevention, Administration, and other miscellaneous grants (Gambling Disorder). Unspent funds in one category may not be used to cover cost overruns in another. Preliminary review of the Treatment Services category indicates the margin of revenue compared to expenses will be close. Although we do not anticipate a request for use of PA2 funds to offset regional Block Grant spending we are unable to definitively state this. If a request is needed, MSHN will provide sufficient detail for OPB action.

This report format will be used to keep you updated for the remainder of this fiscal year-end (9.30.2021). In addition, MSHN will closely monitor FY 22 Block Grant Revenue and Expenditure activity to ensure any requests needed for PA2 dollars are submitted to OPB in a timely manner.

Mid-State Health Network
Summary of Block Grant Funded Claims for Dates of Service October 1, 2020 through September 30, 2021

	2020 October	November	December	2021 January	February	March	April	May	June	July	August	September	Reduction Strategy
90791 - Psychiatric Evaluation													Benefit Plan Change
Sum of PAID AMOUNT		112.50			112.50		112.50	135.00	337.50	450.00			
Sum of ALLOWED UNITS		1			1		1	2	3	4			
Distinct Count of CASE #		1			1		1	2	3	4			
90832 - Individual Therapy													Benefit Plan Change
Sum of PAID AMOUNT	8,401.99	5,839.78	4,424.55	4,955.23	5,745.25	4,951.52	3,069.00	2,088.91	2,514.00	1,989.20	1,542.00	1,959.00	
Sum of ALLOWED UNITS	167	119	92	95	110	93	57	40	46	37	28	36	
Distinct Count of CASE #	113	84	65	72	73	66	39	30	28	28	22	29	
90834 - Individual Therapy													Benefit Plan Change
Sum of PAID AMOUNT	16,579.13	9,904.54	9,812.15	11,275.77	11,851.14	5,414.73	4,977.74	5,836.48	8,991.90	7,582.69	8,977.38	6,102.95	
Sum of ALLOWED UNITS	212	134	136	144	150	71	69	73	107	91	108	77	
Distinct Count of CASE #	126	98	92	100	106	56	50	56	66	69	72	63	
90837 - Individual Therapy													Benefit Plan Change
Sum of PAID AMOUNT	24,084.72	14,396.65	13,689.15	11,153.66	12,698.93	19,423.10	16,222.13	14,034.84	14,609.99	12,457.35	14,407.48	15,284.94	
Sum of ALLOWED UNITS	245	151	148	116	135	196	162	135	137	131	144	147	
Distinct Count of CASE #	118	89	73	70	75	89	74	67	74	70	77	91	
90853 - Group Therapy													Benefit Plan Change
Sum of PAID AMOUNT	17,726.52	7,737.04	5,835.50	3,921.45	2,807.91	9,940.77	3,208.68	8,654.54	10,517.97	10,964.00	14,692.30	14,035.50	
Sum of ALLOWED UNITS	209	105	85	59	42	117	43	103	121	123	162	151	
Distinct Count of CASE #	78	52	36	29	21	41	23	36	44	53	57	65	
96372 - Medication Administration													Benefit Plan Change
Sum of PAID AMOUNT							58.00	29.00	58.00	29.00	58.00		
Sum of ALLOWED UNITS							2	1	2	1	2		
Distinct Count of CASE #							2	1	1	1	2		
99202 - E&M - New Consumer													Benefit Plan and Copay Changes
Sum of PAID AMOUNT	920.00	460.00	368.00	261.00	348.00	92.00	184.00	363.00	87.00	184.00	184.00		
Sum of ALLOWED UNITS	10	5	4	3	4	1	2	4	1	2	2		
Distinct Count of CASE #	10	5	4	3	4	1	2	4	1	2	2		
99203 - E&M - New Consumer													Benefit Plan and Copay Changes
Sum of PAID AMOUNT						271.00	77.25	547.00		271.00	271.00	271.00	
Sum of ALLOWED UNITS						2	1	4		2	2	2	
Distinct Count of CASE #						2	1	4		2	2	2	
99205 - E&M - New Consumer													Benefit Plan and Copay Changes
Sum of PAID AMOUNT							174.53						
Sum of ALLOWED UNITS							1						
Distinct Count of CASE #							1						
99211 - E&M - Existing Consumer													Benefit Plan and Copay Changes
Sum of PAID AMOUNT										29.00			
Sum of ALLOWED UNITS										1			
Distinct Count of CASE #										1			
99212 - E&M - Existing Consumer													Benefit Plan and Copay Changes
Sum of PAID AMOUNT				36.41					106.00	159.00	159.00	164.00	
Sum of ALLOWED UNITS				1					2	3	3	3	
Distinct Count of CASE #				1					2	3	3	3	
99213 - E&M - Existing Consumer													Benefit Plan and Copay Changes
Sum of PAID AMOUNT	4,849.64	4,697.31	4,039.35	3,010.81	2,365.55	1,859.05	1,271.24	1,460.24	1,019.05	609.05	1,111.05	681.05	
Sum of ALLOWED UNITS	64	60	52	38	31	23	17	19	13	8	14	9	
Distinct Count of CASE #	54	55	42	37	29	22	17	18	12	8	13	8	
99214 - E&M - Existing Consumer													Benefit Plan and Copay Changes
Sum of PAID AMOUNT							92.84	227.81	32.09	737.06	298.53	280.00	
Sum of ALLOWED UNITS							1	2	2	7	3	2	
Distinct Count of CASE #							1	1	1	3	2	1	
99215 - E&M - Existing Consumer													Benefit Plan and Copay Changes
Sum of PAID AMOUNT							41.06		227.00	227.00			
Sum of ALLOWED UNITS							1		1	1			
Distinct Count of CASE #							1		1	1			
A0110 - Transportation - Bus Token													Benefit Plan Change
Sum of PAID AMOUNT	549.96	576.99	601.99	12.50	56.97	151.96	46.99	61.99	394.45	178.95	417.94	65.50	
Sum of ALLOWED UNITS	31	32	27	2	3	7	4	3	9	8	12	2	
Distinct Count of CASE #	29	32	27	2	3	7	4	3	9	8	12	2	
G2067 - Methadone Weekly Bundle													Benefit Plan Change
Sum of PAID AMOUNT	80.00	100.00		521.74			24.00	24.00		12.00	120.00		
Sum of ALLOWED UNITS	4	5		5			2	2		1	3		
Distinct Count of CASE #	1	1		3			1	1		1	1		
G2078 - Methadone Take Home Supply													Benefit Plan Change
Sum of PAID AMOUNT				3.26									
Sum of ALLOWED UNITS				1									
Distinct Count of CASE #				1									
H0001 - Assessment													Benefit Plan Change
Sum of PAID AMOUNT	10,048.12	6,941.97	5,482.50	7,002.04	7,012.50	5,917.81	3,973.05	6,247.50	7,012.50	5,355.00	6,035.20	7,161.35	
Sum of ALLOWED UNITS	74	57	43	56	55	47	32	49	55	42	49	57	
Distinct Count of CASE #	74	57	43	56	55	47	32	49	55	42	49	57	
H0003 - Drug Screen													Benefit Plan Change
Sum of PAID AMOUNT	76.50	127.50	76.50	51.00	51.00	25.50		25.50		51.00	25.50	25.50	
Sum of ALLOWED UNITS	3	5	3	2	2	1		1		2	1	1	
Distinct Count of CASE #	2	4	2	2	2	1		1		2	1	1	
H0004 - Individual Counseling													Benefit Plan Change
Sum of PAID AMOUNT	7,234.00	6,729.50	7,487.50	6,767.00	4,702.00	4,130.00	1,898.00	1,085.00	1,442.50	1,245.00	1,119.50	1,793.50	
Sum of ALLOWED UNITS	348	313	361	319	232	197	91	52	70	60	54	87	
Distinct Count of CASE #	69	67	61	67	47	42	17	15	14	10	10	12	
H0005 - Group Counseling													Benefit Plan Change
Sum of PAID AMOUNT	2,178.00	1,476.00	2,019.00	1,563.00	784.00	492.00	820.00	656.00	697.00	328.00	451.00	123.00	
Sum of ALLOWED UNITS	53	36	49	38	19	12	20	16	17	8	11	3	
Distinct Count of CASE #	16	17	18	15	8	5	6	5	6	5	2	1	
H0006 - Case Management													Benefit Plan Change
Sum of PAID AMOUNT	17,459.00	13,751.50	16,432.00	14,766.50	11,422.00	13,399.00	10,660.50	8,867.00	10,672.00	9,360.50	11,412.50	12,405.50	
Sum of ALLOWED UNITS	414	332	396	356	276	324	259	212	253	216	258	282	
Distinct Count of CASE #	270	232	245	243	198	201	172	153	173	140	168	158	
H0010 - Withdrawal Management													Benefit Plan Change
Sum of PAID AMOUNT	7,590.00	3,450.00	4,830.00	2,415.00	6,900.00	3,795.00	3,105.00	2,415.00	4,830.00	6,900.00	5,520.00	2,070.00	
Sum of ALLOWED UNITS	22	10	14	7	20	11	9	7	14	20	16	6	
Distinct Count of CASE #	6	3	5	2	6	3	2	3	5	5	5	2	
H0012 - Withdrawal Management													Benefit Plan Change
Sum of PAID AMOUNT	1,562.50	937.50			625.00	3,125.00	1,250.00			625.00		2,187.50	
Sum of ALLOWED UNITS	5	3			2	10	4			2		7	
Distinct Count of CASE #	2	1			1	3	1			1		3	
H0018 - Residential Treatment													Benefit Plan and Copay Changes
Sum of PAID AMOUNT	68.50				598.50	399.00	66.50	1,944.00			2,443.50		
Sum of ALLOWED UNITS	1				9	6	1	28			28		
Distinct Count of CASE #	1				1	2	1	2			2		

Mid-State Health Network
Summary of Block Grant Funded Claims for Dates of Service October 1, 2020 through September 30, 2021

	2020 October	November	December	2021 January	February	March	April	May	June	July	August	September	Reduction Strategy
H0019 - Residential Treatment													Benefit Plan and Copay Changes
Sum of PAID AMOUNT	29,257.50	23,117.00	28,327.50	33,537.50	25,832.00	18,066.00	17,844.50	10,647.00	23,888.00	19,536.00	20,010.00	31,706.00	
Sum of ALLOWED UNITS	191	152	187	229	182	126	116	70	161	132	128	207	
Distinct Count of CASE #	14	15	14	14	17	9	10	8	11	12	13	16	
H0020 - Methadone Dosing													Benefit Plan Change
Sum of PAID AMOUNT	26,488.00	23,384.00	22,176.00	19,512.00	14,168.00	11,896.00	7,688.00	6,952.00	4,896.00	3,224.00	2,744.00	2,224.00	
Sum of ALLOWED UNITS	3,311	2,923	2,772	2,439	1,771	1,487	961	869	612	403	343	278	
Distinct Count of CASE #	119	103	95	88	73	59	40	35	27	18	14	11	
H0038 - Peer Recovery Supports													Benefit Plan and Copay Changes
Sum of PAID AMOUNT	54,802.74	51,611.00	43,667.00	31,332.50	25,266.75	20,986.50	5,953.50	8,440.00	12,519.50	14,055.70	14,166.00	15,129.50	
Sum of ALLOWED UNITS	4,042	3,979	3,436	2,841	2,099	2,038	619	980	1,523	1,380	1,716	1,999	
Distinct Count of CASE #	170	165	173	161	148	143	73	90	95	85	105	129	
H0048 - Drug Screen													Benefit Plan Change
Sum of PAID AMOUNT	2,388.60	1,952.10	2,063.60	2,217.39	2,465.50	2,192.50	1,984.00	1,943.50	2,703.57	2,612.76	2,730.57	2,919.50	
Sum of ALLOWED UNITS	194	159	168	180	199	177	160	157	219	211	220	235	
Distinct Count of CASE #	124	122	111	129	143	129	126	118	146	146	153	151	
H0050 - Brief Intervention													Benefit Plan Change
Sum of PAID AMOUNT		15.50											
Sum of ALLOWED UNITS		1											
Distinct Count of CASE #		1											
H2027 - Didactic Services													Benefit Plan Change
Sum of PAID AMOUNT	1,490.00	555.00	456.00	198.00			341.00	165.00		104.00	104.00		
Sum of ALLOWED UNITS	266	102	90	36			62	30		16	16		
Distinct Count of CASE #	10	7	4	2			2	2		1	1		
H2034 - Recovery Housing													Benefit Plan Change and Rate Reduction
Sum of PAID AMOUNT	121,582.66	132,299.91	148,104.97	103,245.90	82,205.25	75,469.50	60,134.00	44,022.50	36,949.00	36,919.00	43,126.50	37,292.00	
Sum of ALLOWED UNITS	5,264	5,746	6,040	5,574	4,443	4,240	3,069	2,374	2,100	2,081	2,387	2,017	
Distinct Count of CASE #	243	248	253	240	211	184	161	119	117	102	112	108	
S0215 - Transportation - Per Mile													Benefit Plan Change
Sum of PAID AMOUNT	2,084.16	1,394.61	459.76	590.80	731.92	712.32	789.60	1,038.80	590.80	341.60	952.00	1,012.48	
Sum of ALLOWED UNITS	3,636	2,427	793	1,055	1,307	1,272	1,410	1,855	1,055	610	1,700	1,808	
Distinct Count of CASE #	34	30	9	11	14	15	15	19	11	7	17	19	
S9976 - Residential Room and Board													Benefit Plan Change and Rate Reduction
Sum of PAID AMOUNT	205,493.00	183,094.00	184,115.00	137,897.00	135,933.00	147,798.00	132,090.00	129,618.00	131,124.00	148,911.00	159,971.00	152,545.00	
Sum of ALLOWED UNITS	7,349	6,552	6,593	6,582	6,474	7,055	6,294	6,175	6,244	7,092	7,623	7,266	
Distinct Count of CASE #	460	417	397	425	451	444	399	419	430	466	474	478	
T1009 - Childcare Services													Benefit Plan Change
Sum of PAID AMOUNT	5,904.00	3,707.00	5,723.00	6,402.00	6,477.00	5,952.00	5,660.00	2,856.00	800.00	1,169.00	2,081.00	2,066.00	
Sum of ALLOWED UNITS	91	58	70	88	70	85	72	30	14	23	41	31	
Distinct Count of CASE #	7	7	7	8	4	8	5	5	4	3	3	4	
T1012 - Peer Recovery Supports													Benefit Plan and Copay Changes
Sum of PAID AMOUNT	13,578.00	20,768.00	21,576.00	9,412.00	7,813.00	5,824.00	349.00	541.00	466.00	249.00	694.00	302.00	
Sum of ALLOWED UNITS	438	609	649	295	231	175	10	22	16	9	30	11	
Distinct Count of CASE #	81	79	81	62	45	36	6	6	7	6	9	6	
Total Sum of PAID AMOUNT	**582,477.24**	**519,136.90**	**531,767.02**	**412,061.46**	**368,973.67**	**362,284.26**	**284,166.61**	**260,926.61**	**277,485.82**	**286,865.86**	**315,824.95**	**309,806.77**	
Total Sum of ALLOWED UNITS	**26,644**	**24,076**	**22,208**	**20,561**	**17,867**	**17,773**	**13,552**	**13,315**	**12,797**	**12,727**	**15,104**	**14,724**	
Total Distinct Count of CASE #	**1,433**	**1,325**	**1,245**	**1,268**	**1,247**	**1,152**	**986**	**941**	**979**	**965**	**1,013**	**1,007**	

SUMMARY

	Prior Monthly Average	January	February	March	April	May	June	July	August	September	
Total Sum of PAID AMOUNT	**544,460.39**	**412,061.46**	**368,973.67**	**362,284.26**	**284,166.61**	**260,926.61**	**277,485.82**	**286,865.86**	**315,824.95**	**309,806.77**	
Total Sum of ALLOWED UNITS	**24,309**	**20,561**	**17,867**	**17,773**	**13,552**	**13,315**	**12,797**	**12,727**	**15,104**	**14,724**	
Total Distinct Count of CASE #	**1,334**	**1,268**	**1,247**	**1,152**	**986**	**941**	**979**	**965**	**1,013**	**1,007**	
Change in PAID AMOUNT		(132,398.93)	(43,087.79)	(6,689.41)	(78,117.65)	(23,240.00)	16,559.21	9,380.04	28,959.09	(6,018.18)	(257,594.53)
% Change in PAID AMOUNT		-24.32%	-10.46%	-1.81%	-21.56%	-8.18%	6.35%	3.38%	10.09%	-1.91%	
Change in ALLOWED UNITS		(3,748)	(2,694)	(94)	(4,221)	(237)	(518)	(70)	2,377	(380)	
% Change in ALLOWED UNITS		-15.42%	-13.10%	-0.53%	-23.75%	-1.75%	-3.89%	-0.55%	18.68%	-2.52%	
Change in CASES		(66)	(21)	(95)	(166)	(45)	38	(14)	48	(6)	
% Change in CASES		-4.95%	-1.66%	-7.62%	-14.41%	-4.56%	4.04%	-1.43%	4.97%	-0.59%	

MSHN
Mid-State Health Network

Background

In accordance with the MSHN Operating Agreement, Article VI, Contracts that state the following:

> The Entity Board must approve the execution of any contract exceeding $25,000 in value. This includes any contract involving the acquisition, ownership, custody, operation, maintenance, lease, or sale of real or personal property and the disposition, division or distribution of property acquired through execution of the contract.

Therefore, MSHN presents the attached FY22 Contract Listing for Board approval and authorization of the Chief Executive Officer to sign.

Recommended Motion:

The MSHN Board authorizes its Chief Executive Officer to sign and fully execute the contracts as presented and listed on the FY22 contract listing.

MID-STATE HEALTH NETWORK
FISCAL YEAR 2022 NEW AND RENEWING CONTRACTS
January 2022

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION	CONTRACT TERM	ORIGINAL FY22 CONTRACT AMOUNT	FY22 TOTAL CONTRACT AMOUNT	FY22 INCREASE/ (DECREASE)
PIHP ADMINISTRATIVE FUNCTION CONTRACTS					
Pam Fachting	MEV Site Reviewer	9.1.21 - 6.30.22	-	**32,000**	**32,000**
			$ -	**$ 32,000**	**$ 32,000**

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT SOR PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	ORIGINAL SOR COST REIMBURSEMENT CONTRACT AMOUNT	TOTAL SOR COST REIMBURSEMENT CONTRACT AMOUNT	SOR INCREASE/ (DECREASE)
CONTRACTS LISTED IN THIS SECTION ARE ALL SOR GRANT FUNDED PROGRAMS					
Child & Family Charities	Prime for Life	1.1.22 - 9.30.22	144,125	**206,565**	**62,440**
			$ 144,125	**$ 206,565**	**$ 62,440**

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	ORIGINAL FY22 COST REIMBURSEMENT CONTRACT AMOUNT	FY22 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY22 INCREASE/ (DECREASE)
Hazelden Publishing	Treatment & Recovery Resources (COVID-BG Funds)	1.1.22 - 9.30.22	-	**66,167**	**66,167**
Punks with Lunch (New)	Syringe Services Program (Ingham - PA2)	12.1.21 - 9.30.22	-	**5,000**	**5,000**
			$ -	**$ 71,167**	**$ 71,167**

CONTRACTING ENTITY	CONTRACTED PROGRAM DESCRIPTION	CONTRACT TERM	FY22 ORIGINAL CONTRACT AMOUNT	FY22 TOTAL CONTRACT AMOUNT	FY22 INCREASE/ (DECREASE)
North Shores Hospital Psychiatry	Crisis Residential Services (Max. per diem $500)	2.1.22 - 9.30.22	-	**73,000**	**73,000**
			$ -	**$ 73,000**	**$ 73,000**

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION (Revenue Contract)	CONTRACT TERM	FY21 ORIGINAL CONTRACT AMOUNT	FY21 TOTAL CONTRACT AMOUNT	FY21 INCREASE/ (DECREASE)
Michigan Department of Health & Human Services	Medicaid Managed Specialty Supports and Services Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs (Amendment #5)	10.1.21 - 9.30.22	-	**-**	**-**
			$ -	**$ -**	**$ -**

Mid-State Health Network (MSHN) Board of Directors Meeting

Tuesday, November 2, 2021

Best Western Okemos/East Lansing

Meeting Minutes

1. Call to Order

Chairperson Ed Woods called this meeting of the Mid-State Health Network Board of Directors to order at 5:00 p.m. Mr. Ed Woods expressed his gratitude for all the cards, emails, notes and letters he received from Board members and MSHN staff following his surgery in September. The thoughtfulness, caring and encouraging words were really appreciated and made it easier to get through the surgery and healing process.

2. Roll Call

Secretary Kurt Peasley provided the roll call for Board Members in attendance.

Board Member(s) Present: Jim Anderson (Bay-Arenac), Brad Bohner (LifeWays), Joe Brehler (CEI), Bruce Cadwallender (Shiawassee), Mike Cierzniewski (Saginaw), Craig Colton (Huron), Ken DeLaat (Newaygo), David Griesing (Tuscola), Dan Grimshaw (Tuscola) - joined at 5:12 p.m., Tina Hicks (Gratiot), Dianne Holman (CEI), John Johansen (Montcalm), Steve Johnson (Newaygo), Jeanne Ladd (Shiawassee), Rhonda Matelski (Huron), Pat McFarland (Bay-Arenac), Deb McPeek-McFadden (Ionia), Gretchen Nyland (Ionia), Irene O'Boyle (Gratiot), Kurt Peasley (Montcalm), Joe Phillips (CMH for Central Michigan), Tracey Raquepaw (Saginaw), Kerin Scanlon (CMH for Central Michigan), Ed Woods (Lifeways)

Board Member(s) Absent: None

Staff Members Present: Joseph Sedlock (Chief Executive Officer), Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Sherry Kletke (Executive Assistant), Kim Zimmerman (Chief Compliance and Quality Officer)

3. Approval of Agenda for November 2, 2021

Board approval was requested for the Agenda of the November 2, 2021, Regular Business Meeting.

MOTION BY DEB MCPEEK-MCFADDEN, SUPPORTED BY JOHN JOJHANSEN, FOR APPROVAL OF THE AGENDA OF THE NOVEMBER 2, 2021, REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 23-0.

4. Public Comment

There was no public comment.

5. MSHN External Compliance Examination Report Presentation (Roslund, Prestage and Company)

Mr. Derek Miller; Auditor, from Roslund, Prestage and Company presented his report and highlighted key information included in the MSHN Fiscal Year 2020 Compliance Examination conducted by his firm and provided within board member packets. The audit found that MSHN complied in all material aspects with the specified requirements; that no control deficiencies were found; no material non-compliance with laws, regulations, or contracts were identified; and no fraud was found.

MOTION BY TINA HICKS, SUPPORTED BY DAVID GRIESING, TO RECEIVE AND FILE THE REPORT ON COMPLIANCE OF MID-STATE HEALTH NETWORK FOR THE YEAR ENDED SEPTEMBER 30, 2020. MOTION CARRIED: 24-0.

6. Mid-State Health Network Compliance Plan Update

Ms. Kim Zimmerman presented information specific to the changes incorporated into the MSHN Fiscal Year 2022 Corporate Compliance Plan Update. Ms. Kim Zimmerman encouraged members to contact her directly with any questions, concerns or to request additional information.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY GRETCHEN NYLAND, FOR APPROVAL OF THE MSHN FISCAL YEAR 2022 CORPORATE COMPLIANCE PLAN AND ACKNOWLEDGE RECEIPT. MOTION CARRIED: 24-0.

7. Chief Executive Officers Report

Mr. Joseph Sedlock would like to thank all the Board members for traveling to Okemos for this evening's meeting and for supporting MSHN. Mr. Joseph Sedlock also wished to recognize Ms. Leslie Thomas and the rest of the MSHN Finance staff for the 7th straight compliance report without significant findings. Mr. Joseph Sedlock would also like to recognize Ms. Kim Zimmerman for her focus on compliance day in and day out which leads to MSHN being one of the best PIHPs in the State.

Mr. Joseph Sedlock discussed several items from within his written report to the Board highlighting the following:

- PIHP/Regional Matters
  - COVID-19 MSHN Internal Operations Status
  - MSHN Regional Operations Status
  - Direct Care Worker Premium Pay Initiative

- MDHHS Director Hertel comments on Public Behavioral Health System Redesign
- House Democratic Caucus Listening Tour

- State of Michigan/Statewide Activities
  - State Plans for Receiving Afghan Nationals
  - Michigan Psychiatric Care Improvement Project
  - Michigan Health Integration Updates
- Federal/National Activities
  - State of Mental Health in America – 2022 – Report Released

8. Deputy Directors Report

Ms. Amanda Ittner discussed several items in her written report to the board, highlighting the following:

- Certified Community Behavioral Health Clinic (CCBHC) Update
- MSHN Staffing Update: In addition to the report in member packets, MSHN has hired Sarah Surna to fill the vacant Prevention Specialist position. Forest Goodrich; Chief Information Officer (CIO), will be retiring in mid-December. Ms. Amanda Ittner will provide an update at the January board meeting of the transition plan for the CIO position. Mr. Ed Woods wishes to recognize Mr. Forest Goodrich for his efforts that have made this region successful.
- Intensive Crisis Stabilization Services
- Behavioral Health Waiver Update
- MDHHS Credentialing Report

9. Chief Financial Officers Report

Ms. Leslie Thomas provided an overview of the financial reports included within board meeting packets for the period ended September 30, 2021.

MOTION BY BRAD BOHNER, SUPPORTED BY TINA HICKS, TO RECEIVE AND FILE THE PRELIMINARY STATEMENT OF NET POSITION AND PRELIMINARY STATEMENT OF ACTIVITIES FOR THE PERIOD ENDING SEPTEMBER 30, 2021, AS PRESENTED. MOTION CARRIED: 24-0.

10. Contracts for Consideration/Approval

Ms. Leslie Thomas provided an overview of the FY2022 contract listing provided in the meeting packet and requested the board authorize MSHN's CEO to sign and fully execute the contracts listed on the FY2022 contract listing and requested an addition of $100,000 to McDonald Garber for a Gambling Disorder Media Campaign.

MOTION BY DAVID GRIESING, SUPPORTED BY CRAIG COLTON, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED AND LISTED ON THE FY22 CONTRACT LISTING AND TO INCLUDE THE ADDITION OF $100,000 TO McDONALD GARBER. MOTION CARRIED: 24-0.

11. Executive Committee Report

Ms. Irene O'Boyle informed Board members an email was sent to each member earlier today containing a link to complete the Chief Executive Officer (CEO) Performance Review through Survey Monkey. Ms. Irene O'Boyle reminded Board members that the CEO is not involved in any aspect of the process and does not see individual responses. All Board members are encouraged to participate and offer feedback. The deadline for completing the performance review is November 14, 2021. There exists a current employment contract between the Board and the CEO and that contract is not up for renewal consideration until next year. Twenty-Three (23) others consisting of peers, stakeholders and staff were sent a 360-feedback performance survey to complete. Results will be gathered after the close of the surveys and will be presented at the December Executive Committee meeting and presented to the full Board at the January meeting.

12. Chairpersons Report

Mr. Ed Woods would like to express his thanks to all MSHN staff for the audit findings and reports presented today and appreciates all that staff and board members do to make MSHN the best PIHP. Mr. Ed Woods would also like to wish everyone Happy Holidays and a Happy New Year since today's meeting is the last one for this calendar year.

13. Approval of Consent Agenda

Board approval was requested for items on the consent agenda as listed in the motion below, and as presented.

MOTION BY BRAD BOHNER, SUPPORTED BY TRACEY RAQUEPAW, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE SEPTEMBER 14, 2021 BOARD OF DIRECTORS MEETING; APPROVE MINUTES OF THE SEPTEMBER 14, 2021 PUBLIC HEARING; RECEIVE BOARD EXECUTIVE COMMITTEE MEETING MINUTES OF OCTOBER 15, 2021; RECEIVE POLICY COMMITTEE MINUTES OF October 5, 2021; RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF SEPTEMBER 20, 2021 AND OCTOBER 18, 2021; AND TO APPROVE ALL OF THE FOLLOWING POLICIES: COMPLIANCE LINE, COMPLIANCE AND PROGRAM INTEGRITY, CONSENT TO SHARE INFORMATION, DISQUALIFIED PROVIDERS, REPORTING AND INVESTIGATIONS, CONFIDENTIALITY AND NOTICE OF PRIVACY, AND EXTERNAL QUALITY REVIEW. MOTION CARRIED: 24-0.

14. Other Business

There was no other business.

15. Public Comment

There was no public comment**.**

16. Adjournment

The MSHN Board of Directors Regular Business Meeting adjourned at 6:13 p.m.

Mid-State Health Network SUD Oversight Policy Advisory Board
Wednesday, June 16, 2021, 4:00 p.m.
Zoom Meeting

Meeting Minutes

1. Call to Order

Chairperson John Hunter called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:03 p.m.

Board Member(s) Present: Jim Anderson (Bay), Nichole Badour (Gratiot), Bruce Caswell (Hillsdale), Steve Glaser (Midland), Susan Guernsey (Mecosta), John Hunter (Tuscola), Bryan Kolk (Newaygo), Robert Luce (Arenac), Joe Murphy (Huron), Vicky Schultz (Shiawassee), Todd Tennis (Ingham), Deb Thalison (Ionia), Kim Thalison (Eaton), David Turner (Osceola), Dwight Washington (Clinton)., Ed Woods (Jackson)

Board Member(s) Absent: Lisa Ashley (Gladwin), Christina Harrington (Saginaw), Tom Lindeman (Montcalm), Jim Moreno (Isabella), Leonard Strouse (Clare)

Alternate Members Present: John Kroneck (Montcalm)

Staff Members Present: Amanda Ittner (Deputy Director), Joe Sedlock (Chief Executive Officer), Sherry Kletke (Executive Assistant), Dr. Trisha Thrush (Lead Treatment Specialist), Carolyn Tiffany (Director of Provider Network Management Systems), Dr. Dani Meier (Chief Clinical Officer), Kim Zimmerman (Director of Compliance, Quality & Customer Services), Leslie Thomas (Chief Financial Officer), Michael Scott (Veterans Navigator), Kari Gulvas (Prevention Specialist)

2. Roll Call

Ms. Amanda Ittner provided the Roll Call for Board Attendance.

3. Approval of Agenda for June 16, 2021

BOARD APPROVED DECEMBER 15, 2021

Board approval was requested for the Agenda of the June 16, 2021 Regular Business Meeting, as presented.

MOTION BY STEVE GLASER, SUPPORTED BY BRYAN KOLK, FOR APPROVAL OF THE JUNE 16, 2021 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 16-0.

4. Approval of Minutes from the February 17, 2021 Regular Business Meeting

Board approval was requested for the draft meeting minutes of the February 17, 2021 Regular Business Meeting.

MOTION BY STEVE GLASER, SUPPORTED BY DEB THALISON, FOR APPROVAL OF THE MINUTES OF THE FEBRUARY 17, 2021 MEETING, AS PRESENTED. ROLL CALL VOTE: VOTING YES: VOTING NO: N/A. MOTION CARRIED: 16-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

- Welcomed New Member:
  - Joe Murphy (Huron County)
- Annual Board Member Disclosure Forms: Board members were reminded of the requirement to fill out the annual disclosure form which will be distributed electronically this year via DocuSign.

Ms. Nicole Badour joined the meeting at 4:15pm.

7. Deputy Director Report

Ms. Amanda Ittner provided an overview of the written report available in the meeting packet that included; MSHN internal updates, COVID supplemental block grant funding, MSHN Statement on System Redesign, Open Meetings Act, Michigan Opioids Task Force Annual Report, and the Suicide Prevention Commission Report. . Mr. Todd Tennis updated the Board that the Ingham County Board of Commissions are not expecting to extend the Public Health Emergency and will let it expire on June 30, 2021..

8. Chief Financial Officer Report

Ms. Leslie Thomas provided an overview of the financial reports included in board meeting packets:

- FY2021 PA2 Funding and Expenditures by County
- FY2021 PA2 Use of Funds by County and Provider
- FY2021 Substance Use Disorder (SUD) Financial Summary Report of April 2021
- Block Grant Reduction Update & Projections

Ms. Kim Thalison left the meeting at 4:30pm.

9. FY21 Substance Use Disorder PA2 Contract Listing

Ms. Carolyn Tiffany provided an overview and information on the FY21 Substance Use Disorder PA2 Contract listing, recommended for board approval, as presented.

MOTION BY DWIGHT WASHINGTON, SUPPORTED BY TODD TENNIS, TO APPROVE THE FY21 SUBSTANCE USE DISORDER PA2 CONTRACT LISTING, AS PRESENTED. ROLL CALL VOTE: VOTING YES: VOTING NO: N/A. MOTION CARRIED: 16-0.

10. SUD Operating Update

Dr. Dani Meier provided an overview and update on SUD Operations including information on the following:

- FY2021 Q2 SUD County Reports

11. Other Business

- MSHN Strategic Planning Presentation: MSHN Leadership presented an overview of the draft FY2022-2023 Strategic Plan, including the five Board Priorities; Better Health, Better Equity, Better Care, Better Value and the new priority of Betty Equity.
    - Mr. Todd Tennis inquired about advocacy efforts for SAPTR providers. MSHN has been supporting SAPTR providers and their inclusion in related advocacy efforts.
    - Mr. Dwight Washington inquired about the system redesign concept from Senator Shirkey. The system redesign legislation introduced in the House by Representative Whiteford would eliminate the PIHPs and dismantle the current managed care system at a time when provider and service stabilization is a priority, especially as it relates to the effects of COVID-19.

- Mr. John Kroneck states that Michigan Psychiatric Association is available to support advocacy efforts.

Ms. Vicky Schultz left meeting at 5:26 p.m.
Mr. Bruce Caswell left meeting at 5:37 p.m.

12. Public Comment

There was no public comment.

13. Board Member Comment

Mr. Bryan Kolk inquired about the intergovernmental agreements asking if the final executed agreement has been distributed to all counties. Ms. Amanda Ittner mentioned that determining the status of the executed agreement was on our project list along with Ms. Sherry Kletke. The intergovernmental agreement is a three-year agreement which started in 2019 and a new agreement will be due for 2022. MSHN will review for any updates to be brought to the board and distribute to the counties for signature.

14. Adjournment

MOTION BY STEVE GLASER, SUPPORTED BY DEB THALISON TO ADJOURN THE JUNE 16, 2021, SUBSTANCE USE DISORDER OVERSIGHT POLICY ADVISORY BOARD MEETING AT 5:46 P.M.

Meeting minutes submitted respectfully by:
MSHN Executive Assistant

BOARD APPROVED DECEMBER 15, 2021

Mid-State Health Network SUD Oversight Policy Advisory Board
Wednesday, October 20, 2021, 4:00 p.m.
CMH Association of Michigan (CMHAM)

Meeting Minutes

1. Call to Order

Chairperson John Hunter called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:06 p.m.

Chairperson Hunter asked the OPB members their preference regarding meeting packet material contents since the packet is only emailed to members. Members agreed that they would prefer to have the meeting packet displayed on a screen for viewing at future meetings. MSHN staff will make arrangements to have future meeting packet contents displayed on a screen in the meeting room.

Board Member(s) Present: Jim Anderson (Bay), Nichole Badour (Gratiot), Sandra Bristol (Clare), Bruce Caswell (Hillsdale), Steve Glaser (Midland) – joined at 4:38 p.m., Susan Guernsey (Mecosta)-left at 5:00 p.m., Christina Harrington (Saginaw), John Hunter (Tuscola), Bryan Kolk (Newaygo), Robert Luce (Arenac), Jim Moreno (Isabella), Vicky Schultz (Shiawassee), Todd Tennis (Ingham), Deb Thalison (Ionia), Kim Thalison (Eaton), Dwight Washington (Clinton), Ed Woods (Jackson)

Board Member(s) Absent: Lisa Ashley (Gladwin), Joe Murphy (Huron), Scott Painter (Montcalm), David Turner (Osceola)

Alternate Members Present: John Kroneck (Montcalm)

Staff Members Present: Amanda Ittner (Deputy Director), Joseph Sedlock (Chief Executive Officer), Sherry Kletke (Executive Assistant), Leslie Thomas (Chief Financial Officer), Dr. Dani Meier (Chief Clinical Officer)

2. Roll Call

Secretary Bruce Caswell provided the Roll Call for Board Attendance. Only 10 members were present in-person which does not meet the minimum requirement for a quorum, so

no action was taken on action items noted below. Items requiring action will be added to the agenda for the next meeting on December 15, 2021.

3. Approval of Agenda for October 20, 2021

No quorum was present to take action to approve the Agenda of the October 20, 2021 Regular Business Meeting, as presented.

4. Approval of Minutes from the June 16, 2021 Regular Business Meeting

No quorum was present to take action to approve the minutes of the June 16, 2021 Regular Business Meeting and will be scheduled for approval at the next meeting on December 15, 2021.

5. Public Comment

There was no public comment.

6. Board Chair Report

No quorum was present to take action to approve the draft FY2022 Board Calendar and will be scheduled for approval at the next meeting on December 15, 2021.

7. Deputy Director Report

Ms. Amanda Ittner provided an overview of the written report included in the board meeting packet, and available on the MSHN website highlighting:

- FY2022-2023 Strategic Plan
- COVID Updates
- COVID-Specific SAPT Block Grant funding approved
- Intergovernmental Agreement

8. Chief Financial Officer Report

Ms. Leslie Thomas provided an overview of the financial reports included in board meeting packets:

- FY2021 PA2 Funding and Expenditures by County
- FY2021 PA2 Use of Funds by County and Provider
- FY2021 Substance Use Disorder (SUD) Financial Summary Report of August 2021
- Block Grant Reduction Update & Projections
- FY2022 Budget Overview

Ms. Deb Thalison asked why Ionia County's allocation for PA2 increased and the Block Grant allocation decreased. MSHN staff will check into this and provide information back to Deb.

Discussion took place regarding the allowance to roll over PA2 Prevention Coalition funds to the next fiscal year, if unspent. Per MSHN funding requirements, coalitions are reimbursed as funds are expended. Coalitions may request more than the $5,000 allocation during the annual planning time frame.

9. FY22 Substance Use Disorder PA2 Contract Listing

Ms. Amanda Ittner provided an overview and information on the FY22 Substance Use Disorder (SUD) PA2 Contract listing as provided in the packet.

No quorum was present to take action to approve the FY22 SUD PA2 Contract listing and will be scheduled for approval at the next meeting on December 15, 2021.

10. SUD Operating Update

Dr. Dani Meier began by sharing that MSHN's Lead Prevention Specialist, Jill Worden had passed away. She was a loved and respected leader on the SUD Clinical team and a leader for SUD prevention in the region and the state during her 30+ year career. The Bay County Prevention Network is establishing a Jill Worden Founders Award that will first be presented on November 1. Sarah Andreotti has stepped into the Lead Prevention Specialist role and interviews are under way to bring the Prevention Team back to full strength. Dr. Meier provided an overview of the written SUD Operations report as included in the board meeting packet.

Discussion of the previous week's Cocaine, Meth and Stimulant Summit and the rising rate of stimulant-related overdose deaths, led to OPB Board members requesting a presentation at the December 2021 meeting regarding Evidence Based Practice (EBP) tools and strategies in relation to the growing phenyl-2-propanone (P2P) methamphetamine and fentanyl trends.

11. Other Business

12. Public Comment

13. Board Member Comment

14. Adjournment

Chairperson John Hunter adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:24 p.m.

Meeting minutes submitted respectfully by:
MSHN Executive Assistant

BOARD APPROVED DECEMBER 15, 2021

MSHN
Mid-State Health Network

Mid-State Health Network Board of Directors

Executive Committee Meeting Minutes

Friday, December 17, 2021, 9:00 a.m. (Videoconference)

Members Present:	Ed Woods, Chairperson; Irene O'Boyle, Vice Chairperson; Kurt Peasley, Secretary; David Griesing, At Large Member; Pat McFarland, At Large Member
Others Present:	Ken DeLaat
Staff Present:	Joseph Sedlock, Chief Executive Officer; Amanda Ittner, Deputy Director

1. **Call to order:** Chairperson Woods called this meeting of the MSHN Board Executive Committee to order at 9:03 a.m.

2. **Approval of Agenda:** Motion by K. Peasley, supported by P. McFarland, to approve the agenda for the 12/17/2021 meeting of the Executive Committee as presented. Motion carried.

3. **Guest Board Member Comments:** None.

4. **Administration Matters:**
   - 4.1 Community Mental Health Voluntary Special Assessment: Mr. Sedlock provided background and details associated with a request from the Community Mental Health (CMH) Association, along with a summary of issues, both pros and cons. Mr. Sedlock raised several questions for consideration by the Board Executive Committee. Discussion resulted in a recommendation that the Executive Committee recommend approval of a motion to provide funding for the CMH Association special assessment. Mr. Sedlock was asked by the Executive Committee to make a recommendation on the level of funding to be included in the board motion for consideration at the January 2022 board meeting.
   - 4.2 FY 22 Budget Amendment Update – Delay until March 2022: Administration informed the Board in September 2021 that a budget amendment would be prepared for presentation to the Board in January 2022 due to the lateness of receiving rate certifications upon which to base regional estimates. Mr. Sedlock reported that Chief Financial Officer, Leslie Thomas, and the regional Finance Council have determined that most regional CMHSP Participants have not had sufficient time to accurately adjust their local budgets and obtain local board approval. As a result, MSHN will delay the FY 2022 budget amendment to March 2022. Revenue projections continue to trend positively, so this delay should not have a negative impact on resources or operations.
   - 4.3 Other (if any): None.

5. **Board Matters:**
   - 5.1 Open Meetings Act (OMA) Changes, Bylaws: This meeting packet contained documents for Committee review having to do with a significant change to public (including MSHN Board) meetings. After 12/31/2021, only board members absent due to miliary duty are permitted to participate in and vote by electronic means. MSHN board members who are not physically present for Board Meetings, including the MSHN Oversight Policy Board, may not vote on matters before the board(s). Mr. Sedlock recommended a statement to this effect at the start of the next MSHN Board (and OPB) meetings. MSHN Attorney, Timothy Perrone, recommends waiting until pending OMA legislation is resolved before initiating an edit to the MSHN bylaws to bring them into conformity with statute. MSHN administration will continue tracking these developments and report out when the OMA legislation is finalized and/or when MSHN Attorney Perrone advises to move forward. Mr. Sedlock will also advise the MSHN Regional Operations Council since action by all 12 CMHSP Participants is required to initiate a bylaws change (MSHN Board does not have a vote

in this matter per the bylaws). Chairman Woods asked that the board meeting packet include the applicable excerpt from the MSHN bylaws for reference by board members.

5.2 Board Self-Assessment: The annual board self-assessment is scheduled for release and completion at and after the January 2022 MSHN board meeting. Chairman Woods asked Ms. O'Boyle to coordinate the process again this year. Ms. O'Boyle agreed. Ms. O'Boyle reviewed the questions and format for the annual board self-assessment and also described the on-line completion process. MSHN Executive Assistant, Sherry Kletke, will distribute the link to board members shortly after the January board meeting, compile results, and prepare a report for a future Executive Committee meeting, and then for full board consideration.

5.3 National Conference (April 11-13) – MSHN Sponsorship: The National Council for Mental Wellbeing will hold its annual conference in Washington DC on April 11-13, 2022. MSHN will sponsor two board members to attend. Priority for selection will be individuals that express a commitment to attending, have not been sponsored by MSHN in the past, and that have not attended a national conference in the past. Mr. Sedlock recommends advising board members during the Executive Committee report at the January 2022 board meeting to permit time for board members to consider and for MSHN to make necessary registrations and arrangements to capture discounts.

5.4 January 2022 Draft Board Meeting Agenda: Mr. Woods and committee members reviewed the draft January 11, 2022 board meeting agenda noting the reviewed agenda is always draft until assembled and distributed to the full board. No recommendations for changes were made.

5.5 MSHN CEO Performance Review Update: Ms. O'Boyle provided details from the current year performance review of the Chief Executive Officer. Ms. O'Boyle thanked Executive Assistant Sherry Kletke and Deputy Director Amanda Ittner for their support and assistance. Ms. O'Boyle indicated that the next step in the review process is with the full board at the January 2022 board meeting, at which time the board will have further input and the review will be finalized.

6. Other:

6.1 Any other business to come before the Executive Committee: None.

6.2 Next scheduled Executive Committee Meeting: Because the next scheduled meeting of the Executive Committee occurs on 01/22/2022, which is in such close proximity to the January board meeting, the 01/21/2022 Executive Committee meeting will be cancelled.

7. **Guest Board Member Comments:** Chairperson Woods expressed his thanks to the committee and board for their support during recent months. Mr. DeLaat expressed the hope that the Association can achieve the results intended through its use of special assessment funds. Best wishes for a safe and happy holiday and new year were also expressed by all.

8. **Adjourn:** This meeting of the MSHN Board Executive Committee was adjourned at 10:04 a.m.

MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: November 15, 2021

Members Present: Chris Pinter; Lindsey Hull; Carol Mills; Sharon Beals; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; John Obermesik; Sandy Lindsey; Sara Lurie; Maribeth Leonard (12:02)

Members Absent:

MSHN Staff Present: Joseph Sedlock; Amanda Ittner

Agenda Item	Action Required				
CONSENT AGENDA	Removal of surveys: Error discovered in satisfaction surveys – Amanda will follow up and send revised reports. Letter B: pg9 – NCI indicators – CMHCM concerned about the value and ROI				
	John will send communication to Matt Seager regarding NCI and MSHN will support ops direction and concern with this project in future discussions with MDHHS/BHDDA/Others	By Who	J. Obermesik and J. Sedlock	By When	12.31.21
FY22-25 Proposed Performance Improvement Projects	Amanda reviewed the Mandated PIP and the Optional PIP as included in the packet. Study Topic: The rate of Medicaid recipients having received PIHP managed services. Potential Study Question: Do the targeted interventions reduce or eliminate the racial or ethnic disparities in the penetration rate between the minority penetration rate and the index (white) penetration rate? The MSHN Quality Improvement Council, through consensus, has recommended PIP #1 for submission to MDHHS for approval by November 29, 2021.				
	Ops Council approved PIP study for regional use	By Who	N/A	By When	N/A
External Quality Review 2021 Summary	Amanda provided an overview of the results of the HSAG reviews. PIP and PMV resulted in 100% compliance with some recommendations. The compliance review includes findings in: Provider Directory, ABD's, Availability of Services, Coordination of Care.				
	Informational Only	By Who	N/A	By When	N/A
Updates: • **SIS -Child** • **Data Use Agreements** • **Credentialing Reports**	11.3.21 – PIHPs notified of SIS-Child: MDHHS will postpone moving forward with the SIS-Child as MDHHS is awaiting the details of the settlement agreement, implementation guidance and its impact on the use of assessment tools. Additional information should be known by February. DUAs: MSHN received the (Data Use Agreements) DUAs for CC360 and CC360 extract, CEOs should expect those in the coming weeks for signature.				

Agenda Item	Action Required				
	Credentialing Reports: MSHN submitted today the Q3&Q4 for the region (minus CEI). Revised Q1&Q2 reports. Assuming next report due will be February 15 for FY22Q1. Feedback? Discuss PCE process or workgroup?				
	Informational Only – Ops supports working with SMEs in credentialing automation.	By Who	A. Ittner	By When	12.31.21
System Redesign-Ongoing Dialog/Discussion/Regional Strategies (if any)	Joe reviewed the status of Shirkey bills, House proposal, and the Brabec listening tour. Association sent out today an invite to discuss the strengthened advocacy with voluntary special assessment Chris has been pressuring the county senators on the bills and encourages others to do the same.				
	Discussion Only	By Who	N/A	By When	N/A
Regional COVID Related Updates/Planning (if any) • **COVID Vaccines and Testing Mandates**	Chris discussed the request for funding to address lost wages from COVID, vaccines and testing mandates. Existing plan covers losses or cost related to COVID. If within PEPM, CMHSPs can use stabilization funds and can make providers whole, CMHs should move forward. Current year, same support should be offered. Cost of testing per EMT can be passed on to the employee. Concern with that direction and workforce loss. Chris will send along copies of the regulations upon which his concerns are based. MSHN will update the regional guidance to include, testing, vaccines, etc. – will send out to CMHs for review. Group home providers would be covered under OSHA (100 or more employees) and likely not covered under CMS vaccination mandate. Vaccine mandate: If mandate, then free and employers need to allow for time off to test. If opt out testing allowed: CMHs Cost Discussed the source for exemptions, EEO has a form for use. CMHCM and CEI uses that form. Application to Board members? Appears more guidance is needed from MDHHS Labor Department/OSHA regulations (100 or more employees) there is a nationwide stay; CMS has a number of lawsuits from states, so until resolution MSHN and CMHSPs should prepare accordingly. As of now, the CMS regulation/order applies to CMHSPs and we believe it does not apply to providers (but the OSHA order might). Messaging to providers at this time that we believe CMS only applies to the CMHs and we are awaiting State confirmation. Planning for applicability date.				
	MSHN to update guidance with draft language in preparation for implementation. Joe will check on status of workforce shortage efforts	By Who	J. Sedlock	By When	12.15.21

MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: December 20, 2021

Members Present: Chris Pinter; Lindsey Hull; Maribeth Leonard; Carol Mills; Sharon Beals; Tracey Dore; Tammy Warner; Michelle Stillwagon; John Obermesik; Sandy Lindsey;
Members Absent: Sara Lurie; Kerry Possehn
MSHN Staff Present: Joseph Sedlock; Amanda Ittner;

Agenda Item	Action Required				
CONSENT AGENDA	Item K: J. Sedlock mentioned inclusion of thee 1513 Inpatient Rates workgroup in order to inform Operations Council of the membership and timeline for products No other consent item discussion				
	Consent agenda approved; Informational Only	By Who	N/A	By When	N/A
MSHN Regional Savings Estimates as of September 30, 2021	L. Thomas reviewed the savings estimates for year ending September 30, 2021.				
	Informational & Discussion	By Who	N/A	By When	N/A
Regional Crisis Residential Service Recommendation	T. Lewicki presented the background, summary, and recommendation for the regional Crisis Residential Services.				
	Operations Council approved moving forward with negotiations and presenting a contract to the MSHN Board for approval.	By Who	T. Lewicki	By When	1.15.22
Optional Performance Improvement Project (PIP) FY 22-25	K. Zimmerman reviewed the recommended optional PIP for FY22-25 for Operations Council approval.				
	Operations Council approved to proceed	By Who	K. Zimmerman	By When	12.20.21
FY 22 Guide to Services – Change Log	K. Zimmerman reviewed the change log for FY22 Guide to Services. A question regarding why Mediation wasn't included in the handbook. The PIHP contract has not been updated yet with the Mediation, therefore Customer Service Committee, recommended to not include it yet. It can be added as an insert once the contract language is provided.				
	Operations Council approved to proceed	By Who	K. Zimmerman	By When	12.21.21
Open Meetings Act; MSHN Bylaws	J. Sedlock reviewed the changes throughout COVID. Effective January 1, 2022 Board members must be present to vote. This would affect the MSHN By-Laws. Per our attorney, legislative and lobbying activities may change the legislation. MSHN would act according to the law until such time the By-Laws can be amended and approved.				

Agenda Item	Action Required				
	Informational & Discussion	By Who	N/A	By When	N/A
FY22 Budget Amendment	J. Sedlock reviewed the process for when MSHN submitted the FY22 Original budget without knowledge of the rate adjustments from MSHN. The rates will be updated and still need some budget information from CMHSPs, therefore, MSHN will provide the FY22 Amendment to Operations Council in February for MSHN Board action in March, 2022.				
	Informational & Discussion	By Who	N/A	By When	N/A
CMHAM Special Assessment	J. Sedlock reviewed the Association's communication and including the PIHPs/CMHs that will be participating. Huron CMH will not participate, and Tuscola CMH only approved $1,000. Joe will be seeking MSHN Board approval in January.				
	Informational & Discussion	By Who	N/A	By When	N/A
Regional COVID related updates/planning (if any)	COVID updates regarding contracts and DCW occurred that included retention strategies. Discussion regarding other initiatives to support staff retention and recruitment, including provider strategies. CMHs have spending authority up to their CAP. Finance council discussion to occur. Also, discussion regional grantmaking/pooled funding arrangements above the PEPM, which would require Board approval. PPE Supplies currently sufficient; Discussed KN95 masks				
	Ops Council support this process so J. Sedlock will conduct some research with CFO and Finance Council with expectation to add this topic to the January Ops Council meeting.	By Who	J. Sedlock	By When	1.30.22
System Redesign – Ongoing Dialog/Discussion/Regional Strategies	M. Leonard updated the presentation she gave to the Jackson County Commission regarding system redesign as well as reported on MSHN's Board chair report from the PIHPs. Operations council discussed current political considerations for the possibility of Shirkey's proposal going through.				
	Informational & Discussion	By Who		By When	

MSHN
Mid-State Health Network

MSHN CHIEF EXECUTIVE OFFICER PERFORMANCE EVALUATION RESULTS

Background

The Mid-State Health Network Board of Directors participates in a yearly evaluation of the MSHN Chief Executive Officer (CEO). Board member evaluation results and 360 Leadership Review feedback were compiled, and a draft performance review report was presented to the Evaluation Chair. The Evaluation Chair reviewed the report with the Executive Committee and at the January 11, 2022 board meeting presented the summary to the Board of Directors.

Recommended Motion:

Motion to receive and file the 2021 MSHN Chief Executive Officer Performance Evaluation Results.

January 11, 2022