



MID-STATE HEALTH NETWORK FEBRUARY 2022

From the Chief Executive Officer's Desk

Joseph Sedlock

As we enter the third year of the coronavirus pandemic, the people, and communities we exist to support, continue experiencing extreme consequences of the public health emergency. Those consequences are well documented in the media.

Many of our neighbors are unemployed or underemployed due to the pandemic. Many families, friends, and neighbors have contracted the virus and became ill. Many – too many – have died. Disruptions to what used to be routine daily life continue.

Public health officials, based on peer-reviewed science, continue to advocate for vaccinations and for the continuation of social distancing, masking, hand washing, and other measures designed to prevent serious illness and death. Meanwhile, these science-based measures continue to be politicized and debated in other than public health contexts.

Amidst all of this, our regional behavioral health provider partners have continually adapted services and supports to continuously deliver what the individuals, families, and communities we exist to serve, need. Every provider in the region is oriented toward effective delivery of evidence-based, person-centered, trauma informed, and recovery focused services.

And these providers and their staff are exhausted. Overwhelmed. Stressed. Pressured. Challenged. This was true before the COVID-19 pandemic. It is especially and more so true now, in the worst time of the pandemic over the last two years.

Our provider personnel are not immune to illness. Not immune to worry. Not immune to death. Not immune to parenting concerns. Not immune to our children's school attendance worries and concerns. Not immune to responsibilities to our senior parents' health and wellness. Not immune to the needs, worries, and concerns of our life partners and families. Not immune to risk that, even a trip to the grocery store, can lead to contracting an illness that could cause death.

I am awed and inspired and grateful that – at the provider organization and individual levels – they keep serving; keep supporting; keep showing up – physically, emotionally, and in every other way.

It would mean a lot to be recognized, and I am asking you to send one – just one – thank you note to a provider in the region. A note of gratitude. To acknowledge the difficulty. To acknowledge the burden. To acknowledge the resiliency. To acknowledge the dedication to continued excellence. To encourage continuation of excellence in service in spite of all the obstacles.

Our beneficiaries deserve it. And so do our staff, providers, and provider staff.

For further information or questions, please contact Joe at Joseph.Sedlock@midstatehealthnetwork.org

Organizational Updates

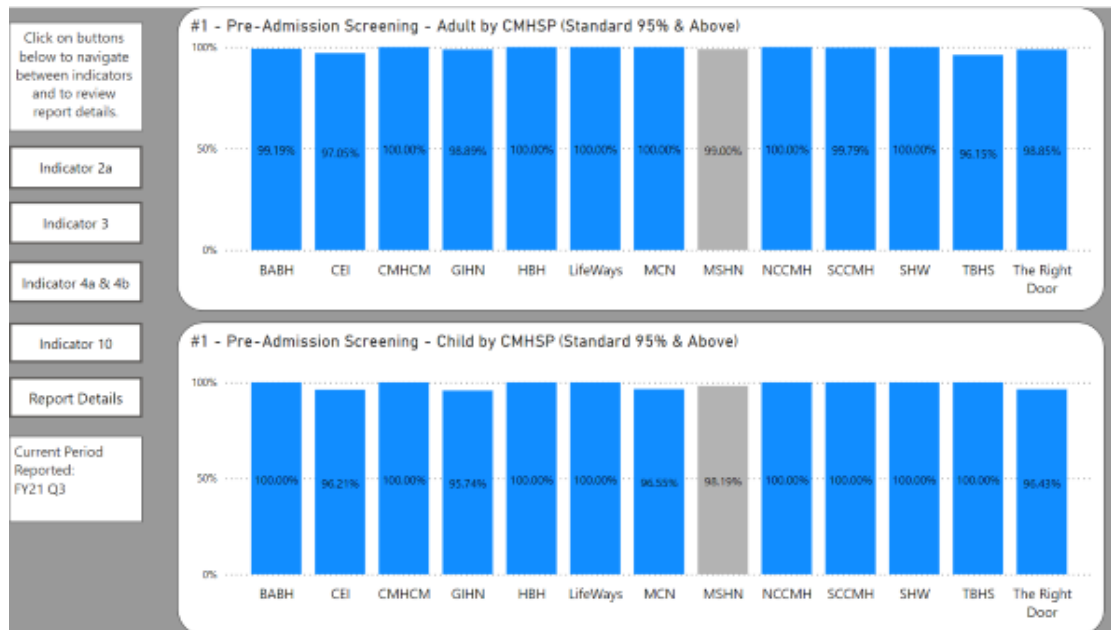
Amanda Ittner, MBA

Deputy Director

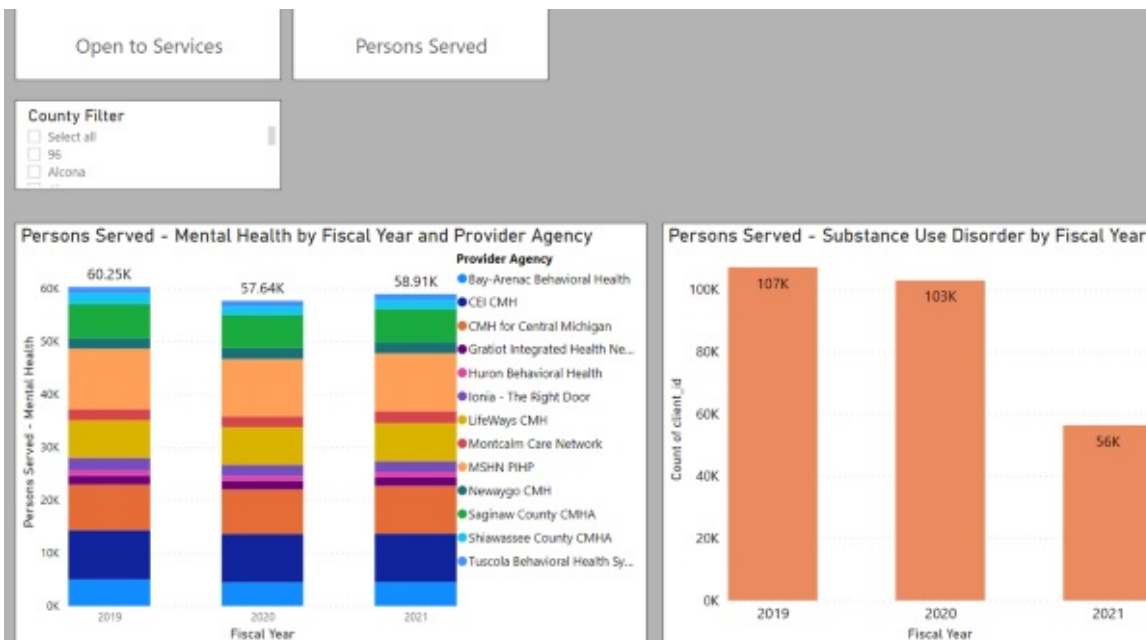
New Data Available - MSHN Website

As directed by the MSHN Board of Directors, MSHN continues to strive for data driven metrics in our regional strategic planning and committee level decision making. Our teams have been working to provide the Board and our Stakeholders with interactive data points. The MSHN website has been updated to include information related to enrollment, performance measures, financial services, population served and site review results. Through PowerBI (MSHN's analytics reporting tool) the data presented allows for sorting by various elements, including, but not limited to: County, Community Mental Health Services programs, age and race. In addition, MSHN's Balanced Scorecard Measures are also now available online. I encourage members to check out the new format and provide feedback to MSHN through our link at: info@midstatehealthnetwork.org.

Performance Indicators



Population Served



For further information or questions, please contact Amanda at Amanda.Ittner@midstatehealthnetwork.org

Chief Information Officer

I would like to acknowledge the great work of Forest Goodrich over the past several years, in leading the Information Technology group as CIO at MSHN. I hope he enjoys health, happiness and makes meaningful memories as he enters the sought-after job title of "Retired". Congratulations, Forest!

A major task of the Information Technology (IT) department is data reporting to MDHHS. Our MDHHS contract indicates that encounters and BH TEDS data for FY 21 are due to the State by 12/31/2021. We are currently reviewing all the data that was submitted from our partners and verifying it reflects the true picture of what happened, in addition to working with MDHHS. To date, MSHN has demonstrated outstanding performance for encounters and BH TEDS reporting.

The new fiscal year is forcing many adjustments in the reporting structure, mainly adding, changing, and removing service code modifiers. We had to update the REMI system to allow for both FY 21 and FY 22 data to be reported at the same time. The remainder of last fiscal year's data needs to be reported using the old format and providers need to be able to enter data for the new fiscal year in the new format.

MSHN began working with Providence on a security risk assessment they conducted, which will provide some insight into the areas of our environment that need some improvement in terms of policy and procedure and possibly some investment in products or services. The full report and required action steps will be shared with the Board when available.

For further information or questions, please contact Steve at Steve.Grulke@midstatehealthnetwork.org

Finance

Leslie Thomas, MBA, CPA
Chief Financial Officer

MSHN's Finance Team is working on an FY 2022 Budget Amendment to be presented during the March 2022 Board of Directors' Meeting. The budget amendment was originally scheduled for presentation during January's meeting however FY 2022 first quarter expense data was incomplete. MSHN's typical process includes presentation of the current fiscal year's amended budget and the upcoming fiscal year's original budget during September's Board Meeting. As previously reported, MDHHS disseminated the final Rate Certification letter later than usual which resulted in MSHN developing fiscal assumptions for the FY 22 budget. Our new rate estimates indicate a significant revenue increase which will likely be offset by higher CMHSP spending especially related to staff retention efforts. In addition, the final Rate Certification and FY 22 MDHHS payments have provided additional information on the impact of Certified Community Behavioral Health Center (CCBHC) revenue. MSHN's demonstration sites are The Right Door (TRD), Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CEI), and Saginaw County Community Mental Health Authority and as of December 2021, each are either fully or have provisional CCBHC certification.

MDHHS has provided preliminary guidance on funding CCBHCs however the State's reconciliation process is still evolving. MSHN has developed its own reconciliation process for funds sent to CCBHCs and have shared this information with TRD, CEI, and Saginaw. It is important to establish regional consistency as we await final MDHHS guidance.

Lastly, Finance staff are currently engaged with Roslund Prestage & Company for completion of MSHN's FY 2021 Fiscal Audit.

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

Behavioral Health

Todd Lewicki, PhD, LMSW, MBA
Chief Behavioral Health Officer

Conflict Free Access and Planning

The Michigan Department of Health and Human Services (MDHHS) implements numerous collaborative workgroups involving input and expertise from Pre-Paid Inpatient Health Plans (PIHPs), Community Mental Health Service Programs (CMHSPs), and advocacy organizations. This has been a strength for MDHHS in not only having excellent cross-agency representation and participation but has served as an effective conduit for addressing the implementation of federal and state laws and regulations. Originally starting out being termed as "Conflict-Free Case Management," this new workgroup focus was changed to be called the Conflict-Free Access and Planning (CFAP) Workgroup. This name change was to better align with the focus of addressing regulations for populations served under all managed care waivers including the Children's Waiver Program (CWP), Children with Serious Emotional Disturbances Waiver (SEDW), Habilitations Supports Waiver (HSW), 1015(i) State Plan Home and Community-Based Services (HCBS), and 1115 waivers. The focus is on activities addressed by policies connected to these HCBS services and are not simply case management alone but are aligned with processes associated with service planning and implementation.

Driven on an ethical level and operationalized by the HCBS Final Rule, the process of service access and planning are to focus on the needs of persons served rather than the financial interests of the serving organization. Procedurally, there exists the potential for "conflicts of interest" to occur during the steps involved in applying the process of access to services and the planning steps associated with their implementation. This

systemic vulnerability could potentially happen (purposefully or accidentally) when an organization is involved in the determination of eligibility and service planning and also provides the services directly identified in the service plan. Thus, organizations must have strategies in place that allow the individual to select the organization of their choosing (without undue influence, i.e., autonomy) to provide the services for which have been deemed eligible.

The CFAP workgroup will be focused and goal-driven over the next 14 months as the due date for HCBS Final Rule compliance nears in March 2023. CFAP is tied to the HCBS Rule and federal authority as a reference to conflict-free case management. The group's mission and scope will be to discuss and provide feedback on options for implementation of CFAP regulations for the persons receiving the CWP, SEDW, 1915(i) state plan amendment, and 1115 waivers. This is to include reviewing the current federal regulations related to CFAP and conflict of interest, reviewing current mitigation strategies being used, researching additional options and guidance, analysis of system impact at multiple levels (persons served, clinical practices, financing structures, contracts, electronic medical records, and utilization management). While the CFAP workgroup has begun their important work in this area, the efforts and outcomes will be focused on comprehensive firewall-oriented steps that will include safeguards, conflict mitigation, and administrative procedures.

For any questions, comments or concerns related to the above and/or MSHN Behavioral Health, please contact Todd at Todd.Lewicki@midstatehealthnetwork.org

Utilization Management & Care Coordination

Skye Pletcher-Negrón, LPC, CAADC
Director of Utilization and Care Management

MSHN Regional Equity Advisory Committee for Health (REACH)

MSHN is very pleased to announce the formation of a new Regional Equity Advisory Committee for Health (REACH), which met for the first time on January 24th, 2022. REACH is an advisory body comprised of stakeholders and community partners with lived experience as members of historically marginalized demographic groups that have faced discrimination, violence and adverse health consequences. While no individual person is representative of an entire group of people, REACH committee members bring a wealth of knowledge and experience to the table. Collectively, they will help ensure that multiple perspectives inform Mid-State's mission to ensure equitable access and delivery of behavioral health services across MSHN's diverse 21-county region.

REACH was created to support regional operations through the lens of diversity, equity, and inclusion (DEI). Responsibilities of this advisory body include:

- Ensure attention to issues of equity, including reducing health disparities in access and delivery of behavioral health and substance use disorder (SUD) services
- Incorporate a trauma-informed perspective that accounts for historical and racialized trauma.
- Address stigma and bias that may impact health outcomes.
- Review MSHN's Strategic Plan priority of "better equity" and offer input on defining better equity.
- Work to establish consensus around definitions and shared values relative to DEI in the space where MSHN does its work.
- Support and reinforce health equity as a perpetual focus across all departments, functions and strategic priorities.
- Offer guidance as it relates to performing an organizational diversity, equity, and inclusion (DEI) self-assessment

Please join us in welcoming REACH members and expressing our sincere appreciation for their partnership and expertise as we strive together to achieve better equity for all persons served!

If you have questions, feedback, or would like to know more about REACH, please contact MSHN's liaisons to the REACH workgroup:

Dani Meier at Dani.Meier@midstatehealthnetwork.org

Skye Pletcher at Skye.Pletcher@midstatehealthnetwork.org

Initial Membership- REACH 2022:

Ricardo Bowden, Peer360

Debbie Edokpolo, Michigan Primary Care Association

Afaf Humayun, Michigan Center for Youth Justice

Jean Lee, Okemos Public Schools

Shelly Milligan, Breakout Drug Education, Family Service & Children's Aid

Feliz Rodriguez, Community Mental Health for Clinton, Eaton & Ingham Counties

Anna Winters, Isabella Tribal Community

Contact Skye with questions, comments or concerns related to the above and/or MSHN's Utilization Management and Care Coordination at Skye.Pletcher@midstatehealthnetwork.org

Substance Use Disorder Policy, Strategy and Equity

Dr. Dani Meier, PhD, LMSW, MA
Chief Clinical Officer

National Expert Brings Trauma Training to Region 5 Providers

In recent decades, there's been a growing and deeper understanding of trauma and its long-term impact on mental and physical health. Individuals who struggle with substance use disorders and/or mental illness have disproportionately high rates of trauma in their history, often as children but also as adults. Trauma can hit at any age, and it can undermine one's sense that the world is ever a safe place.

That trauma is not easy to talk about—even for behavioral health professionals—so in the past, it was sometimes avoided in treatment. The expectation of all providers in MSHN's SUD and CMHSP provider networks—consistent with Michigan Department of Health and Human Services and the Substance Abuse Mental Health Services Administration recommendations—is that a trauma-informed culture underlie all services. Towards that end, MSHN has supported multiple trainings over the years including with world-renowned experts like Stephanie Covington.

Next month using COVID grant funds, MSHN will offer a training with [Lisa M. Najavits](#), PhD, another nationally recognized expert on trauma. With funding from the National Institute on Drug Abuse, Dr. Najavits was working at Harvard Medical School when she developed *Seeking Safety*, an [evidence-based](#), counseling model to help people attain safety from trauma and/or substance abuse. It addresses both trauma and addiction, but without requiring clients to delve into their own trauma narrative (i.e., the detailed account of disturbing memories). It has been used in many countries and has been translated into numerous languages.

Dr. Najavits, the director of Treatment Innovations, was on the faculty of Harvard Medical School for 25 years, was a research psychologist at the Veterans Affairs hospital in Boston for 12 years, and her major clinical/research interests are substance abuse, trauma, co-morbidity, behavioral addictions, veterans' mental health, community-based care, development of new psychotherapies, and outcome research. She's authored over 200 professional publications and has consulted widely on public health efforts in addictions and trauma, both nationally and internationally, including to the Substance Abuse Mental Health Services Administration, the National Institutes of Health, the Department of Veterans Affairs, the Surgeon General, the United Nations, and the American Society of Addiction Medicine.

Because MSHN has added better equity and reducing health disparities as a strategic goal, MSHN requested that as part of her training, Dr. Najavits incorporate attention to historical trauma that's part of the lived experience of people of color, immigrants and other minority populations like LGBTQ individuals. Historical trauma that is embedded in the psyche of entire sub-populations of American culture has rarely been addressed in health care and this will be the first time a *Seeking Safety* training is delivered with this important dimension included.

Contact Dani with questions, comments or concerns related to the above and/or MSHN SUD Treatment and Prevention at Dani.Meier@midstatehealthnetwork.org

Substance Use Disorder Providers and Operations

Dr. Trisha Thrush, PhD, LMSW
[Director of SUD Services and Operations](#)

Addressing Stigma with First Responders

Stigma is a pervasive and toxic challenge for those who struggle with mental illness and substance use disorders. Even the word *stigma* has its roots in negative connotations (in ancient Greece, a stigma was a brand to mark slaves or criminals).

While mental illness is not framed any more (at least in the mainstream) as divine judgment for sin or possession by demons, attitudes remain that folks struggling with depression or anxiety should “just get it together” and pull themselves up by their bootstraps. In the case of people struggling with a substance use disorder (SUD), judgment that implies weak moral character persists in American society. Greater understanding of the neuro-science of addiction has helped reframe SUDs for those in the behavioral health field, but the general public is often less forgiving. Stigma persists even within the helping professions: first responders for example.

To address this in one Region 5 community, Peer360, a MSHN-contracted community recovery organization is working with the Saginaw Police Department and Emergency Medical Technicians (EMTs) at MMRs (Mobile Medical Response) to offer training sessions focused on the vulnerable populations they often encounter, individuals who have overdosed for example or who are intoxicated with alcohol or under the influence of other substances. Law enforcement and EMTs have hard jobs and are themselves often at significant personal risk to their own safety. And for police in particular, the criminalization of drugs since the 1970s has framed a medical crisis as a law-and-order issue, as one with good guys and bad guys. Fortunately, that tide has shifted in recent years, but attitudes and perceptions can be entrenched.

As the people who are often first on the scene with a person under the influence of substances, it's helpful for first responders to have an understanding of the people they encounter and to develop the same compassion for a person in crisis with an SUD as they bring to a person who may have just had a heart attack or taken a fall on the ice. Peer 360 employs peers who are in recovery and have lived experience of struggles with a SUD. As they share their journeys to recovery, police and EMT staff get to see—perhaps for the first time—the humanity of people with a SUD who they might have viewed previously through the distorted lens of unconscious bias rooted in stigma.

Peer 360 Director, Ricardo Bowden, reports that members of law enforcement and MMR personnel have engaged fully in these conversations, and they've conveyed heartfelt appreciation to hear from people with lived experience, to see the hope in their examples of recovery, and to hear that many people in recovery often credit their legal involvements and emergency response interactions as the “jump start” they needed to start their journey to

recovery and wellness. Police and EMTs “listen with open ears and open hearts” about the reality of SUD as a brain disease which, like any medical condition, deserves compassion without judgment and understanding beyond stigma.

Contact Trisha with questions, comments or concerns related to the above and/or MSHN SUD Treatment and Prevention at Trisha.Thrush@midstatehealthnetwork.org

Quality, Compliance & Customer Service

Kim Zimmerman, MBA-HC, LBSW, CHC
Chief Compliance and Quality Officer

Medicaid Event Verification Audits

Mid-State Health Network (MSHN) has a process for conducting monitoring and oversight of the Medicaid, Healthy Michigan Plan and Substance Use Disorder (SUD) Block Grant claims submitted within the Provider Network in accordance with the Michigan Department of Health and Human Services Medicaid Verification Process Guideline. The intent is to ensure compliance with federal and state regulations and to ensure there is a sufficient process in place to mitigate risks.

Claims review and processing is considered a high-risk area for compliance and it is crucial that the audits are completed by an entity that is not involved in the operations being reviewed.

The development and submission of claims was highlighted as a primary compliance risk area by the Department of Health and Human Services Office of Inspector General (OIG) as part of its compliance guidance for various health care entities. This is an area where compliance program effectiveness can be observed and benchmarked. In addition, the Department of Justice and the OIG have made false claims cases a top enforcement priority.

Verification of the claims includes testing of pre-determined data elements from the individual claims, correction of inappropriate claims and submission of a corrective action plan by the provider for any item that did not meet the compliance standard.

The findings are analyzed quarterly to identify any patterns or trends of non-compliance region wide and individually for each provider. The results can be used to develop trainings, education opportunities and system changes to improve the coding and billing accuracy as well as limit errors that can lead to findings.

Recently the Medicaid Event Verification (MEV) Auditor position was hired internally after this position was vacant for 6 months. During the time the position was vacant, MSHN utilized an independent contractor to complete the Community Mental Health Service Participants (CMHSP) MEV reviews. The new MEV Auditor will be responsible for completing both the CMHSP and SUD provider reviews.

Contact Kim with any questions, comments or concerns related to MSHN Quality, Compliance and Customer Service at Kim.Zimmerman@midstatehealthnetwork.org

Our Mission:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health & 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.

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