MID-STATE HEALTH NETWORK

APRIL 2022

From the Chief Executive Officer's Desk

Joseph Sedlock

Choosing a topic for this newsletter should be easy with all that is happening within and outside of the public behavioral health system. The continuation of the pandemic, the worsening of the staffing crisis, continued threats to the existence of our system – and especially Pre-Paid Inpatient Health Plans (PIHPs) - as we know it, major MDHHS administrative and service-improvement initiatives, MSHN's own quality and performance improvement work, MSHNs ongoing daily responsibilities, and so much more, impact us and the providers and persons we exist to serve every day.

In thinking about today's article, I went back to a newsletter piece I'd written four years ago. A portion of that article seems even more appropriate now.

Today, we did something really important. And it didn't have anything to do with any of the threats to our system or administrative or service level changes briefly mentioned above.

"Today, in the thousands of lives that are touched in our region and across the State, we healed someone – likely many, many people. Today, our team helped someone recognize past trauma and the impacts that trauma has on them. Today, we helped him take a step in the direction of recovery. Today, we helped someone get their diabetes under control. Today, we helped her move from contemplating action to taking a first step. Today, our emergency services personnel across the region prevented harm and saved lives. Today, we helped a community heal. Today, we took important steps with our partner agencies toward better health outcomes. Today, we prevented a youth from using. Today, we helped get someone to 30 days clean. Today, we worked together to help someone achieve independence. Today, we found a shelter for a homeless consumer in collaboration with our community partners. Today, we helped someone be less afraid of what was happening to them inside their brain. Today, we found a blanket for the folks in that drafty apartment. Today, we held a hand. Today, we got medicine for our neighbors that decompensate without it. Today, we supported ending violence. Today, we served. Tomorrow, we will serve again.

Today, and every single day, we are a part of something really important."

While I sometimes get caught up in the chaotic, often noisy, often distracting dynamics of my job and our agency's responsibilities, I never want to forget that the service delivery system we are a part of does important things for individuals, families, providers and communities. Every Single Day.

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

Organizational Updates

Amanda Ittner, MBA
Deputy Director

Welcome to MSHN's new team member

MSHN is pleased to announce that Jill Woodworth-Lackie has accepted the position of Waiver Assistant effective, April 4, 2022. Jill comes to us with many years of experience working as the Site Lead and Referral Specialist at Capital Internal Medicine Associates.

Ron Meyer has accepted the transfer from the Waiver Coordinator position to the Information Technology Department to fulfill the role of the Data and Report Coordinator effective March 21, 2022.
Please join me in welcoming Jill and congratulating Ron on his new position.

Mid-State Health Network is still looking for qualified candidates to fill the Office Assistant and Waiver Coordinator positions. Job Descriptions are located on MSHN's website at: https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers.
To apply, please send cover letter and resume to amanda.ittner@midstatehealthnetwork.org.

MDHHS Issues 2021 External Quality Review Report on PIHPs

Michigan Department of Health and Human Services (MDHHS) contracted with Health Services Advisory Group, Inc. (HSAG) as its External Quality Review organization (as required by Managed Care Rules) to conduct annual assessments consistent with Centers for Medicare & Medicaid Service requirements.

MSHN, along with the other nine PIHPs, received reviews in three areas: Validation of Performance Improvement Projects (PIP), Performance Measure Validation (PMV), and Compliance. The report provides a summary of the performance across all 10 PIHPs. The report includes details regarding each PIHPs performance, strengths, weaknesses, and recommendations. In addition, it also includes state-wide recommendations for consideration by MDHHS.

MSHN results as compared to other PIHPs indicate the following:

- PIP: 100% Met Compliance (one of 2 PIHPs receiving 100%)
- PMV: Received best performing in Medicaid Recipients receiving services at 7.8%; with 9 of the other 10 measures meeting state benchmarks.
- Compliance: Score of 85% compliance, exceeding the overall PIHP score of 83% and was the 3rd highest.

The full report can be found on our MSHN website at https://midstatehealthnetwork.org/PIHP EQR and on MDHHS website at: https://www.michigan.gov/PIHP EQR.

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

Information Technology

Steve Grulke
Chief Information Officer

The Information Technology department is investing some additional focus on cybersecurity. The current environment with the war in Ukraine, has caused a heightened awareness to Russian cyber threats. The White House issued a statement on March 21, 2022, reiterating that there is a clear and present danger of cyberattacks against the United States critical infrastructure and technologies upon which our modern economy is built. Providence, as MSHN's technology partner, has been on high alert since before the invasion of Ukraine began and are working hard to identify and close any cybersecurity gaps in MSHN's environments.

MSHN staff, with the help of Providence Consulting Group, recently conducted a security risk assessment from the National Institute of Standards and Technology (NIST) on our internal processes. The results of the assessment will provide insight into areas where MSHN may need to focus additional efforts to ensure a continued secure environment. Actions may include updates to the Information Technology plan, policies, procedures and possibly adding hardware, software, and services to strengthen our defenses against cyber threats.

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

Finance

Leslie Thomas, MBA, CPA
Chief Financial Officer

MSHN submitted all final Fiscal Year (FY) 2021 fiscal reports by the Michigan Department of Health and Human Services (MDHHS) due date of February 28, 2022: The most significant reports include the following:

1. Financial Status Report (FSR) – a compilation of regional Medicaid and Healthy Michigan Program (HMP) revenue and expense information. The report serves as the basis for cost settlement between MSHN and MDHHS as well as MSHN and its CMHSPs. MSHN earned the full savings amount totaling $50.5 M which is 7.5% of revenue while lapsing approximately $19.8 M back to MDHHS. In addition, the region's Internal Service Fund reached the maximum allowable amount of 7.5%. In total MSHN ended FY 2021 with more than $100 M available for risk management.
2. Encounter Quality Initiative (EQI) – summarizes Medicaid and Healthy Michigan expense totals for MSHN and CMHSPs by Common Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS). EQI format replaced the prior Utilization Net Costs reports beginning in FY 2021. The

report is used by MDHHS for rate setting purposes. Since this report is new beginning in FY 2021, it may have more utility as it evolves in subsequent fiscal years.
3. Legislative Report – Specific to Substance Use Disorder (SUD) and include detailed expense information by individual provider. The report illustrates the number of providers supported through all MSHNs SUD funding and specifies the expense related to block grant service categories such as Treatment, Women's Specialty and Prevention services.
4. Medical Loss Ratio (MLR) – Calculates the percentage of revenue spent by the PIHP on claims and quality improvement. The federal threshold is 85% and MSHN has exceeded this number for every reporting cycle including FY 2021.

MDHHS has provided preliminary guidance on funding Certified Community Behavioral Health Centers (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 The Right Door, Community Mental Health Authority of Clinton, Eaton and Ingham Counties, and Saginaw County Community Mental Health. It is important to establish regional consistency as we await final MDHHS guidance.

Lastly, Finance staff are currently engaged with Roslund Prestage & Company (RPC) for completion of MSHNs FY 2021 Compliance Examination.

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

Behavioral Health

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

1115 Pathway to Integration and SED Waiver

Over two years ago, the State of Michigan received approval from the Centers for Medicare and Medicaid Services (CMS) for use of an 1115 Demonstration Waiver ("1115"). The 1115 combined all services and eligible populations served through the 1915(b), 1915(i) and multiple 1915(c) waivers under a single waiver authority. More specifically, the Waiver for Children with Serious Emotional Disturbance (SEDW) is one such 1915(c) waiver. It is delivered to children with SED who also meet state child psychiatric hospital level of care. Moving the SEDW to the 1115 allowed the Michigan Department of Health and Human Services (MDHHS) to expand the enrollment cap (for those who meet eligibility criteria) and advance the use of needs-based eligibility criteria, going from a fee for service payment arrangement to Michigan's managed care payment structure, making it the responsibility of the Pre-Paid Inpatient Health Plans (PIHPs) to oversee.

The SEDW provides in-home services and supports to children with SED and their families. Most importantly, the SEDW offers enhancements and/or additions to Medicaid State Plan Services. Enhanced services include respite, community living supports, and therapeutic overnight camp. Many of the SEDW services are already available through the Medicaid state plan, however, the biggest difference comes from the fact that SEDW offers an enhanced service array where services can be provided more intensively through presumed eligibility due to already meeting clinical severity criteria (i.e., needs based). Remaining SEDW services include Family Home Care Training, Family Support and Training, Therapeutic Activities, Wraparound Services, Home Care Training, Non-Family, Choice Voucher, and Overnight Health & Safety Support.

There are essentially two pathways to the SEDW: traditional and DHHS Child Welfare Project. Traditional cases include children living with their legal parent/guardians and already have Medicaid and children living with their legal parent/guardians and do not have Medicaid. For the children without Medicaid the SEDW is a pathway to Medicaid eligibility. The second SEDW group, children who are a part of the DHHS Child Welfare Project, are children with an open foster care case through MDHHS or are children adopted out of the Michigan Child Welfare System. When Mid-State Health Network was given SEDW responsibility in Fiscal Year 2020, the regional SEDW census started at 85. The usage of the waiver peaked in October 2021 at 150 children, for an increase of 76%. Currently, the SEDW totals 125, or a 17% drop from the October high. As MSHN Community Mental Health Service Programs continue their work in addressing the increasing needs for family's access to higher intensity services, the SEDW is available to address those needs to focus on enhancing functioning and in reaching those in highest need.

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

Looking Ahead: 2023-2024 Population Health & Integrated Care Initiatives

Over the next few months, MSHN will be reviewing and updating the current2020-2022 MSHN Population Health and Integrated Care Plan to reflect our region's achievements over the past 2 years and set upcoming priorities and initiatives for 2023-2024. The Population Health & Integrated Care Plan complements and supports the MSHN Strategic Plan; while the Strategic Plan sets broad-level organizational priorities and goals, the Population Health and Integrated Care Plan is a detailed framework to help achieve those goals.

There are a number of areas in which our region has made excellent progress and we will continue to focus our efforts during 2023-2024, including but not limited to:

- **Continued implementation and expansion of integrated service delivery models, such as Certified Community Behavioral Health Clinics (CCBHCs), Behavioral Health Homes, and Opioid Health Homes.**
    - Fiscal year (FY) 2022 Progress & Achievements: 6,241 individuals have thus far been engaged in CCBHCs in the MSHN region since the statewide implementation of CCBHCs on 10/1/2021. These numbers are expected to continue to grow steadily for the foreseeable future.
- **Increased focus on initiatives to address Social Determinants of Health (SDOH), such as transportation and housing assistance.**
    - 2020-2022 Progress & Achievements: MSHN and its Community Mental Health Service Programs (CMHSP) offered a number of innovative programs designed to address SDOH, including mobile medication-assisted treatment for opioid use disorder, peer wellness coaching, pharmacy home delivery services, fresh food initiatives, cooking classes, mobile hotspots for individuals without internet access to participate in telehealth appointments, and funding for recovery housing for over 1,353 individuals.
- **Reduction/elimination of known health disparities and identification of additional areas where health disparities may exist.**
    - 2020-2022 Progress & Achievements: Previous data indicated that Native American individuals who went to the hospital emergency room for a substance use-related reason had significantly lower rates of follow-up services than white individuals. This disparity was eliminated during 2021, with rates of follow-up improving to comparable levels. Continued efforts in 2023-2024 will focus on reducing or eliminating this disparity for African American and Hispanic individuals as well.

Regional councils and committees, including the Regional Medical Director Committee, will have the opportunity to engage and participate in the plan revision process over the next few months. The proposed 2023-2024 Population Health & Integrated Care plan will be presented to the Board of Directors in the fall for review and approval, however board member input is greatly welcomed and appreciated at any time throughout the plan revision process. Please contact Skye at Skye.Pletcher@midstatehealthnetwork.org to provide recommendations or discuss specific areas of interest related to population health and integrated care.

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

Recent Twists in the Overdose Death Epidemic

As we know, the U.S. recently passed 100,000 overdose deaths in a 12-month period, a new and tragic milestone in the ongoing overdose death epidemic.

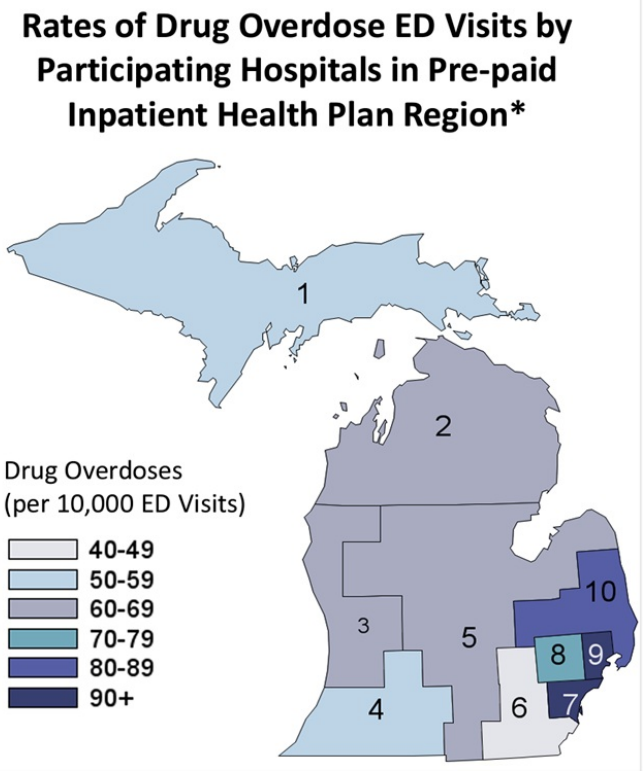
In Michigan, recent Emergency Medical Services (EMS) data shared by MDHHS identified a spate of multiple opioid overdose events (a *multiple* opioid overdose event is defined as two or more patients experiencing an opioid overdose at the same time and location). In the span of one week (between February 27th, 2022 and March 5th, 2022), EMS data revealed that Michigan had 10 multiple opioid overdose events involving 22 patients. By contrast, the average number of multiple overdose events in the last year was 2.9 events in one week, with a maximum number of 7 events in a single week.

Of the 22 patients involved in these ten events, 14 were male and 8 were female, 11 were white, 9 were Black (2 race unknown), their ages ranged from 23-70, and they occurred primarily in Southeastern and Central Michigan in Wayne, Oakland, Genesee, Bay and Washtenaw counties.

This raises a couple of key issues. First, it demonstrates (again) a disproportionately high overdose rate for African-Americans, 45% in this recent group in a state that's 13.5% Black (albeit it's a small sample size and those counties do have higher Black populations). Overdoses in Michigan reflect national data where overdose deaths rose 38% for Black Americans in recent years.

Second, per EMS reports, both triple overdose events involved patients who believed they were taking cocaine before experiencing an opioid overdose, indicating the cocaine they ingested was laced with an opioid, most likely fentanyl. Since March 6th, two *more* triple overdose events have occurred in Southeast Michigan in which patients described using cocaine but experienced opioid overdose symptoms. Michigan State Police reports seeing increases in poly-substance drug seizures, xylazine, and counterfeit tablets containing fentanyl, methamphetamine, and other illicit substances. A flood of nonpharmaceutical fentanyl, highly potent novel synthetic opioids and adulterated counterfeit pills is driving opioid-involved overdose deaths to historic numbers.

People who use drugs are generally not aware of potential contamination of opioid and non-opioid drugs, such as cocaine, or that they are increasingly being laced with fentanyl and other dangerous substances. Use of fentanyl test strips (FTS) that will detect fentanyl in illicit drugs can be an effective harm reduction measure to reduce the likelihood that illicit drug use will provoke an overdose as can distribution of Narcan. These are both pieces of MSHN's overdose prevention strategy as is reiterating the message time and again that no illicit substance can be trusted, even marijuana bought outside of legally sanctioned sources. Harm reduction mechanisms keeps folks alive until they engage in treatment and get on the road to recovery and to productive healthy lives.



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

Contingency Management

Contingency management (CM) has been shown to be an effective approach for individuals with a substance use disorder (SUD) in more than 100 randomized controlled trials over 50 years. Evidence has shown that it can double abstinence rates across opioids, stimulants, alcohol, tobacco, and nicotine, compared to usual care alone. Studies conducted in both methadone treatment programs, and outpatient SUD treatment programs, have demonstrated that incentive-based interventions are highly effective in increasing retention and promoting recovery. It is the most effective and most evidence-based treatment for stimulant use disorders (National Council for Mental Wellbeing, 2022).

Contingency management (CM) is a type of behavioral therapy in which individuals are reinforced, or rewarded, for evidence of positive behavioral change. For individuals with SUD needs, this may mean targeting items like abstinence from drugs or adherence to treatment (for example appointment attendance, attending a community recovery group, or completing “homework”). When the person meets the agreed upon goal or succeeds in completing the task, then they are provided with an incentive. Contingency management is often referred to as motivational incentives, the prize method, or the carrot and stick method. The CM approach is based on the principle of operant conditioning – that behavior is shaped by its consequences.

On March 8, 2022, the Office of Inspector General (OIG) issued a favorable advisory opinion regarding CM, as well as advancing CM being among the Biden Administrations drug policy priorities. However, CM remains a highly underutilized intervention by substance use treatment providers in the U.S. due to several barriers, including the widespread perception that monetary incentives more than $75 per patient may violate federal laws (National Council for Mental Wellbeing, 2022). Substance use treatment providers have addressed these challenges by developing creative approaches that individuals in services are responding positively to. Some of these include approaches like voucher-based reinforcement and prize incentive CM.

MSHN regional data for 2021, indicates the top three primary substances reported at time of admission to SUD treatment programs to be heroin/synthetic opiates (51%), alcohol (30%), and cocaine/crack/methamphetamines/speed (13%). Contingency management data indicates effectiveness in supporting treatment retention and abstinence from substances for each of these, and especially for stimulant use disorders. The State of Michigan has also supported the use of CM implementation and offered trainings to build provider knowledge to implementation fidelity. At present, the MSHN region has a few providers implementing CM programs across the region and would be interested in assisting others in learning and onboarding this valuable evidence-based intervention into practice. Interested providers can feel free to reach out to Trisha Thrush at Trisha.Thrush@midstatehealthnetwork.org.

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
Amy Dillon, MSA, MS-CED
Quality Assurance and Performance Improvement Manager

In the promotion of compliance quality, and customer service, MSHN participates in several different initiatives statewide and regionally. Provided in this article is a brief summary of MSHN's involvement in both participating and leading efforts related to reciprocity activities and standards.

To align with MDHHS Reciprocity Standards, MSHN continues to promote system efficiencies across all levels of service delivery and management by working closely with the Community Mental Health Service Participants (CMHSPs), statewide partners, and stakeholders toward preventing unnecessary duplication of effort and repetitive use of scarce public resources. Below is an update on projects to increase reciprocity efforts statewide and regionally.

Statewide Training Guidelines Workgroup (STGW)

The STGW is a workgroup created by the Community Mental Health Association of Michigan (CMHAM) for purposes of establishing a training guideline for Direct Support/Direct Care Professionals (DSP) staff. The workgroup is comprised of representatives from the Mental Health Association of Training, Provider Alliance, Provider agencies, CMHSPs, Michigan Department of Health and Human Services (MDHHS), Licensing and Regulatory Affairs (LARA), Pre-Paid Inpatient Plans (PIHPs) and other stakeholders. MSHN serves as the liaison between the STGW and the PIHP Chief Executive Officers (CEOs).

Fiscal Year 2021-Present Accomplishments

- Established vetting tool submission process for PIHP, CMHSP, and Provider Networks
- Established central location (ImprovingMiPractices website) (IMP) to maintain most up to date vetting tools and approved training list
- Thirty-two (32) training guidelines and vetting tools available on IMP website
- One hundred sixty-three (163) trainings have been approved by STGW via the vetting process
- Expanded group participation by fourteen (14) individuals stemming from provider level, CMHSP level, and PIHP level

Ongoing Efforts- Fiscal Year2022

- Continuous review and update of vetting tools and guidelines to ensure alignment with requirements
- Continuous work with LARA and MDHHS to ensure cohesive messaging and understanding of training requirements for Direct Care Professionals (DSP) and those employing DSPs.
- Establish more consistent and elaborate processes, inclusive of STGW group members, for guideline reviews and vetting submission approvals

MDHHS Universal Credentialing Project *(Statewide)*

On December 29th, 2020, Public Act 282 of 2020 was signed into law. The Act requires MDHHS to establish, maintain, and revise as necessary, a uniform community mental health services credentialing program for state department or agency use.

MDHHS created a workgroup comprised of MDHHS staff and contractors, PIHPs, and CMHSPs to assist in the development of a universal credentialing program. The workgroup began in February 2022 and is focused on two areas; 1) Identifying and agreeing upon data fields that must be in the credentialing/profile process and, 2) Identifying common credentialing workflows among PIHPs and CMHSPs used to credential organizational providers and Licensed Individual Practitioners (LIPs).

MDHHS has made clear that the project is a priority, and it is expected that there will be a short-term timeline for completion as the legislation has timeframe requirements attached.

PIHP Reciprocity Project- Substance Use Disorder (SUD) Providers *(Statewide)*

In alignment with MDHHS Reciprocity Standards, PIHPs have accepted monitoring reports from other PIHPs for contracted SUD providers in another PIHP service area. The PIHP CEO group has approved a process to establish a site shared among PIHPs to store and access SUD Monitoring reports.

Regional Monitoring – Autism (ABA), Financial Management Services (FMS), Inpatient Psychiatric Hospital Unit (IPHU) (*Statewide and Regional)*

MSHN staff continue to coordinate CMHSP reciprocity for ABA, FMS, and IPHU providers by utilizing a regional standard contract and conducting regional monitoring. The monitoring teams conduct reviews in concert to eliminate multiple monitoring visits by each CMHSP for the same providers.

MSHN Regional Training Coordinators Group *(Regional)*

The regional training coordinator group is comprised of training coordinators from each of the twelve (12) CMHSPs within the region. The group meets quarterly and is tasked with two primary functions 1) to review and approve the Medicaid Sub-Contract Training Grid and, 2) Roll-out the STGW training reciprocity within their service areas. The groups primary focus has been ensuring that all CMHSP Level Direct Support Professional (DSP) trainings have been vetted. Once the CMHSP completes their vetting, they will then collaborate with their provider networks to

have providers submitting training for reciprocity approval.

To date, seven (7) of the twelve (12) CMHSPs have submitted training for STGW approval, and two (2) CMHSPs delegate training to their providers and therefore do not have training to submit.

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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