

MSHN

Mid-State Health Network

Quarterly SUD Provider Meeting

September 19, 2024

MSHN

Mid-State Health Network

www.midstatehealthnetwork.org

Agenda

Welcome & General Remarks: Joe Sedlock

Opioids & Substance Use Disorder Health
Homes: Katy Hammack & Skye Pletcher

SOR Items: Jodie Smith

Treatment Breakout

Prevention Breakout

Welcome
&
MSHN General Remarks

Joe Sedlock
Chief Executive Officer

Opioid/Substance Use Disorder Health Homes

Skye Pletcher

Chief Population Health Officer

&

Katy Hammack

Integrated Healthcare Coordinator

WELCOME & INTRODUCTIONS

- ▶ Skye Pletcher, Chief Population Health Officer
Email: Skye.Pletcher@midstatehealthnetwork.org
- ▶ Katy Hammack, Integrated Healthcare Coordinator
Email: Katy.Hammack@midstatehealthnetwork.org



OVERVIEW

- ▶ What is an Opioid Health Home (OHH)?
- ▶ Transition to SUD Health Home (SUDHH)
- ▶ Structure of Health Homes
- ▶ Core Services
- ▶ Current OHH Locations
- ▶ Current OHH Enrollees
- ▶ OHH Enrollee Success Stories
- ▶ Questions & Answers

WHAT IS THE OPIOID HEALTH HOME (OHH)?

- ▶ Medicaid “Health Home” is an optional State Plan benefit authorized under Section 1942 of the Social Security Act.

Purpose:

Coordinate care for Medicaid beneficiaries with serious and complex chronic conditions.

Serve the “whole-person” by integrating and coordinating physical, behavioral, and social services.

Provide state flexibility to create innovative delivery and payment models.

Afford sustainable reimbursement to affect the social determinants of health.

OPIOID HEALTH HOME GOALS

Integrate	Integrate care, generate cost-efficiencies, and increase health status
Improve	Improve care management of beneficiaries with opioid use disorders, including Medication Assisted Treatment (MAT);
Improve	Improve care coordination between physical and behavioral health care services; and
Improve	Improve care transitions between primary, specialty, and inpatient settings of care.

OHH ELIGIBILITY CRITERIA



- ▶ Opioid Use Disorder Diagnosis
- ▶ Live in a Mid-State Health Network county with an OHH.
- ▶ Active Medicaid/Healthy Michigan Plan
- ▶ Cannot be enrolled in a spend down or competing health plan

(Note: Beneficiaries cannot be enrolled in OHH if they are already enrolled in Behavioral Health Home, Health Home MI Care Team, Integrated Care MI Health Link, Nursing Home, or Hospice during the same month.)

SUBSTANCE USE DISORDER Health Home (SUDHH) ELIGIBILITY CRITERIA



Beginning October 1, 2024

- ▶ Will now include Alcohol (NEW), Stimulant (NEW), and Opioid Use Disorder Diagnoses
- ▶ Live in a Mid-State Health Network county with an SUDHH
- ▶ Active Medicaid/Healthy Michigan Plan
- ▶ Cannot be enrolled in a spend down or competing health plan

STRUCTURE

Lead Entity (PIHP)

- ▶ Managed care entity
- ▶ High-level care coordination
- ▶ Enrollment
- ▶ Payment

Health Home Partners (HHPs)

- ▶ Community Mental Health Services Programs (CMHSPs)
- ▶ Federally Qualified Health Centers (FQHCs)
- ▶ Hospital-based clinical practices
- ▶ Opioid Treatment Programs (OTPs)
- ▶ Rural Health Clinics (RHCs)
- ▶ SUD Treatment and Recovery Service Providers
- ▶ Tribal Health Centers (THCs)

HEALTH HOME TEAM

Lead Entity (per 100 beneficiaries)

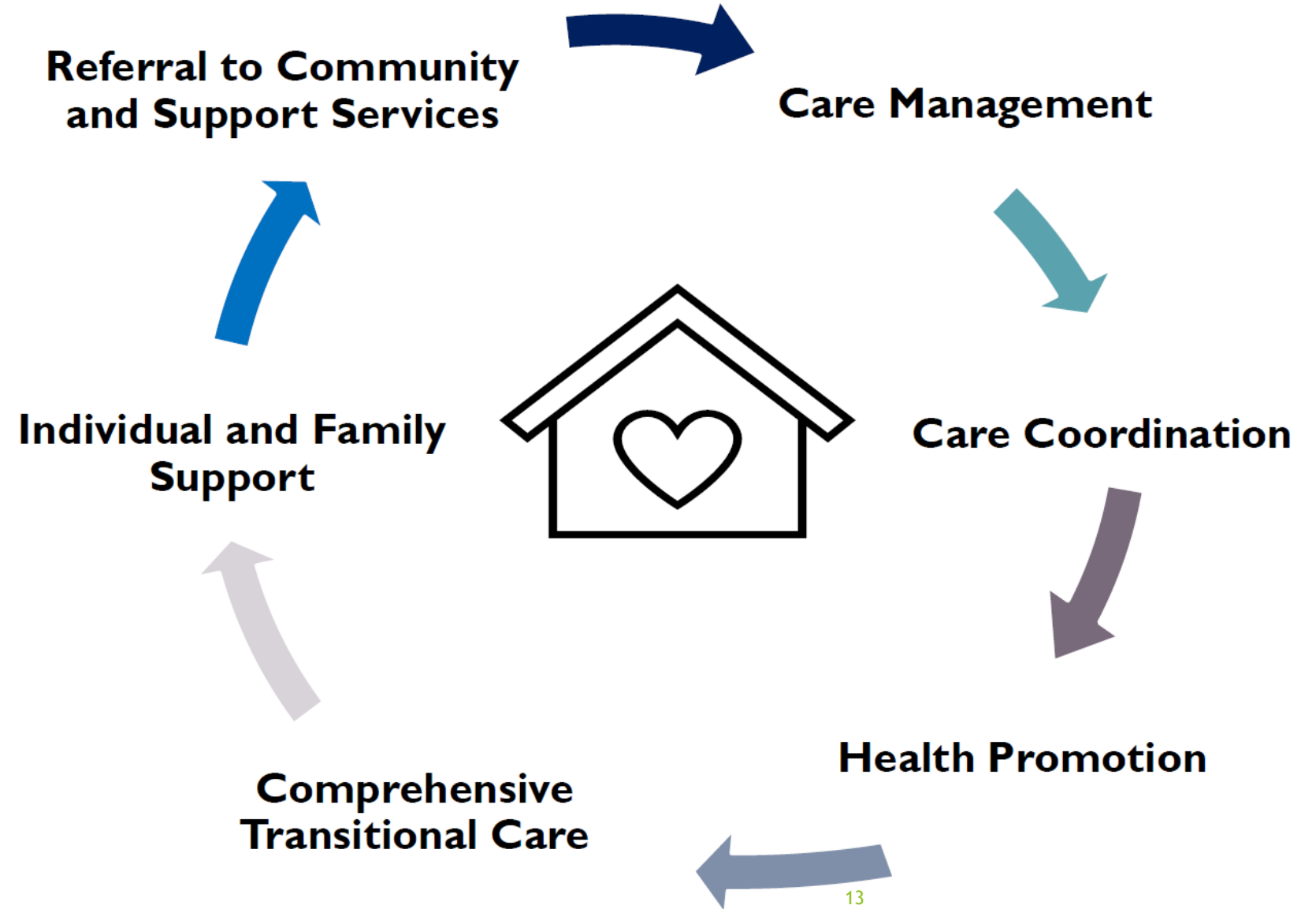
- Health Home Director
- Includes one director and relevant administrative staff (e.g., program coordinators and support staff)

HHPs (per 100 beneficiaries)

- Behavioral Health Specialist
- Nurse Care Manager
- Peer Recovery Coach, Community Health Worker, ~~Medical Assistant~~
- Medical Consultant
- Psychiatric Consultant
- In addition to the above Provider Infrastructure Requirements, eligible HHPs should coordinate care with the following professions:
 - Dentist, Dietician/Nutritionist, Pharmacist, Peer support specialist, Diabetes educator, School personnel, Others as appropriate.



HEALTH HOME SIX CORE SERVICES



Waiver Support Application (WSA)

The WSA is a web-based platform MDHHS uses for many programs. Within the WSA is the ability to enroll/disenroll individuals, upload supporting documentation such as the 5515 Consent, OHH assessment and OHH Care plan. The WSA also has the capability to run reports such as potential recoupment, enrollments, etc.

Waiver Support Application (WSA)

The HHP will recommend a case to be enrolled, enter demographic information, upload supporting documentation and once the process is complete it will come to the LE's queue for approval or pend back if missing some information. The most common reason for pending a case back is the consent missing information, or incorrectly signed and assessment/care plan discrepancies. For example, the assessment identifies a need and then is not carried over to the care plan without explanation.

OHH/SUDHH Payment Flow

- ▶ MDHHS provides monthly case rate payments to the PIHP based on attributed OHH/SUDHH beneficiaries. Payments flow from the PIHP to the HHP per successful encounters
- ▶ To receive a monthly case rate payment, the designated HHP must submit at least one Health Home Care Management encounter code (S0280) to the PIHP per month per enrolled OHH/SUDHH beneficiary.

Current OHH Locations:

- ▶ Victory Clinical Services in Saginaw
- ▶ Victory Clinical Services in Jackson
- ▶ Victory Clinical Services in Lansing
- ▶ Recovery Pathways in Bay City
- ▶ Mid-Michigan Community Health Center serving Clare, Gladwin, Osceola, and Mecosta Counties
- ▶ Isabella Citizens for Health coming on board Oct. 1, 2024

Current OHH Enrollments

- 503 Total enrollments since 10/1/2022
- Disenrolled: 113
- Transferred: 1
- Currently enrolled: 389

OHH SUCCESS STORIES - ENROLLEES

- ▶ "I'm so happy to have the extra support."
- ▶ "I'm glad I'm here. It's helping me take care of myself instead of always taking care of everyone else."
- ▶ "I don't know what I would do if I didn't have OHH to help me with my recovery."

OHH SUCCESS STORIES - STAFF

- ▶ "Three clients since working with me have got a vehicle and job in less than a month and told me they wouldn't of did it without my help to guide them in the right direction to stay focused long enough to get it done."
- ▶ "<Name redacted>has got a vehicle, house, driver's license and job and now supervisor of his own crew. He managed to go from using seven days a week to almost nothing and been clean as far as I know since working with me. He is determined as ever since starting with OHH to get right and he's been doing it every time I see him. All he needed was positive reinforcement and someone to call when he needed guidance from another person that went through it to explain how a sober person does things instead of what his addictive mindset tells him."

OHH SUCCESS STORIES - STAFF

- ▶ "<Name redacted> now sees a mental health provider."
- ▶ "<Name redacted> and <Name redacted> both have been able to complete the application for disability."
- ▶ "<Name redacted> has gotten on the waiting list for Section 8 housing."

FY25 SUDHH Expansion - Next Steps

- ▶ Expanding the availability of SUDHH services in the region is a MSHN strategic priority for 2024-2026.
- ▶ MSHN to issue a SUDHH Request for Interest (RFI) in October 2024 to assess provider interest in becoming a SUDHH.
- ▶ MSHN will use information obtained through the RFI process to inform regional SUD HH expansion plans for FY25 and beyond.
- ▶ Depending on volume of provider response, MSHN may consider a phased approach to SUDHH expansion by onboarding new SUDHHs in cohorts throughout FY25 and FY26.



RESOURCES

- [State Plan Amendment \(SPA\) 20-1501 Approval Letter](#)
- [MSA Policy Bulletin 21-25](#)
- [OHH Handbook](#)
- [MDHHS Brochure](#)
- [MDHHS Website - OHH Section](#)
- [Health Home Provider \(HHP\) Application](#)
- [Health Home Encounter Codes and Rates for OHH](#)
- [Care Plan Components Example OHH](#)
- [MSHN Website - OHH Section](#)
- [MSHN June Board Newsletter featuring OHH](#)

SOR Grant Updates

Jodie Smith

Data Grant Coordinator

GPRAs Updates

- Important Dates to Remember:
 - Monday, September 30: NO SOR 3 or 4 funds are available
 - Tuesday, October 1: The first day to provide clients with SOR 4-funded services and complete intake GPRAs.
 - All GPRAs should be submitted online within three days.
 - Tuesday, October 15: The last day to submit all SOR 3 GPRAs online.

GPRO Updates Continued

- ▶ All clients who receive SOR 3-funded services but will continue with SOR 4-funded services must submit a **SOR 3** discharge, as well as a new **SOR 4** intake.
- ▶ *This information including the corrections was shared through the GPRO@wayne.edu email with people submitting GPRO.*
 - ▶ FY25 Clinicians with SOR 4 contracted agencies are responsible for intake and discharge GPRO ONLY.
 - ▶ SOR 4 GPRO Trainings are available:
 - ▶ Thursday, September 19 at 11 AM - 12 PM
 - ▶ Wednesday, October 16 at 11 AM - 12 PM

SOR - 3 Transition to SOR - 4

- ▶ SOR-4 Begins On October 1, 2024
- ▶ SOR - 3 funds will be available until 9/29/2024. Per SOR - 3 guidelines, all items you were initially approved for must be purchased and disbursed prior to the end of the grant cycle.

SOR 4

- ▶ FY24 SOR 3 MSHN funds = \$3.5 million allocated by MDHHS
- ▶ FY25 SOR 4 MSHN funds = \$2 million allocated by MDHHS
- ▶ Due to a reduction in SOR 4 funds for FY25, MSHN will be unable to support OEND additional funds to regional SUD Prevention Coalitions, as well as harm reduction supplies and materials.
- ▶ As FY25 funding develops further, we will notify the SUD provider network of available opportunities to apply for additional funds or supplies/materials.

SOR - 4 Grant Requirements

- ▶ Reminder:

- ▶ Sub Grantees must utilize third party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage have been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients.

SOR - 4 Grant Requirements

- ▶ Reminder:
 - ▶ Sub Grantees must consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.
 - ▶ Sub Grantees performance will be monitored by MSHN via monthly progress/outcomes reports. See training requirements grid in your contract for due dates and submission methods.

SOR - 4 Grant Requirements - Continued...

- ▶ Criminal background checks must be part of sub-grantees' condition for employment.
- ▶ Sub Grantees must have business practices and processes in place to ensure client confidentiality per Title 42 of the Code of Federal Regulations, Part II.
- ▶ Sub-grantee treatment and recovery providers must ensure client eligibility for treatment/recovery supports and services of the substance use disorder(s) specified by the notice of award(s) (NOAs).

SOR - 4 Grant Requirements - Continued...

- ▶ Sub-grantee treatment providers receiving SOR funds may not deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders.
- ▶ Sub Grantees must Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery from opioid and stimulant use disorders.

SOR - 4 Grant Requirements - Continued...

- ▶ Sub Grantees allowable items include the Purchase and/or implement mobile and/or non-mobile medication units that provide appropriate privacy and adequate space to administer and dispense medications for OUD treatment in accordance with federal regulations.
- ▶ Purchase and distribution of fentanyl test strips (FTS).
- ▶ Sub Grantees must develop and implement evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine. Clinical treatment may include outpatient, intensive outpatient, day treatment, partial hospitalization, or inpatient/residential levels of care.

SOR - 4 Grant Requirements - Continued...

- ▶ Sub Grantees must provide training and activities to enhance and expand the substance use and co-occurring substance use and mental disorder treatment workforce. Note: Although workforce development is an allowable use of grant funds, SAMHSA expects that priority will be given to service provision and prevention activities. Recipients will be expected to utilize the training and education resources which SAMHSA provides at no cost to the grant.
- ▶ Sub Grantees must ensure treatment transition and coverage for individuals reentering communities from criminal justice settings or other rehabilitative settings.

SOR - 4 Grant Requirements - Continued...

- ▶ Sub Grantees must ensure that all practitioners who serve clients with substance use disorders and are eligible to obtain a DATA waiver, employed by an organization receiving funding through SOR, receive such a waiver. The educational requirements for this waiver necessary to treat more than 30 patients at one time may be completed at no cost to the grant via pcssnow.org.
- ▶ Sub Grantees shall Provide HIV and viral hepatitis testing as clinically indicated and referral to appropriate treatment provided to those testing positive. Vaccination for hepatitis A and B should be provided or referral made for same as clinically indicated.

SOR - 4 Grant Requirements - Continued...

- ▶ SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).
- ▶ Sub Grantees receiving funds for treatment and/or recovery services must meet obligations under the Government Performance and Results (GPRA) Modernization Act of 2010, completing GPRA interviews with eligible clients as required.

QUESTIONS?

Treatment Breakout

- ▶ FY25 MSHN Access Implementation Updates: Cammie Myers & Rusmira Bektas
- ▶ Consumer Satisfaction Survey Data: Sandy Gettel
- ▶ MSHN Treatment & Recovery Team Staffing Update: Kate Flavin
- ▶ Lunch & Learn Opportunities: Sherrie Donnelly

FY25 MSHN Access Implementation Update

Rusmira Bektas

Access Administrator

&

Cammie Myers

Utilization Management Administrator

FY25 Access Implementation Update

▶ New Access Staff

- ▶ **Access Administrator:** Rusmira Bektas
(Rusmira.Bektas@midstatehealthnetwork.org)
Direct line: (517- 853-1235)
- ▶ **Access Specialist:** William Nichols
(William.Nichols@midstatehealthnetwork.org)
Direct line: (517-299-0413)
- ▶ **Access Specialist:** Eric Turner (Contact info TBD)
- ▶ Access@midstatehealthnetwork.org
- ▶ **Access Line:** 844-405-3095

FY25 Access Implementation Update

- ▶ Recent Updates
 - ▶ Go-Live Dates
 - ▶ Soft launch
 - ▶ Trainings

The Basics

- ▶ Starting 10/1/24 (FY25), all access for withdrawal management, residential, and recovery housing services will start with a MSHN screening.
- ▶ People seeking these services should be warm transferred to the MSHN Access Line: 844-405-3095 (this is the same number as our current UM/Access line).
- ▶ MSHN Access Staff will complete a Request for Services (RFS) and a full Level of Care (LOC) Determination.
- ▶ Based on the results of the screening, people will be connected a provider of their choice.

Why did MSHN change this process?

- ▶ Duplicate screening experience for people seeking services
- ▶ Referrals and admissions to inappropriate levels of care
- ▶ Incomplete knowledge of the MSHN SUD provider system and available services from referral sources, people seeking services, and other SUD providers
- ▶ Inconsistent REMI data entry across the region
- ▶ Ensuring consumer choice- based on data collected from REMI, SUD providers refer people to their own agencies 95% or more of the time
- ▶ Inability to track Block Grant treatment episodes as part of our SAPTBG management plan.
- ▶ Ensuring better care coordination between providers and other referral sources (with appropriate releases of information signed and on file).

How do I know a person is referred to my agency from MSHN Access?

- ▶ For withdrawal management, residential, and recovery housing- MSHN Access Staff will warm transfer the person to your intake staff to discuss intake and schedule an appointment. Your staff will not need to complete their own Level of Care Determination.
- ▶ For Outpatient (OP) providers will continue doing their own screenings for the services that they provide outside of withdrawal management, residential, and recovery housing services.

What do we need to know for 10/1/2024?

- ▶ A "soft launch" from October 1- October 31
 - ▶ Providers of recovery housing, residential, and withdrawal management services should begin to direct people seeking services to the MSHN Access Line- 844-405-3095
 - ▶ Providers of all other levels of care will continue to provide access screenings and schedule intakes

REMI Changes

- ▶ REMI changes will not take effect until 11/1/2024
 - ▶ MSHN will be providing training for these changes in October
 - ▶ Provider staff will be able to sign up for a training after this meeting
 - ▶ All clinical and administrative staff should plan to participate in one of the 2 hour trainings (even if you do not provide residential, withdrawal management, or recovery housing)
 - ▶ There are no changes to the Claims processing portion of REMI

How to register for the upcoming trainings?

- ▶ Link will be available after this meeting.
- ▶ There are training dates in October
 - ▶ 10/22 - 10/30
 - ▶ Two training sessions each day:
 - ▶ Morning session- 10a-12p
 - ▶ Afternoon session- 1p-3p

When registering...

- ▶ Ensure you click the session at the top (morning or afternoon)
- ▶ Choose the date you would like to participate in October
- ▶ Select the time (either 10am or 1pm) to the right side of the calendar
- ▶ Complete the additional questions at the bottom
- ▶ Click "Book"

- ▶ **If you do not get a confirmation email, the system did not complete the registration process- please try the process again.**
- ▶ The Zoom link for the training will be included in the confirmation email.

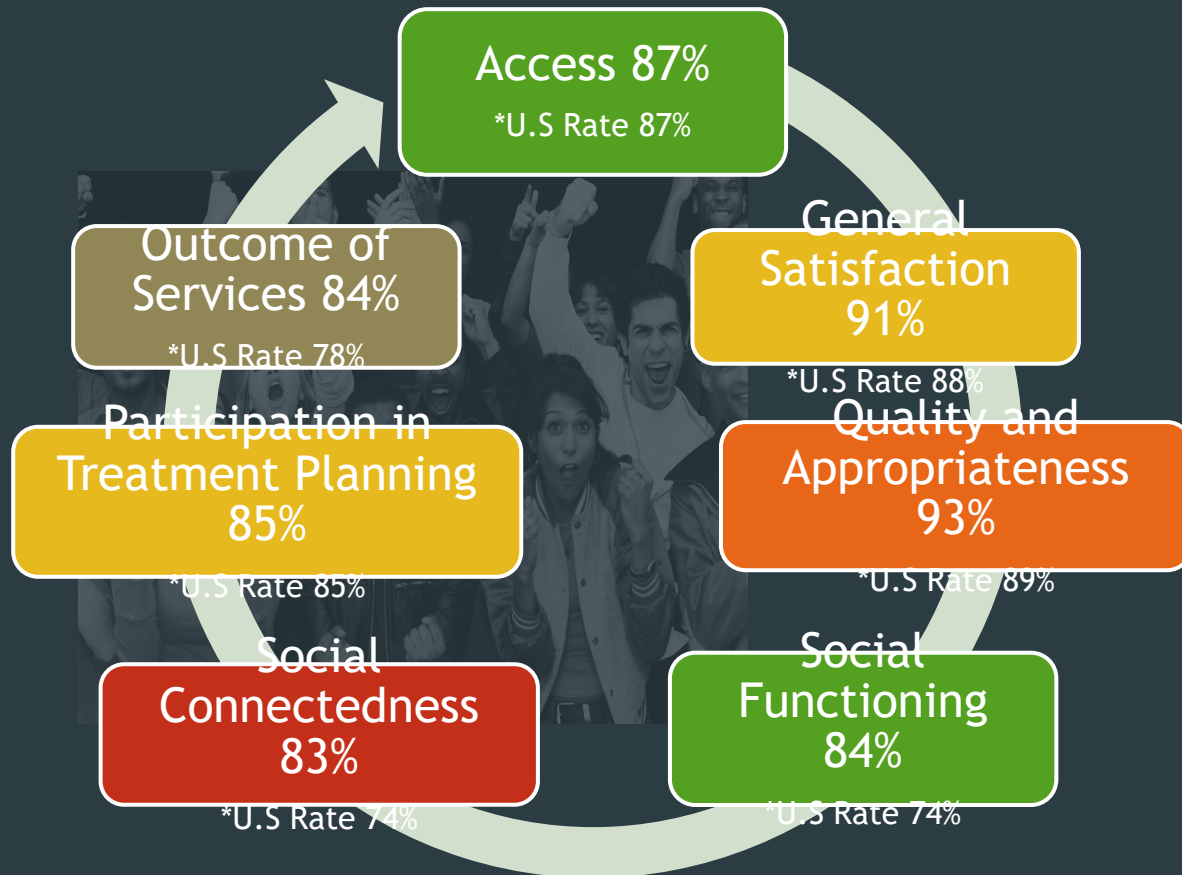
Questions?

Consumer Satisfaction Survey Data

Sandy Gettel
Quality Manager

Satisfaction Survey Results

Individuals with a Substance Use Disorder



Distribution:

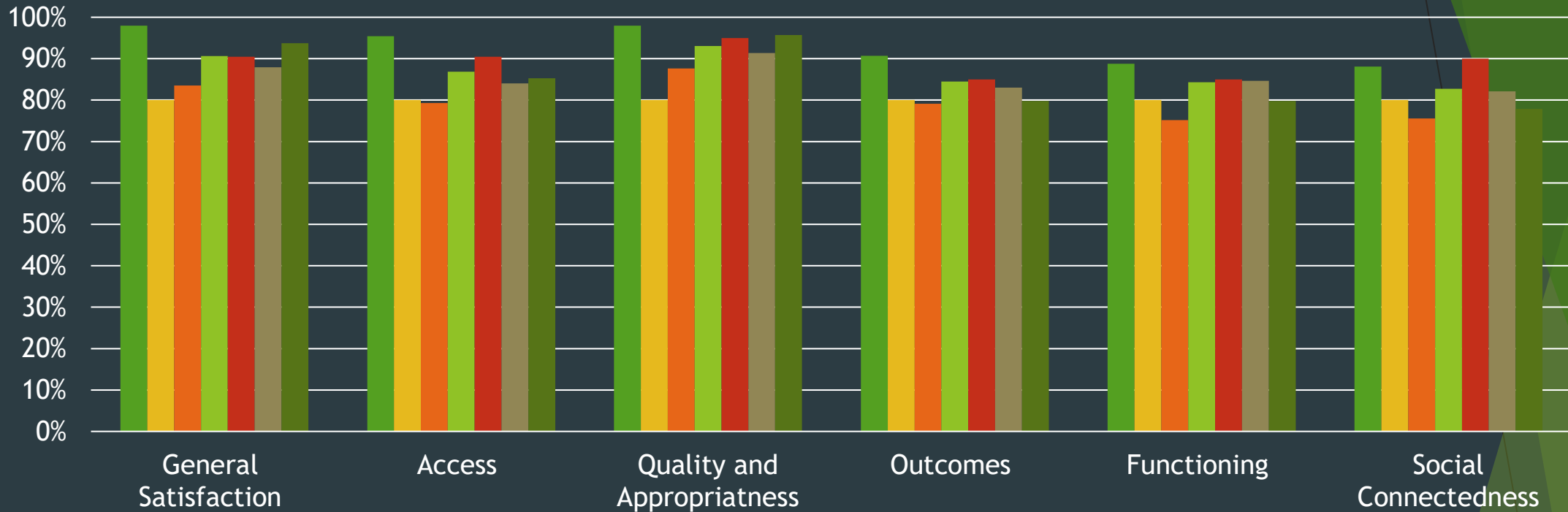
- 3629 individuals served during the timeframe
- 1619 completed a survey
- 45% response rate

Methods:

- 75% Face to Face
- <1% Mail
- 3% Phone
- 22% Electronic/web based

*U.S. Rate Most recent data published. 2022 Michigan Uniform Reporting System Mental Health Data Results
<https://www.samhsa.gov/data/sites/default/files/reports/rpt42759/Michigan.pdf>

Domains by Program



- 1-Outpatient/Intensive Outpatient
- MSHN
- 6-More than one program

- *2-Case management (CSM)
- *4-Withdrawal Management

- 3-Residential
- 5-Medication Assisted Treatment (MAT)

* Include a count of less than 30 individuals.

Key Points: MSHN Substance Use Treatment Providers

MSHN met the standard of 80% for each domain.

► Strengths:

- Q10. Staff believed that I could grow, change, and recover. (94%)
- Q16. Staff respected my wishes about who is and who is not to be given information about my treatment services. (93%)
- Q11. I felt comfortable asking questions about my treatment, services, and medication. (93%)

Key Points-MSHN-Substance Use Treatment Providers

MSHN met the standard of 80% for each domain.

▶ Growth Areas:

- ▶ Q28. My symptoms are not bothering me as much. (79%)
- ▶ Q35. I feel I belong in my community. (78%)
- ▶ Q27. I am satisfied with my housing situation. (75%)
- ▶ Residential treatment programs.

Key Points-Outpatient

Outpatient treatment programs met the 80% standard for all domains.

▶ Strengths:

- ▶ Q10. Staff believed that I could grow, change, and recover. (99%)
- ▶ Q1. I like the services that I received. (98%)
- ▶ Q3. I would recommend this agency to a friend or family member. (97%)
- ▶ Q13. I was given information about my rights. (97%)

Key Points-Outpatient

Outpatient treatment programs met the 80% standard for all domains.

▶ Strengths:

- ▶ Q11. I felt comfortable asking questions about my treatment, services, and medication. (97%)
- ▶ Q16. Staff respected my wishes about who is and who is not to be given information about my treatment services. (97%)

▶ Growth Areas:

- ▶ Q27. I am satisfied with my housing situation. (74%)

Key Points-Medication Assisted Treatment (MAT)

Medication Assisted Treatment met the 80% standard for all domains.

► Strengths:

- Q17. I, not staff, decided my treatment goals. (93%)
- Q16. Staff respected my wishes about who is and who is not to be given information about my treatment services. (92%)
- Q11. I felt comfortable asking questions about my treatment, services, and medication. (92%)

Key Points-Medication Assisted Treatment (MAT)

Medication Assisted Treatment met the 80% standard for all domains.

- ▶ Growth Areas:
 - ▶ Q4. the location of services was convenient. (77%)
 - ▶ Q35. I feel I belong in my community. (78%)
 - ▶ Q27. I am satisfied with my housing situation. (78%)
 - ▶ Q28. My symptoms are not bothering me as much. (79%)

Key Points: Residential Treatment

Residential treatment providers met the standard for the Quality and Appropriateness and the General Satisfaction domains.

► Strengths:

- Q14. Staff encourage me to take responsibility for how I live my life. (92%)
- Q16. Staff respected my wishes about who is and who is not to be given information about my treatment services. (91%)
- Q11. I felt comfortable asking questions about my treatment, services, and medication. (88%)

Key Points: Residential Treatment

Residential treatment providers met the standard for the Quality and Appropriateness and the General Satisfaction domains.

- ▶ Growth Areas: The following domains did not meet the 80% standard:
 - ▶ Access (79%)
 - ▶ Participation in Treatment (77%)
 - ▶ Outcomes (79%)
 - ▶ Functioning (75%)
 - ▶ Social Connectedness (76%)

What else have individuals said about treatment....

- ▶ “This is the best thing that has happened to me”
- ▶ “I really didn't understand how important your services were until I used them. I love it.”
- ▶ “Saved my life“
- ▶ “Best place ever, helped me change my entire life”
- ▶ “Do not know where I would be without”

What else have individuals said about treatment....

- ▶ “Great program, lots of useful information and I was able to get the help I need.”
- ▶ “I feel that the services provided helped me to recognize my actions/triggers/behaviors, and better cope with uncomfortable situations. I have been feeling much more positive since starting treatment.”
- ▶ “Thank you all for helping me heal and grow. I'm forever grateful”

Next Steps....

- ▶ Full report will be provided to MSHN Substance use treatment Team and the provider network.
- ▶ Individual data will be distributed to the relevant providers who utilized the electronic survey developed by MSHN.
- ▶ MSHN will review for any systemic barriers and actions needed, including technical assistance needed for individual providers.

Next Steps....

- ▶ Providers should reach out to those who requested to be contacted.
- ▶ Each provider should review their individual information, identify barriers, and develop interventions to improve growth areas.
- ▶ The process will be evaluated for suggestions from providers and additional efficiencies.

Thank You!

Please reach out with any questions or suggestions you may have.

Your voice matters!

Sandy Gettel, Quality Manager

Sandy.Gettel@midstatehealthnetwork.org



MSHN SUD Treatment & Recovery Team Staffing Update

Kate Flavin

Treatment Administrator

MSHN SUD Treatment & Recovery Team Staffing Update

- ▶ Rebecca Emmenecker will be retiring from MSHN as of Friday, October 4th, 2024.
 - ▶ Rebecca will be sending out a targeted communication to impacted providers with the assignment and contact information for who will be supporting your agency needs in the interim until a replacement is hired.
- ▶ A new Treatment Specialist will be joining the MSHN Treatment & Recovery Team on 10-7-2024. More details will be sent out to impacted providers with contact information after 10-7-2024.

MSHN SUD Treatment & Recovery Team Staffing Update

- ▶ MSHN is continuing to hire for a second treatment specialist to join our team. We will share details when they are available.
- ▶ If you have questions, please direct them to Kate Flavin, SUD Treatment Administrator at kathrine.flavin@midstatehealthnetwork.org.

Lunch & Learn Opportunities

- ▶ September 12th: MSHN Monitoring and Oversight Review Process
- ▶ October 10th: MSHN Medicaid Event Verification Reviews
- ▶ November 14th: Veteran Services & The Compact Act
- ▶ December 5th: Grievance & Appeals

The link for the Lunch and Learns will be from 12-1p and can be located at:

<https://us02web.zoom.us/j/3125295892?omn=83841176448>

Upcoming SUD Provider Meetings

- ▶ December 19, 2024
- ▶ March 20, 2025
- ▶ June 19, 2025
- ▶ NOTE: All meetings will be held via Zoom from 12-2pm
- ▶ Agendas and old meeting notes can be found on our website here: <https://tinyurl.com/mshnsudmtgs>
- ▶ Sign up for the Constant Contact weekly SUD Provider Newsletter here: <https://tinyurl.com/mshnnews>

Prevention Breakout

MSHN SUD Prevention Team

Agenda Topics

- Staff Update
- MPDS
 - FY25 Changes
- FY25 Supervision Requirements
- FY25 Desk Audits
 - Review of new tool
- Year End Report
- FY25 OEND Funding
- FY24 Synar Update

Prevention Staff Update

Welcome Cari Patrick!

Cari Patrick

Huron
Tuscola
Hillsdale
Jackson
Eaton
Ingham
Clinton
Shiawassee
HNV

Sarah Surna

Newaygo
Mecosta
Osceola
Clare
Gladwin
Isabella
Arenac
Montcalm
Ionia
CREW

Sarah Andreotti

Bay
Saginaw
Midland
Gratiot
Peer 360
Wellness INX

MPDS

FY24 Closeout

- Any groups you have that run in both fiscal years will have to be ended in MPDS on 9/30/24 and started as a new group again on 10/1/24.
- Closeout must be completed by October 31, 2024
- COMPLETED- should only be participants that completed the program/cohort according to developer's standards. Coalitions and community groups should not have any COMPLETED attendees.
- Closeout instructions will be emailed to all staff- it is the agency's responsibility to complete closeout tasks and correct errors PRIOR to MSHN's review

MPDS

FY25 Update

- New system coming for MPDS in FY25
- MDHHS is finishing up the new software and it will not be ready for a 10/1 start date
- Beginning on October 1, we will supply a spreadsheet to track activities
 - Spreadsheet will need to be uploaded to Box by the 10th of the month following the services.
 - Activities would then need to be entered in the new system when it is ready from October 1 to present
- Training will be done virtually by MDHHS in October
 - All staff that are an MPDS User will be required to attend

MPDS

FY25 Update Q & A

- Guidance on new Gender Fields
 - If you do not ask participants gender information, then you may want to use the male/female categories.
Consider changing your data collection method to include asking participants which gender category best describes them - this would be for adults and perhaps older adolescents.
 - SAMHSA did not supply definitions for this field, but the state will attempt to include definitions in the User Manual
- New Strategy Codes
 - These codes are existing codes that have been expanded and/or broken down for more detailed data collection. Definitions will be in the new User Manual and emailed out prior to 10/1

FY25 Supervision Requirements

- MDHHS *Substance Use Disorder Credentialing and Staff Qualification Requirements* have been added to the MSHN SUD Provider Manual for FY25
- This is NOT related to MCBAP Development Plan supervision
- All affected provider agencies have been contacted and calendar invites have been sent
- If staffing changes at your agency throughout the year result in no CPC, CPS or CHES supervisor, please contact us for inclusion in these meetings

FY25 Desk Audit

- New tool this year that will be utilized by all PIHPs
 - Tool Review
- Calendar reminders will be sent out by our Quality and Performance Improvement (QAPI) department lead, Amy Dillon in the coming days. You can also see dates on the [MSHN Web Calendar](#)
- If you have both a Prevention and Treatment Contract, your desk audit will be due/completed at the time of the Treatment audit

FY25 Desk Audit

- New Desk Audit Process at MSHN
 - At least 30 days prior to review a review prep email will be sent from QAPI which includes a link to Box and guidance for completing tool and uploading documents
 - Within 30 days after the review, they will receive the final report and guidance for submitting any necessary corrective action plan (CAP)
 - Once received, MSHN has 14 days to review the CAP
 - Once approved, QAPO will email confirmation that the CAP was approved, and the review is considered complete.

Reminders and Updates

- End of Year Reporting
 - Report templates were emailed 9/18/23
 - Minor updates for FY25 to better capture outcomes
 - Remember to submit both the report AND the Outcomes Attachment related to item 5 on the report
 - Please rename documents to include your agency's name
- FY24 FSRs
 - The September FSR is due October 10th. The final FSRs or invoices for SOR, COVID, or ARPA funded projects should also be submitted by October 10th. The final FY2024 FSR to capture any expenses not previously billed is due November 10th. If there are no expenses remaining to bill, a final report does not need to be submitted.

Reminders and Updates

- FY25 Requirements
 - Staff must have taken the Prevention Ethics course within one year of hire. This applies to Specifically Focused Staff as well.
 - There are virtual options through the HealthKnowledge website and PTTC for this training. Keep an eye on the weekly newsletter for both these and in-person opportunities.
- DYTURs- The Synar YAT Report due 9/20/24 (tomorrow!)

FY25 OEND Funding

- There are currently no funds available for OEND activities in FY25. If funding becomes available later in the fiscal year, we will reach out to prevention coalitions to share information on how that funding will be allocated.
- **You are encouraged to reach out to county committees to obtain Opioid Settlement funds**
 - Please report on Opioid Settlement work at coalition meetings

Regional Synar Update 2024

- 74 checks assigned in 18 counties, with 72 checks completed
- 10 sales
- 13.89% sales rate for MSHN region
- Sales rate for State of Michigan has not been announced yet
- Thanks to DYTURs for all of their work during Synar season!

Sales Stats:

Checked ID - 4
Did not check ID - 6

Sales to Female - 8
Sales to Male - 2

Sales by Female clerk - 7
Sales by Male clerk - 3

Sales by Vendor Type:

Gas Station - 4
Tobacco Store - 1
Other - 4
(party store, dollar store, etc.)
Golf Course- 1

Sales of Cigarettes - 4
Sales of ENDS - 4
Sales of Cigar- 1
Sales of Smokeless- 1

Sales by Age:

16 - 1
17 - 2
18 - 2
19 - 1
20 - 4

Questions?

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