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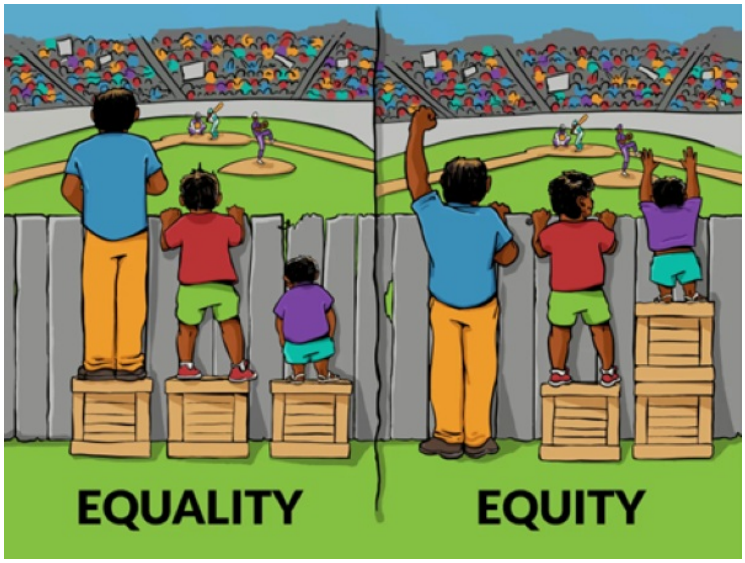
From the Chief Executive Officer's Desk

Joseph Sedlock



This image communicates the difference between equality and equity. From a healthcare perspective, health equality (left panel) means giving everyone the same care, services, or supports. Health equity (right panel) takes into account what individuals need to achieve the same outcome. Health equity does not mean taking anything away from anyone else, but individualizing care, services, and supports based on the needs and circumstances of the individual. This sounds a lot like the person-centered planning philosophy from which our system works, and it is.

Health disparities are not the same things as a health difference. Health differences can be caused by many factors, some of which are biological (for example, people with a uterus can become pregnant; people without a uterus cannot). This is an example of a biological difference, not a disparity.

Health disparities are differences that are unjust, preventable (or correctable), and that are typically associated with historical and current discriminatory social policies and practices, prevalent community attitudes or biases, including racism, sexism, ableism, and many others.

A major consideration in health equity work is the impact of social determinants of health, which are an individual's personal circumstances that affect health and wellbeing. Examples include political, socioeconomic and cultural factors, access to education, a safe place to live, access to nutritious food, income security, and many others.

Mid-State Health Network embraces approaches to the delivery of specialty behavioral healthcare service delivery that are designed to achieve health equity (and thus, the elimination of health disparities) so that all eligible people access services, supports and care that they need to achieve desired health outcomes.

Some people don't need a box to stand on. Others may need one, two or more. To stretch the metaphor: One aspect of this work is to partner with the beneficiary to figure out how many boxes are needed to achieve their

goals, and then to arrange for the needed number and to help them use the boxes, so the benefit is achieved. Just making sure the little person on the far right has the boxes isn't enough – in that little person's case, he may also need some stairs or a lift to effectively use the boxes.

This is the health equity work before us. We are pleased to partner with providers, allies, beneficiaries and their families and supporters, other stakeholders, and the communities of our region, to achieve better equity (one of our strategic priorities) for the people in our state.

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

Organizational Updates

Amanda Ittner, MBA
Deputy Director

MSHN Staffing Update

Kara Hart, MSHN's Waiver Coordinator has accepted the promotion to the Home and Community Based Services (HCBS) Manager (Adult). This position was vacant from the transition of Katy Hammack to the Integrated Healthcare Coordinator. Kara will transition to her new role effective October 10, 2022.

Mid-State Health Network is still looking for qualified candidates. Job Descriptions are located on MSHN's website at: https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers.

Behavioral Health Home Coming Soon to MSHN Region

Michigan Department of Health and Human Services (MDHHS) requested a meeting with MHSN on September 1, 2022 and presented information regarding Behavioral Health Homes (BHH). MDHHS is currently revising the State Plan Amendment to include expansion of BHH in Region 5. Implementation of the BHH concept within the network was also identified in the MSHN FY21-23 strategic plan. MDHHS identified a target date for implementation of April 2023, with identification of a Health Home Partner (HHP) as soon as possible.

The Health Home Partner can be Community Mental Healths (CMHs), Federally Qualified Health Centers (FQHCs) or private providers such as:

- Rural Health Clinics (RHCs)
- Tribal Health Centers (THCs)
- Clinical Practices or Clinical Group Practices
- Community/Behavioral Health Agencies

The BHH model would be similar to the Certified Community Behavioral Health Clinic (CCBHC) and the Opioid Health Home (OHH) in regard to the roles and responsibilities of the Prepaid Inpatient Health Plan (PIHP).

BHH is specific to serving individuals with serious mental illness (SMI) and serious emotional disturbance (SED) in combination of chronic physical health conditions. A risk stratification is utilized to identify enrollees. Some BHHs utilize the same risk stratification produced by the PIHP to identify joint care plans with the Medicaid Health Plans. There are also performance measures that include additional funds for positive outcomes similar to measures already monitored by MSHN and our Community Mental Health Service Provider (CMHSP) partners.

We are excited to announce that as of September 30, 2022, the following CMHSPs indicated a desire to participate in the development of BHH in FY23:

- Community Mental Health for Central Michigan
- Montcalm Care Network
- Newaygo County Community Mental Health
- Shiawassee Health and Wellness
- Saginaw County Community Mental Health

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

Information Technology

Steve Grulke
Chief Information Officer

The Information Technology (IT) staff have worked on converting the critical incident reporting from the old Michigan Public Health Institute (MPHI) method to the new requirement from the Michigan Department of Health and Human Services (MDHHS) Customer Resource Management (CRM) that starts October 1, 2022. This new reporting has additional data fields that need to be collected by clinical staff. The file that is exchanged is an electronic file the Community Mental Health Service Providers (CMHSPs) submit to the Prepaid Inpatient Health Plan (PIHP) for reporting to MDHHS, and the IT Council has been working with the Managed Care System in the region to update the file exchange process.

The IT department has been preparing for a statewide upgrade of the MCG Indicia software that is used by all the CMHSPs for ensuring mental health parity of authorization decisions for acute care services by utilizing MCG's nationally standardized guidelines. To ensure a smooth transition of the upgrade, CMHSP clinical and information

technology staff had to verify the version of their Electronic Health Record had been certified and approved to proceed with the new upgrade. CMHSPs have been utilizing the test environment to identify and ensure there are no unexpected issues. The Statewide Mental Health Parity workgroup set a target for the completion of all PIHP upgrades by October 3, 2022 for the production systems.

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 executing FY 23 contracts based on the board's September approvals. In addition, we are beginning preliminary fiscal year-end (FYE) 22 reporting. Although final FY 22 reports are due in February 2023, MDHHS requires several reports from Prepaid Inpatient Health Plans (PIHPs) to estimate potential cost settlements. These reports include:

1. Interim FY 22 Financial Status Report – This report outlines Medicaid and Healthy Michigan Program (HMP) funding received by the PIHP and funding amounts subsequently used for expenses by each Community Mental Health Service Program (CMHSP) and for Substance Use Disorder services. The report also shows the amount of savings the region will earn and use in the next fiscal year as well as identifying the maximum Internal Service Funds (ISF) the PIHP can earn. MSHN is projecting to fully maximize savings and ISF at more than $100M combined.
2. Accrual Schedule FY 22 – This report is a precursor to the one above and it provides potential lapse amounts for Medicaid, Healthy Michigan, and Direct Care Worker (DCW) dollars. Michigan Department of Health and Human Services (MDHHS) currently cost settles with the PIHP for DCW separately from Medicaid and HMP.

In addition to FY 22 reporting, MSHN continues its work with the three Certified Community Behavioral Health Center (CCBHC) sites: Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CEI); The Right Door (TRD); and Saginaw Community Mental Health in the region. Part of this work also involves PIHPs working with MDHHS on reconciliation processes. If you recall, PIHPs must reimburse CCBHCs a Prospective Payment System (PPS-1) amount for each consumer receiving the daily code (T1040). There are concerns from PIHPs regarding the impact to capitation dollars on this process. In addition, CCBHC sites have noted PPS-1 payments may not cover associated expenses counter to MDHHS' assertion that payments may exceed costs. CCBHC sites with costs exceeding PPS-1 payments would need to use other available grants and funding not associated with the PIHP.

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

Behavioral Health

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

System Transformation: Crisis Stabilization in the Crisis Continuum of Care

Crises, by their very nature, are extremely difficult to predict. However, despite this, crises occur every day and Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs) need to ensure that a full crisis continuum of care is available to meet the needs of individuals experiencing a mental health crisis. These crisis services should be available for anyone, anywhere, and at any time. The Substance Abuse and Mental Health Services Administration (SAMHSA) issued a document entitled *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit (2020).* The toolkit describes that good crisis care includes:

1. An effective strategy for suicide prevention
2. An approach that better aligns care to the unique needs of the individual
3. A preferred strategy for the person in distress that offers services focused on resolving mental health and substance use crisis
4. A key element to reduce psychiatric hospital bed overuse
5. An essential resource to eliminate psychiatric boarding in emergency departments
6. A viable solution to the drains on law enforcement resources in the community; and
7. Crucial to reducing the fragmentation of mental health care

Furthermore, core elements of a crisis system are expected to include:

1. Regional or statewide crisis call centers coordinating in real time
2. Centrally deployed, mobile crisis available always
3. 23-hour crisis receiving and stabilization programs, and
4. Crisis care principles and practices

Michigan's crisis continuum of care has included most of these services, including crisis residential services (not listed above), and will begin focusing on the further development of crisis stabilization units (CSUs). A crisis stabilization unit operates to provide a short-term alternative to longer, costlier, and often more stigmatizing services such as excessively long emergency department waits and psychiatric inpatient admissions. The CSU is intended to meet SAMHSA's definition of good crisis care through improved access to care, an appropriately matched level of care, coordinated care, a positive and individualized experience, family-driven/youth guided care, and an emphasis on the use of natural supports in the stabilization process.

CSU development will require certification (including accreditation from The Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), or similar organization accreditation by soonest of 1/12/2023 or 3 years following MDHHS certification) in the state of Michigan to operate. The Michigan Department of Health and Human Services will be inviting entities to participate in a CSU certification pilot community of practice, expected to run from November 2022 through September 2023. As this project reaches conclusion, it will address good practices in crisis care, including the integration of person-centered principles, coordination of care, and as a crucial addition to its core crisis services system elements, leading to a stronger and more responsive continuum of care. Mid-State Health Network intends to follow these developments closely through participation in CSU efforts.

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

SUD Services for Individuals Involved with MDOC

As board members are aware, Mid-State Health Network (MSHN) began managing Substance Use Disorder (SUD) services for individuals referred by the Michigan Department of Corrections (MDOC) in April 2020. MDOC probation and parole agents are able to refer individuals under their supervision directly to any MSHN-contracted outpatient SUD provider to receive a comprehensive assessment and recommendations for the most appropriate services and level of care to meet their needs. MDOC agents are also able to make direct referrals to the MSHN Utilization Management (UM) department for individuals in need of residential treatment without having to wait for an outpatient assessment to occur first. This direct referral process through MSHN UM facilitates quicker admissions to residential treatment and ensures that individuals are given options of providers to choose from based on their preferences and needs.

Another way MSHN improved access to care for this priority population during FY 2022 was by implementing a new discharge planning process for individuals who are receiving medication-assisted treatment (MAT) while in prison. The MSHN UM department coordinates with MDOC staff to schedule an appointment with a MAT provider in the community where the person will be living. This prevents disruptions in treatment and ensures timely follow-up care when people are at increased risk for relapse immediately following release from prison.

During FY 2022 MSHN provided SUD treatment services to 1,866 individuals involved with MDOC

- ***279 individuals*** *received residential treatment services*
- ***126 individuals*** *received recovery housing services*
- ***Over 500*** *individuals received peer recovery support services*

Michigan Department of Health and Human Services recently announced that Prepaid Inpatient Health Plans (PIHPs) will receive designated funding in FY 2023 to establish an SUD discharge support and complex care management position at each PIHP. The position must be dedicated to supporting SUD providers with meeting the needs of priority population individuals with specific attention given to those involved with MDOC. MSHN is in the process of evaluating its current staffing structure and developing a job description which will meet these needs. MSHN looks forward to continuing to provide high-quality SUD treatment services and supports to individuals under the supervision of MDOC in FY 2023.

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

Harm Reduction: Sustaining Life on the Road to Recovery

Michigan has a comprehensive infrastructure of prevention, treatment and recovery services for people living with a substance use disorder (SUD). Individuals living with a SUD, however, often follow a bumpy road to recovery and sobriety. Social stigma, judgment from others and shame are barriers to individuals seeking treatment. Even after people have engaged in treatment, they can stumble on that road and relapse. Most people living with addictions, however, do recover. A 2017 Harvard study found that while 10% of the U.S. adult population has had a SUD, 9.1% of American adults are in recovery. Despite that, per the CDC, the U.S. exceeded 107,000 drug overdose deaths in 2021 largely related to heroin, methamphetamine and cocaine being laced with synthetic opioids like fentanyl, in effect poisoning people who use illicit drugs.

Harm reduction is an evidence-based strategy to keep people alive by supporting those struggling with active substance use *wherever they are* in their journey to recovery. If they are still using substances, a harm reduction approach works to lower the chance of overdose or of contracting Human Immunodeficiency Virus (HIV), Hepatitis C (HCV) or other diseases. Harm reduction strategies include distribution of naloxone, the overdose reversal medication that's saved many lives, Overdose Prevention Centers (OPCs), and Syringe Service Programs (SSPs) which offer education about and connections to treatment pathways as they concurrently safely dispose of used syringes and distribute sterile syringes.

The myth that distributing sterile syringes and OPCs increase drug use and crime by enabling people to keep using drugs has been thoroughly discredited. In fact, individuals who use syringe service programs are 5 times more likely to engage in treatment and 3 times more likely to quit using drugs than individuals with a SUD that do not use an SSP (per CDC). Syringe Service Programs are not associated with any increase in crime (per NIH) and studies show that for every one dollar spent on harm reduction efforts, $3 is saved in public health costs. Programs have also been shown to result, for example, in a 50% reduction in incidence of HIV and HCV (per NIH). By any measure, Syringe Service Programs are an effective means to save lives and keep people healthy along their journeys to recovery in our communities. Similarly, a 2014 Drug and Alcohol Dependence literature review of 75 studies found that OPCs attracted the most marginalized and vulnerable individuals, reduced overdose frequency, improved access to primary health care, and led to no increase in drug use or crime in the surrounding neighborhoods.

Mid-State Health Network (MSHN) is aligned with the Michigan Department of Health and Human Services (MDHHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) in endorsing evidence-based practices like harm reduction. We encourage our community partners to do the same.

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

EMDR Trauma Training funded by COVID Block Grant

Eye Movement Desensitization and Reprocessing (EMDR) therapy is an extensively researched, effective psychotherapy method proven to help people recover from trauma and Post Traumatic Stress Disorder (PTSD). Ongoing research supports positive clinical outcomes showing EMDR therapy as a helpful treatment for disorders such as anxiety, depression, obsessive-compulsive disorder (OCD), chronic pain, addictions, and other distressing life experiences. According to EMDRIA, the international EMDR Association, EMDR is a structured therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories. It's probably best known for its impact in working with veterans who have PTSD.

So how does EMDR work? Our brains have a natural way to recover from traumatic memories and events. This process involves communication between the amygdala (the alarm signal for stressful events), the hippocampus (which assists with learning, including memories about safety and danger), and the prefrontal cortex (which analyzes and controls behavior and emotion). While many times traumatic experiences can be managed and resolved spontaneously, they may not be processed without help. Stress responses are part of our natural fight, flight, or freeze instincts. When distress from a disturbing event remains, the upsetting images, thoughts, and emotions may create an overwhelming feeling of being back in that moment, or of being "frozen in time." EMDR therapy helps the brain process these memories and allows normal healing to resume. The experience is still remembered, but the fight, flight, or freeze response from the original event is resolved.

Both children and adults can benefit from EMDR therapy. EMDR is an evidenced based practice utilized to support a wide range of challenges including:

- Substance use & addiction
- Anxiety, panic attacks, & phobias
- Chronic illness & medical issues
- Depression & bipolar disorders
- Dissociative disorders
- Eating disorders
- Grief & loss
- Pain
- Personality disorders
- PTSD and other trauma & stress-related issues
- Sexual assault
- Sleep disturbance
- Violence & abuse

EMDR therapy is a mental health intervention. As such, it should only be offered by professionally trained and licensed mental health clinicians. To support the expansion of this evidence-based practice with MSHN paneled SUD treatment providers, MSHN has coordinated an EMDR training for sixty clinicians to become trained in the use of EMDR with individuals in services. Upon completion of the training, participants will also receive the Eye Movement Desensitization & Reprocessing manual by Dr. Francine Shapiro, the author and creator of EMDR, to support them in practice.

The EMDRIA website can be accessed here for more information.

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

Mid-State Health Network's Customer Service

At Mid-State Health Network (MSHN), Customer Service functions as the front door and is available to assist beneficiaries and stakeholders with their questions and concerns. This includes providing information regarding available services and benefits, how to access services, assistance with complaints, appeals and grievances, and tracking and reporting patterns of problem areas for the organization.

MSHN employs a full time Customer Service and Rights Manager to support the functions identified under Customer Service. The Customer Service and Rights Manager is responsible for ensuring regional compliance with federal and state requirements regarding customer service, enrollee rights and protection and grievance and appeal standards. In addition, this position acts as the MSHN representative for Medicaid Fair Hearings involving services provided by Substance Use Disorder Network Providers. To ensure easy access for consumers, providers, stakeholders and MSHN staff to file a complaint, MSHN maintains a dedicated Customer Service phoneline.

To continually improve our service, a customer service log is kept for all calls received directly to MSHN's Customer Service which are tracked, trended, and analyzed on a quarterly basis.

The following are trends and highlights:

- Out of 35 complaints in FY22 Q3, 46% were related to access to treatment.
- Most of the complaints received by MSHN originate from the Michigan Department of Health and Human Services (MDHHS) (31%) and consumers (23%).
- 74% of the member appeals submitted for FY22 Q1 – Q2 were overturned, meaning that the adverse action that was taken by the provider was reversed.

This information is reviewed with the Regional Customer Service Committee (CSC) and is used to guide quality improvement efforts to include timeliness with federal and state standards and access to services.

Customer Service information can be found on MSHN's website at the following link: https://midstatehealthnetwork.org/consumers-resources/customer-services.

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.