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Mid-State Health Network

Quarterly SUD Provider Meeting

March 21, 2024

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Plenary Session Agenda

- ▶ Joe Sedlock: Welcome
- ▶ Lara Coughlin: Smoking Cessation
- ▶ Jodie Smith: SOR 3 Annual Report & OEND Mini Grants
- ▶ Dani Meier: Learning Collaborative Update

MSHN General Remarks

Joe Sedlock

Chief Executive Officer

Smoking Cessation Program

Dr. Lara Coughlin, Ph.D

Department of Psychiatry, University of Michigan

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SOR 3 Annual Report for FY23

Jodie Smith

Data Grant Coordinator

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- ▶ Prevention Evidence Based Practices
- ▶ OEND Harm Reduction
- ▶ Peer Outreach and Linkage
- ▶ Quick Response Teams
- ▶ Jail Based MOUD
- ▶ Mini Grants Review
- ▶ Questions

Prevention EBP

- In FY 23 there were a total of **3,094** Individuals educated on the consequences of opioid and/or stimulant misuse using strategic messaging (e.g. media campaigns, targeted social media content, and other similar strategies).
- In FY 23 there were **1,129** individuals who were reached through outreach activities that target underserved and/or diverse population (e.g., race, ethnicity, sex/gender, age, and disability status).
- The Region utilized programs such as Prime for Life and Botvin to provide outreach and education.

OEND Harm Reduction

Harm Reduction Vending Machines in counties throughout the Region:

▶ Ingham (2)

▶ Hillsdale

▶ Jackson

▶ Gratiot

▶ Eaton

▶ Tuscola (3)

▶ Ionia

▶ Note if there is no number listed then that county has one machine in place currently.

Harm Reduction Activity in Region 5

► *FY23, MSHN region distributed...*

1,160

Fentanyl Test Strips

3,586

Naloxone Kits

PEER Outreach and Linkage

- In FY 23 the Engagement Center in Jackson County supported a total number of **110** admissions and **217** screenings.
- The total number of phone screenings completed in FY23 Q4 was **136**.
- The number of direct referrals to SUD treatment was **100**.
- The most common substances being reported during intake included methamphetamines, alcohol, opiates, and heroin.

SOR Jail Based MOUD

- MSHN region supports a total of 7 Jail Based MOUD programs.
- The jail programs are implementing a variety of supports like group therapy, individual therapy, and MAT.
- In FY23, Jail-Based MOUD programs served a total of

932 People

Quick Response Team (QRT)

- The QRT program in Ingham County had **70** successful contacts made in FY23 Q4.
- QRT continues to increase connections to access of services within local shelters and hospitals.
- QRT has seen reporting of substances starting with heroin, fentanyl, cocaine, methamphetamine's, opiates, and prescription medications.
- FY23 Q4 QRT reported a total of **10** referrals to Residential Treatment and **8** referrals to Outpatient.
- FY23 Q4 the total number of participants identifying as White/Caucasian was **32**, Black/African American was **14**, and Hispanic/Latinx was **7**.

OEND Mini Grant Update

Jodie Smith

Data Grant Coordinator

(SOR) Mini Grant Update

- ▶ Length of Project: 9 months, January 1, 2024-September 29, 2024.
- ▶ MSHN had over 25 providers apply for SOR OEND Mini Grants in FY 24.
- ▶ MSHN BOD approved **\$848,024.00** worth of funding for those who applied under SOR Mini Grants.
- ▶ Providers received award letters in January regarding the Mini Grant amount approved, allowable items, and reporting requirements.
- ▶ Providers were given calendar reminders for SOR Reporting requirements and templates to use for submission.

SOR Grant Requirements Reminder

- ▶ In February providers were sent details regarding SOR requirements items:
 - ▶ 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.
 - ▶ 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.
 - ▶ 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).
 - ▶ 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 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.
- ▶ 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.
- ▶ 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.
- ▶ 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?

Equity Upstream Learning Collaborative Updates

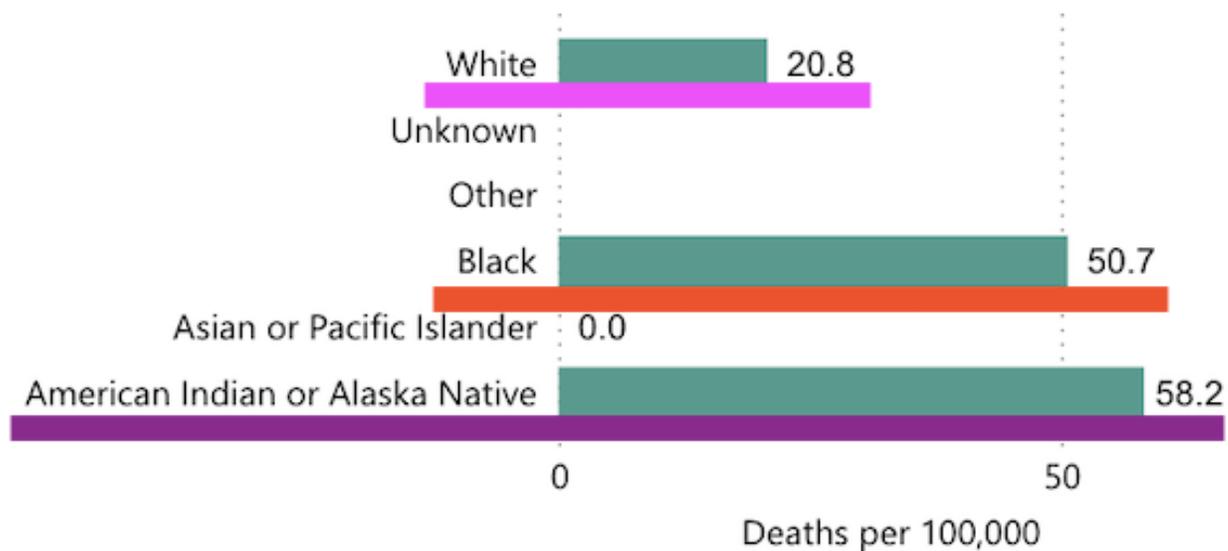
Dr. Dani Meier
Chief Clinical Officer

Reminder of why we do this:

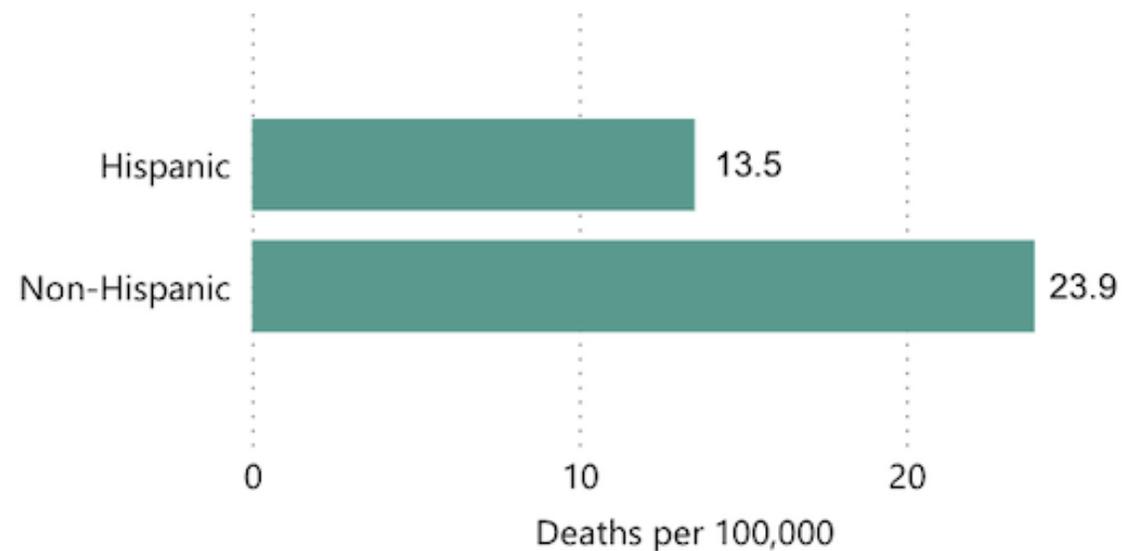
Provisional Overdose Deaths: July 2022 to June 2023

Region 5

Rate by Race



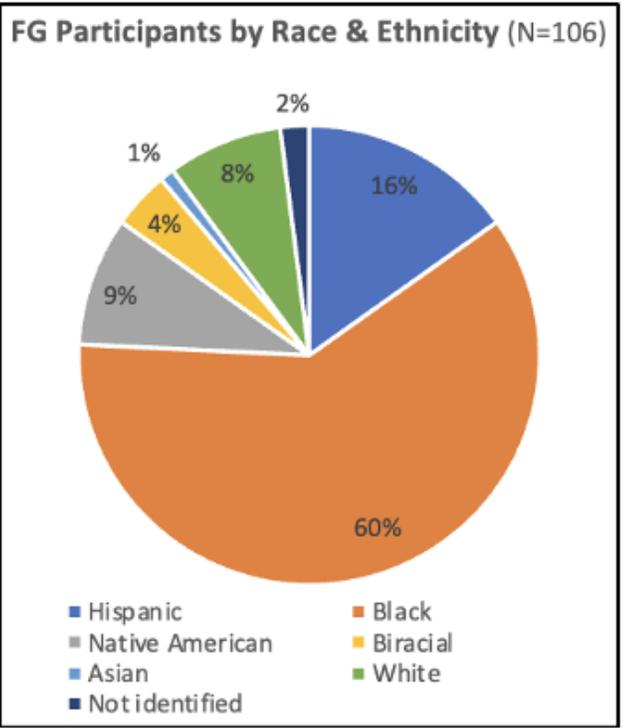
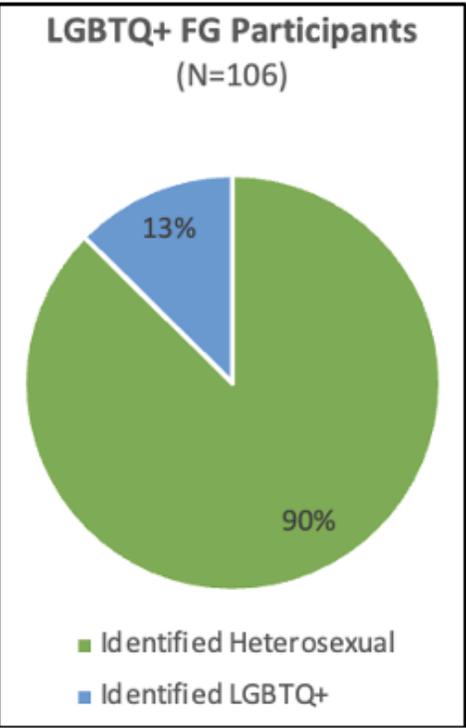
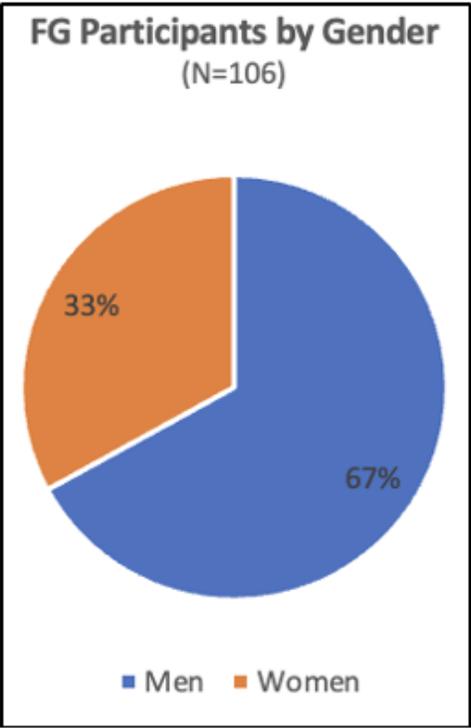
Rate by Ethnicity



Equity Upstream: Recap

- Didactic Lecture Series: Ran from April-June 2023. See [here](#) on MSHN website
- Learning Collaborative (LC): Formed February-April 2023 to transform knowledge to action & to do something about health disparities
- Penetration data provided: June 2023 - Shared penetration rates with LC partners who did treatment
- Focus groups: Conducted across multiple Region 5 counties: October 2023-January 2024

15 Focus Groups, 106 participants, from 6 Region 5 counties



Focus Group Feedback:

Negative Experiences of Health Care

1. Perceived bias/poor care due to skin-color/appearance/dress /Medicaid insurance
2. Feeling disrespected, dismissed, not listened to & assumptions by medical staff of being “drug-seeking”
3. Not “fitting in” in treatment settings, recovery groups, etc. due to their race, culture, age, etc.

Barriers

1. Lack of understanding of the SUD system, what services are available, etc.
2. Insurance issues, inconsistent coverage, few doctors who accept Medicaid
3. Long wait times & transportation issues
4. Legal issues in the past may preclude access to some providers
5. Daily dosing conflicts with work
6. Language barriers (no translation services)
7. Fears of CPS involvement, potential loss of children, legal ramifications on work, school, etc.

Stigma

1. Clients’ own shame, guilt, embarrassment
2. Community, churches, etc. bias against SUD, lack of understanding
3. Family members misunderstand addiction as a disease, expectation to “just stop,” go cold turkey
4. Feeling shunned by family, church, workplace

Next Steps:

- Learning Collaborative action plans are under review
- Projected launch of implementation of action plans: April-May 2024
- Ongoing support, TA, & additional trainings to support stigma reduction, increased access, reduction of implicit biases
- Evaluate at 6, 12 and 18 months

Questions?

Treatment Breakout Session

Treatment Breakout Session Agenda

- Sherrie Donnelly: FY25 Annual Plans
- Joe Wager: SUD Provider Data Workgroup
- Evan Godfrey: SUD Care Navigator Update
- Sandy Gettel: SUD Satisfaction Survey Update
- Sherrie Donnelly: MSHN Lunch & Learn Series 2024

FY25 SUD Treatment & Recovery Annual Planning Process

Sherrie Donnelly

Treatment & Recovery Specialist

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Purpose

- ▶ Annual plan meetings provide MSHN Treatment Specialists with the opportunity to:
 - ▶ Discuss your agency's goals for the upcoming fiscal year
 - ▶ Provide an opportunity for the provider to share successes or innovative ideas
 - ▶ Hear about challenges and support needs
 - ▶ Opportunities for technical assistance
 - ▶ Support relationship building between the provider and MSHN
- ▶ Annual Plans are completed during a collaborative meeting between the provider agency and the treatment specialists who support the agency. Some meetings may also be supported with Utilization Management specialists as well.

Process

- ▶ The agency's lead treatment specialist will reach out and provide FY25 annual plan documents and information individualized to each agency.
- ▶ Meetings will be completed using the Zoom platform
- ▶ The annual plan document will be completed by your treatment specialist the day of the meeting
- ▶ Please review the annual plan documents and be prepared to discuss the items applicable to your agency.
- ▶ There is no need to complete the document prior to the meeting
- ▶ Please be prepared to share progress on the DDCAT and Trauma goals identified during the FY24 annual plan process.
- ▶ Please ensure agency staff who are knowledgeable about annual plan topics are in attendance for the annual plan meeting.

Annual Plan Content

- ▶ Instructions
- ▶ Annual Plan Update
- ▶ Content Specific Areas:
 - Recovery Housing
 - Women's Specialty Services
 - Residential and Withdrawal Management

Timeframe

▶ March

- ▶ Provider will receive an email with FY25 annual plan documents and request dates and times they are available to meet
- ▶ Treatment Specialist will schedule annual plan meeting and provide a Zoom meeting invite.

▶ April-May

- ▶ Annual Plan meetings will take place
- ▶ Annual Plans will be finalized and placed in the “Annual Plan” folder in Box for each provider

▶ June

- ▶ Cost Reimbursed budget requests are due COB 6/3/2024
- ▶ Please email budgets to Trisha Thrush at trisha.thrush@midstatehealthnetwork.org
- ▶ Please submit budget(s) early if they are prepared

Timeframe Continued

▶ June

- ▶ Cost reimbursed budgets will be reviewed
- ▶ Questions regarding the budget will be shared with the provider

▶ July

- ▶ Treatment Team makes FY25 contract recommendations

▶ August

- ▶ FY25 contract recommendations supported by PA2 funding go before Oversight Policy Board (OPB) for review and approval/denial.
- ▶ Items approved will move to MSHN Board of Directors (BOD) for final review of approval/denial.

▶ September

- ▶ FY25 contract recommendations go before MSHN Board of Directions (BOD)
- ▶ If approved, MSHN Contract Manager, Kyle Jaskulka, will send contracts to providers.
- ▶ If denied, MSHN treatment specialist would be in contact and follow-up

SUD Provider Data Workgroup

Joseph Wager, MSW

Information Technology Project Manager

SUD Provider Data Workgroup

- ▶ SUD Provider Data Workgroup
 - ▶ Next Meeting: April 9, 2024 from 11am - 12pm
- ▶ Client Portal - Pilot
- ▶ BH-TEDS 'S' Update record
 - ▶ Will cover at next workgroup meeting
- ▶ MDHHS SDoH Measure on Housing and Employment (BH-TEDS)

Reach out with questions:
joseph.wager@midstatehealthnetwork.org

SUD Care Navigator Update

Evan Godfrey

SUD Care Navigator

Priority Populations Overview

- [MSHN Access System Procedure](#) contains priority populations grid seen here.
- Increased monitoring for admission timeliness requirement for pregnant people.
- If provider agencies cannot offer admission within the required timeframes, they need to actively work with the individual to secure treatment for them.
 - Not simply providing consumers with phone numbers of other providers/MSHN UM Department.
 - We are here to help! Please do a warm transfer to MSHN UM at 844-405-3095 if needed.

Population	Admission Requirement	Interim Service Requirement
Pregnant Injecting Drug User	1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours.	<i>Begin within 48 hours:</i> 1. Counseling and education on: a) HIV and TB. b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. d) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Pregnant Substance Use Disorders	1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours.	<i>Begin within 48 hours:</i> 1. Counseling and education on: a) HIV and TB. b) Risks of transmission to sexual partners and infants. c) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Injecting Drug User	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 hours – maximum waiting time 120 days:</i> 1. Counseling and education on: a) HIV and TB. b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. 2. Early intervention clinical services.
Parent At-Risk of Losing Children	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 business hours:</i> Early intervention clinical services.
Individuals Under Supervision of MDOC and Referred by MDOC or Individuals Being Released Directly from an MDOC Without Supervision and Referred by MDOC	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 hours:</i> Early intervention clinical services Recovery Coach services
All Others	Screened and referred within seven calendar days. Capacity to offer admission within 14 days.	Not required.

MDOC Referrals

- Referrals to residential treatment (3.1 and 3.5) require MSHN prior authorization. Please direct referring agents to email MDOCreferrals@midstatehealthnetwork.org
 - MDOC referrals to all other levels of care do not require MSHN prior authorization.
- All referrals: Upload the referral documents (CFJ-306 and MDHHS 5515 forms) to the client's chart in REMI. This is the only way to verify that an individual is a true MDOC referral.
- If you are unsure if someone is being referred by MDOC, they're not. Providers will know that a client is referred by MDOC if the referral information is sent by Evan Godfrey (for residential providers) or by the MDOC agent themselves (all other levels of care).
 - If providers have to work to get contact information, releases, referral forms, etc, from an MDOC agent, then the agent has failed to do their job. The responsibility to refer these clients falls on their agents.
- Please contact Evan Godfrey for assistance with working with MDOC-involved clients.

SUD Care Navigator Update

- Successes? Challenges? Barriers?
- Questions?

- Contact information:
 - 517-657-3358
 - Evan.godfrey@midstatehealthnetwork.org

Questions?

MSHN Satisfaction Surveys

Sandy Gettel

MSHN Quality Manager

sandy.gettel@midstatehealthnetwork.org

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SUD Satisfaction Survey - Requirements

- ▶ Annual assessment of experience of care for individuals receiving treatment.
- ▶ Assessment may include focus groups (qualitative) or surveys (quantitative).
- ▶ Assessments must address quality, availability, and accessibility of care.
- ▶ As a result of the assessments
 - Action should be taken on individual cases as appropriate
 - Identification and investigation of sources of dissatisfaction
 - Outline systemic findings, inform providers, individuals, governing body of results
- ▶ Evaluation of actions are completed to determine effectiveness
- ▶ Certified Community Behavioral Health Clinics require use of standardized tool

References:

[MSHN SUD Treatment Contract](#)

[MSHN Quality-Assessment of Member Experience Policy](#)

[MDHHS Quality Assessment and Performance Improvement Program Technical Requirements](#)

[MDHHS / PIHP Medicaid Contract-CCBHC Handbook](#)



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Satisfaction Survey Results FY23

Comprehensive
Total
FY22- 4.62
FY23-4.52

Subscales	2022	2023
Welcoming Environment	4.64	4.56
Information on Recipient Rights	4.57	4.48
Cultural /Ethnic Background	4.69	4.59
Treatment Planning/Progress Towards Goals	4.69	4.58
Coordination of Care/Referrals to Other Resources	4.60	4.48

Key Points:

- *Greater than 3.50 indicates a positive response.*
- *All areas were more than 3.50.*
- *Each question and focus area decreased from previous year.*
- *Coordination of Care had the largest decrease.*

48%
Response
Rate

3916 served
during
timeframe

1866
completed
a survey

Changes

- ▶ Current MSHN developed satisfaction survey tool will be discontinued.
- ▶ The Mental Health Statistic Improvement Program (MHSIP) Adult Consumer Experience of Care (PEC) survey tool and scoring methodology will be used.
- ▶ Five domains with 15 questions to seven domains with 36 questions.
- ▶ Additional information will be included such as race, ethnicity, and demographic fields.
- ▶ Survey instructions, and tools will be uploaded to a link on the MSHN Website.

Next Steps

- ▶ Survey tool and Instructions distributed to providers
 - MSHN Newsletter
 - MSHN Website
- ▶ Lunch and Learn - Satisfaction Surveys May 9th from 12:00 to 1:00
- ▶ Administration 6/1/2024 through 7/31/2024 (Tentative)
- ▶ Survey data due date 8/1/2024

Questions??

Contact : Sandy Gettel Quality Manager
sandy.gettel@midstatehealthnetwork.org

Lunch & Learn Opportunities

Zoom link: <https://us02web.zoom.us/j/81621889242?pwd=SldRRzI1YUxiRFJQYWdsZHB1S1FXUT09>

Month	Department	Topic
March 14 th	Veteran Navigator	Veteran Services & The Compact Act
April 11 th	Compliance- QAPI	MSHN Monitoring and Oversight Review Process Target Audience: SUD Treatment and Recovery Providers
May 9 th	Quality	Consumer Satisfaction Surveys
June 6 th	SUD Clinical	Individualized Treatment & Recovery Planning
July 11 th	Quality	Sentinel Events
August 8 th	Customer Service	Adverse Benefit Determination
September 12 th	Compliance- MEV (<i>Tentative</i>)	MSHN Medicaid Event Verification Reviews
October 10 th	Compliance- QAPI (<i>Tentative</i>)	MSHN Monitoring and Oversight Review Process – New statewide tools <i>(*Note: Session is tentative until new tools are available)</i>
November 14 th	UM	Authorizations
December 12 th	Customer Service	Grievance & Appeals

Quarterly SUD Provider Meeting Prevention Breakout

March 21, 2024

- FY25 Annual Plans
- FY24 Reminders
- FY24 AHR Reporting
- Prevention Conference Update

FY24 Annual Plans

- Plan templates will be sent out April 1 with a return date of June 3
- The required Direct Service hours will remain the same for FY24
 - 600 hours per 1 FTE
 - 20%, or 120 hours, may be included on AHR (480 in MPDS)
- Templates are the same as FY24. Please be sure to fill in the yellow highlighted cells, or your plan will be returned
- Budgets may have necessary and appropriate increases related to programming/staffing, but increases are not guaranteed at this point
- Annual Plan Template Review

FY24 Reminders

- Providers should be taking attendance/keeping attendance records at activities.
- Evaluation- all providers are required to be evaluating your programming through pre/post tests and surveys.

FY24 Additional Hours Report (AHR)

- First half of the year is due 4/14/24 to your MSHN Prevention Specialist
- The AHR collects indirect hours
 - Conferences, trainings, half of your travel time, coalition prep, etc.
 - Does NOT include staff meetings or non-MSHN funded activity
 - Details of what can be included are on the second tab- Report Instructions

Prevention Conference Update

- Get ready for a Prevention Game Show May 7-8 in Frankenmuth!
- Agenda and Registration was sent out on March 19
- Open to MSHN-region providers and coalition members
- Still looking for 5 minute Prev Talks

Questions?

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sarah.surna@midstatehealthnetwork.org

sarah.andreotti@midstatehealthnetwork.org

Upcoming SUD Provider Meetings

- ▶ June 20, 2024 12-2pm
- ▶ September 19, 2024 12-2pm
- ▶ December 19, 2024 12-2pm

- ▶ NOTE: All meetings will be held via Zoom

- ▶ 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>