Mid-State Health Network

Board of Directors Meeting ~ January 10, 2023 ~ 5:00 p.m.

Board Meeting Agenda

THIS MEETING WILL BE HELD AT A PHYSICAL LOCATION WITH APPROPRIATE SOCIAL DISTANCING AND/OR MASKING REQUIREMENTS

Comfort Inn & Suites and Conference Center
Conference Room E&F
2424 S. Mission St
Mt. Pleasant, MI 48858

MEMBERS OF THE PUBLIC AND OTHERS UNABLE TO ATTEND IN PERSON CAN PARTICIPATE IN THIS MEETING VIA TELECONFERENCE
Teleconference: (Call) 1. 312.626.6799; Meeting ID: 379 796 5720

1. Call to Order
2. Roll Call
3. **ACTION ITEM:** Approval of the Agenda

   Motion to Approve the Agenda of the January 10, 2023 Meeting of the MSHN Board of Directors
4. Public Comment (3 minutes per speaker)
5. **ACTION ITEM:** FY2023 Quality Assessment and Performance Improvement Program (QAPIP) and the FY2022 Annual Effectiveness Evaluation *(Page 6)*

   Motion to approve the Quality Assessment and Performance Improvement Program (QAPIP) for October 1, 2022 to September 30, 2023 and the Annual Effectiveness and Evaluation Report for October 1, 2021 to September 30, 2022
6. Chief Executive Officer's Report *(Page 12)*
7. Deputy Director's Report *(Page 39)*
8. Chief Financial Officer's Report

   Financial Statements Review for Period Ended November 30, 2022 *(Page 56)*

   ACTION ITEM: Receive and File the Preliminary Statement of Net Position and Statement of Activities for the Period ended November 30, 2022, as presented
9. **ACTION ITEM:** Contracts for Consideration/Approval *(Page 63)*

   The MSHN Board of Directors Approve and Authorizes the Chief Executive Officer to Sign and Fully Execute the FY 2023 Contracts, as Presented on the FY 2023 Contract Listing
10. Executive Committee Report
11. Chairperson's Report

MSHN
Mid-State Health Network

Our Mission:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and 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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Board of Directors Meeting Materials:
Click **HERE**
or visit MSHN's website at:
https://midstatehealthnetwork.org/stakeholders-resources/board-councils/board-of-directors/fy2023-meetings

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Upcoming FY23 Board Meetings

(Tentative until Board Approval)
Board Meetings convene at 5:00pm unless otherwise noted

January 10, 2023
Comfort Inn & Suites and Conference Center
2424 South Mission Street
Mount Pleasant, MI 48858

March 7, 2023
MyMichigan Medical Center
300 E. Warwick Drive
Alma, MI 48801

May 2, 2023
MyMichigan Medical Center
300 E. Warwick Drive
Alma, MI 48801

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Policies and Procedures
Click HERE or Visit
https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies

12. **ACTION ITEM:** Consent Agenda

    Motion to Approve the documents on the Consent Agenda

    12.1 Approval Board Meeting Minutes 11/01/22 *(Page 66)*
    12.2 Receive SUD Oversight Policy Board Minutes 10/19/22 *(Page 71)*
    12.3 Receive Board Executive Committee Minutes 12/16/22 *(Page 75)*
    12.4 Receive Operations Council Key Decisions 11/21/22 *(Page 77)* and 12/19/22 *(Page 79)*

13. Other Business

14. Public Comment (3 minutes per speaker)

15. **ACTION ITEM:** CEO Performance Evaluation Results *(Page 81)*

    Motion to receive and file the 2022 MSHN Chief Executive Officer Performance Evaluation Results

16. Adjourn

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FY23 MSHN Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	Appointing CMHSP	Term Expiration
Bohner	Brad	bbohner@tds.net		517.294.0009		LifeWays	2025
Brehler	Joe	jbrehler@sprynet.com		517.882.7491	517.230.5911	CEI	2025
Cadwallender	Bruce	bcadwall@umich.edu		517.703.4223		Shia Health & Wellness	2024
Cierzniewski	Michael	mikecierzniewski@yahoo.com		989.493.6236		Saginaw County CMH	2023
DeLaat	Ken	kdelaat1@aol.com		231.414.4173		Newaygo County MH	2023
Griesing	David	davidgriesing@yahoo.com		989.823.2687		TBHS	2024
Grimshaw	Dan	midstatetitlesvcs@mstsinc.com		989.823.3391	989.823.2653	TBHS	2023
Hicks	Tina	tmhicks64@gmail.com		989.576.4169		GIHN	2024
Johansen	John	j.m.johansen6@gmail.com		616.754.5375	616.835.5118	MCN	2024
Ladd	Jeanne	stixladd@hotmail.com		989.634.5691		Shia Health & Wellness	2024
McFarland	Pat	pjmcfarland52@gmail.com		989.225.2961		BABHA	2023
McPeek-McFadden	Deb	deb2mcmail@yahoo.com		616.343.9096	616.794.0752	The Right Door	2024
Mitchell	Ken	kmitchellcc@gmail.com		517.899.5334	989.224.5120	CEI	2025
Nyland	Gretchen	gretchen7080@gmail.com		616.761.3572		The Right Door	2025
O'Boyle	Irene	irene.oboyle@cmich.edu		989.763.2880		GIHN	2023
Peasley	Kurt	peasleyhardware@gmail.com		989.560.7402	989.268.5202	MCN	2024
Phillips	Joe	joe44phillips@hotmail.com		989.386.9866	989.329.1928	CMH for Central	2023
Raquepaw	Tracey	tl.raquepaw@icloud.com	raquepawt@michigan.gov	989.737.0971		Saginaw County CMH	2025
Ryder	Tom	tomryder51@yahoo.com		989.860.8095		BABHA	2025
Scanlon	Kerin	kscanlon@tm.net		502.594.2325		CMH for Central	2025
Swartzendruber	Richard	rswartzn@gmail.com		989.269.2928	989.315.1739	HBH	2023
Twing	Susan	set352@hotmail.com		231.335.9590		Newaygo County MH	2025
Wiltse	Beverly	bevwiltse@gmail.com		989.326.1052		HBH	2023
Woods	Ed	ejw1755@yahoo.com		517.392.8457		LifeWays	2024

Administration:

Sedlock	Joe	joseph.sedlock@midstatehealthnetwork.org	517.657.3036
Ittner	Amanda	amanda.ittner@midstatehealthnetwork.org	517.253.7551
Thomas	Leslie	leslie.thomas@midstatehealthnetwork.org	517.253.7546
Kletke	Sherry	sheryl.kletke@midstatehealthnetwork.org	517.253.8203

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ACRONYMS - Following is a list of commonly used acronyms you may read or hear referenced in a MSHN Board Meeting:

ACA: Affordable Care Act

ACT: Assertive Community Treatment

ARPA: American Rescue Plan Act (COVID-Related)

ASAM: American Society of Addiction Medicine

ASAM CONTINUUM: Standardized assessment for adults with SUD needs

ASD: Autism Spectrum Disorder

BBA: Balanced Budget Act

BH: Behavioral Health

BHH: Behavioral Health Home

BPHASA – Behavioral and Physical Health and Aging Services Administration

BH-TEDS: Behavioral Health – Treatment Episode Data Set

CC360: CareConnect 360

CCBHC: Certified Community Behavioral Health Center

CAC: Certified Addictions Counselor

Consumer Advisory Council

CEO: Chief Executive Officer

CFO: Chief Financial Officer

CIO: Chief Information Officer

CCO: Chief Compliance Officer

Chief Clinical Officer

CFR: Code of Federal Regulations

CFAP: Conflict Free Access and Planning (Replacing CFCM)

CFCM: Conflict Free Case Management

CLS: Community Living Services

CMH or CMHSP: Community Mental Health Service Program

CMHA: Community Mental Health Authority

CMHAM: Community Mental Health Association of Michigan

CMS: Centers for Medicare and Medicaid Services (federal)

COC: Continuum of Care

COD: Co-occurring Disorder

CON: Certificate of Need (Commission) – State

CPA: Certified Public Accountant

CQS: – Comprehensive Quality Strategy

CRU: Crisis Residential Unit

CS: Customer Service

CSAP: Center for Substance Abuse Prevention (federal agency/SAMHSA)

CSAT: Center for Substance Abuse Treatment (federal agency/SAMHSA)

CW: Children's Waiver

DAB: Disabled and Blind

DEA: Drug Enforcement Agency

DMC: Delegated Managed Care (site visits/reviews)

DRM: Disability Rights Michigan

DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

EBP: Evidence-Based Practices

EEO: Equal Employment Opportunity

EMDR: Eye Movement & Desensitization Reprocessing therapy

EPSDT: Early and Periodic Screening, Diagnosis and Treatment

EQI: Encounter Quality Initiative

EQR: External Quality Review (federally mandated review of PIHPs to ensure compliance with BBA standards)

FC: Finance Council

FI: Fiscal Intermediary

FOIA: Freedom of Information Act

FSR: Financial Status Report

FTE: Full-time Equivalent

FQHC: Federally Qualified Health Centers

FY: Fiscal Year (for MDHHS/CMHSP runs from October 1 through September 30)

GAIN: Global Appraisal of Individual Needs assessment for adolescents with SUD needs.

GF/GP: General Fund/General Purpose (state funding)

HB: House Bill

HCBS: Home and Community Based Services

HIPAA: Health Insurance Portability and Accountability Act

HITECH: Health Information Technology for Economic and Clinical Health Act

HMP: Healthy Michigan Program

HMO: Health Maintenance Organization

HRA: Hospital Rate Adjuster

HSAG: Health Services Advisory Group (contracted by state to conduct External Quality Review)

HSW: Habilitation Supports Waiver

ICD-10: International Classification of Diseases – 10th Edition

ICO: Integrated Care Organization (a health plan contracted under the Medicaid/Medicare Dual eligible pilot project)

I/DD: Intellectual/Developmental Disabilities

IDDT: Integrated Dual Diagnosis Treatment

IOP: Intensive Outpatient Treatment

ISF: Internal Service Fund

IT/IS: Information Technology/Information Systems

KPI: Key Performance Indicator

LBSW: Licensed Baccalaureate Social Worker

LEP: Limited English Proficiency

LLMSW: Limited Licensed Masters Social Worker

LMSW: Licensed Masters Social Worker

LLPC: Limited Licensed Professional Counselor

LPC: Licensed Professional Counselor

LOCUS: Level of Care Utilization System

LTSS: Long Term Supports and Services

MAHP: Michigan Association of Health Plans (Trade association for Michigan Medicaid Health Plans)

MAT: Medication Assisted Treatment (see MOUD)

MCBAP: Michigan Certification Board for Addiction Professionals

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MCO: Managed Care Organization

MDHHS: Michigan Department of Health and Human Services

MDOC: Michigan Department of Corrections

MEV: Medicaid Event Verification

MHP: Medicaid Health Plan

MI: Mental Illness

Motivational Interviewing

MiHIA: Michigan Health Improvement Alliance

MiHIN: Michigan Health Information Network

MLR: Medical Loss Ratio

MMBPIS: Michigan Mission Based Performance Indicator System

MOUD: Medication for Opioid Use Disorder (a sub-set of MAT)

MP&A (MPAS): Michigan Protection and Advocacy Service

MPCA: Michigan Primary Care Association (Trade association for FQHC's)

MPHI: Michigan Public Health Institute

MRS: Michigan Rehabilitation Services

NACBHDD: National Association of County Behavioral Health and Developmental Disabilities Directors

NAMI: National Association of Mental Illness

NASMHPD: National Association of State Mental Health Program Directors

NCQA: National Committee for Quality Assurance

NCMW: National Council for Mental Wellbeing

NMRE: Northern Michigan Regional Entity (PIHP Region 2)

OC: Operations Council

OHCA: Organized Health Care Arrangement

OIG: Office of Inspector General

OMT: Opioid Maintenance Treatment - Methadone

OP: Outpatient

OTP: Opioid Treatment Provider (formerly methadone clinic)

PA: Public Act

PA2: Liquor Tax act (funding source for some MSHN funded services)

PAC: Political Action Committee

PASARR: Pre-Admission Screening and Resident Review

PCP: Person-Centered Planning

Primary Care Physician

PEP: Performance Enhancement Plan

PFS: Partnership for Success

PEO: Professional Employer Organization

PEPM: Per Eligible Per Month (Medicaid funding formula)

PI: Performance Indicator

PIP: Performance Improvement Project

PIHP: Prepaid Inpatient Health Plan

PMV: Performance Measure Validation

PN: Prevention Network

Project ASSERT: Alcohol and Substance abuse Services and Educating providers to Refer patients to Treatment

PS: Protective Services

PTSD: Post-Traumatic Stress Disorder

QAPIP: Quality Assessment and Performance Improvement Program

QAPI: - Quality Assessment Performance Improvement

QHP: Qualified Health Plan

QM/QA/QI: Quality Management/Assurance/Improvement

QRT: Quick Response Team

RCAC: Regional Consumer Advisory Council

REMI: MSHN's Regional Electronic Medical Information software

RES: Residential Treatment Services

RFI: Request for Information

RFP: Request for Proposal

RFQ: Request for Quote

RR: Recipient Rights

RRA: Recipient Rights Advisor

RRO: Recipient Rights Office/Recipient Rights Officer

SAMHSA: Substance Abuse and Mental Health Services Administration (federal)

SAPT: Substance Abuse Prevention and Treatment (when it includes an "R", means "Recovery")

SARF: Screening, Assessment, Referral and Follow-up

SCA: Standard Cost Allocation

SDA: State Disability Assistance

SED: Serious Emotional Disturbance

SB: Senate Bill

SIM: State Innovation Model

SIS: Supports Intensity Scale

SMI: Serious Mental Illness

SPMI: Severe & Persistent Mental Illness

SSDI: Social Security Disability Insurance

SSI: Supplemental Security Income (Social Security)

SSN: Social Security Number

SUD: Substance Use Disorder

SUD OPB: Substance Use Disorder Regional Oversight Policy Board

SUGE: Bureau of Substance Use, Gambling and Epidemiology

TANF: Temporary Assistance to Needy Families

UR/UM: Utilization Review or Utilization Management

VA: Veterans Administration

WM: Withdrawal Management (formerly "detox")

WSA: Waiver Support Application

YTD: Year to Date

ZTS: Zenith Technology Systems (MSHN Analytics and Risk Management Software)

Background:

FY 2023 Quality Assessment and Performance Improvement Program (QAPIP) Plan and FY2022 Annual Effectiveness and Evaluation Report:

To comply with the Medicaid Managed Specialty Supports and Services Contract, specifically as it relates to the description of the QAPIP and Annual Effectiveness and Evaluation:

> "The PIHP must have a written description of its QAPIP which specifies 1.) an adequate organizational structure which allows for clear and appropriate administration and evaluation of the QAPIP; 2.) the components and activities of the QAPIP including those as required below; 3.) the role for recipients of service in the QAPIP; and 4.) the mechanisms or procedures to be used for adopting and communicating process and outcome improvement."

And specifically, as it relates to the Governing Body Responsibilities:

> "The QAPIP must be accountable to a Governing Body that is a PIHP Regional Entity. Responsibilities of the Governing Body for monitoring, evaluating, and making improvements to care include:
>
> A. Oversight of QAPIP - There is documentation that the Governing Body has approved the overall QAPIP and an annual QI plan.
>
> B. QAPIP progress reports - The Governing Body routinely receives written reports from the QAPIP describing performance improvement projects undertaken, the actions taken and the results of those actions.
>
> C. Annual QAPIP review - The Governing Body formally reviews on a periodic basis (but no less frequently than annually) a written report on the operation of the QAPIP.
>
> D. The Governing Body submits the written annual report to MDHHS following its review. The report will include a list of the members of the Governing Body."

Please refer to the FY22 Report and FY23 QAPIP Plan Executive Summary for an overview and highlights from the full FY2023 QAPIP Plan and the FY2022 QAPIP Report.

Recommended Motion:

The MSHN Board of Directors has reviewed and approves the Quality Assessment and Performance Improvement Program (QAPIP) Plan for the period of October 1, 2022–September 30, 2023, and the Annual Effectiveness and Evaluation Report for the period of October 1, 2021 - September 30, 2022.

Quality Assessment and Performance Improvement Program
FY22 Report and FY23 Plan Executive Summary

Mid-State Health Network (MSHN) as the Prepaid Inpatient Health Plan (PIHP) is responsible for monitoring quality improvement through the Quality Assessment and Performance Improvement Program (QAPIP). The scope of MSHN's QAPIP program is inclusive of all CMHSP Participants, the Substance Use Disorder Providers and their respective provider networks, and the Certified Community Behavioral Health Clinics within the MSHN region. The QAPIP is reviewed annually for effectiveness as required by the Michigan Department of Health and Human Services (MDHHS) PIHP contract and the Balanced Budget Act (BBA). Following the review of the Annual QAPIP Report, recommendations are made for the Annual QAPIP Plan. The Board of Directors receives the Annual QAPIP Report and approves the Annual QAPIP Plan for following year. The QAPIP is reviewed and approved by the Quality Improvement Council (QIC), Leadership, Operations Council and MSHN's Board of Directors. The QAPIP Plan and Report is required to be submitted to MDHHS by February 28th. Once reviewed and approved by the Board of Directors the plan and report will then be submitted to MDHHS by the required due date of February 28. The measurement period for the QAPIP Report is October 1, 2021 through September 30, 2022.

Annual QAPIP Report

The QAPIP Report is the annual effectiveness review of the QAPIP Plan. The report includes a review of the required components of the QAPIP description, the tasks associated with improvement activity (workplan), and each performance measure relevant to the QAPIP is reviewed to determine if the expected outcome has been achieved. Areas that have not met the standard will include a goal and action step for FY23. Areas that have met the standard, however, are required by MDHHS will continue to be monitored. Recommendations are developed for areas that may benefit from additional interventions to improve the performance or the quality of a process.

Annual review of the QAPIP Components: MDHHS reviewed the QAPIP Plan and Report, indicating the QAPIP Plan and Report included all required components of the QAPIP description, evaluation, and work plan. Upon review at the close of FY22, MSHN demonstrated continued compliance with all the required components of the plan.

MSHN developed goals and action steps (workplan) for those areas that did not meet the standard through the external review process. Additional recommendations were made in other areas to ensure continued compliance and optimal performance.

Goals/Recommendations:

Organizational Structure, and Leadership

Recommendations:

- Evaluate the committee structure to ensure it supports the current reorganization and system transformations, including communication linkages.
- Modify the reporting schedule for performance metrics to ensure adequate time for committees to evaluate and plan for the upcoming year, with board approval in January for the February 28th submission of the Board approved QAPIP Plan and Report.
- Document discussion of Performance Measurement and Quality Reports to ensure follow through. (HSAG Compliance Review FY22)

Performance Measurement

Goals:

- MSHN will meet or exceed the MMBPIS standards for Indicators as required by MDHHS. Status: Met/Continue
- MSHN will demonstrate an increase in compliance with access standards for the priority populations. Status: In Progress/Continue
- MSHN will demonstrate an improvement with the data quality on the BH-TEDS living arrangements/employment fields/LOCUS fields. Status: Met/Discontinue
- (New) Performance Improvement Projects
  1) The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergency biopsychosocial assessment will demonstrate an increase.
  2) The racial or ethnic disparities between the black/African American penetration rate and the index (white) penetration rate will be reduced or eliminated. Status: In Progress/Continue. The PIP has been approved, and baseline determined. Interventions are currently being developed to reduce and eliminate the disparity.

Adverse Event Monitoring and Reporting

Goal:

- MSHN will ensure Adverse Events (Sentinel/Critical/Risk/Unexpected Deaths) are collected, monitored, reported and followed up on as specified in the PIHP Contract. Status: Complete/Continue

Recommendations:

- (New)Establish Standard data elements for mortality reviews and Root Cause Analysis (HSAG Compliance Review FY22)
- (New)Develop training documents based on new requirements and processes for reporting.
- (New)Develop control charting with upper and lower control limits to clearly identify significant shifts in the trend data.

Behavior Treatment

Goal:

- The percentage of emergency physical interventions per person served during the reporting period will decrease from the previous year. Status: Not met/Continue

Stakeholder Feedback

Goals:

- MSHN will obtain a qualitative and quantitative assessment of member experiences for all representative populations, including members receiving LTSS, and take specific action as needed, identifying sources of dissatisfaction, outlining systematic action steps, monitoring for effectiveness, and communicating results. Status: Complete/Continue.
- MSHN will demonstrate an increase in applicable providers within the network that are "in compliance" with the HCBS rule. Status: Complete/Discontinue. 100% of the providers are in compliance with the HCBS rule.
- MSHN will demonstrate full compliance with the completion of a SIS assessment in accordance with the MDHHS required guidelines. (1x every three years). Status: In Progress/Continue.
- MSHN will meet or exceed the standard for Appeals and Grievance resolution in accordance with the MDHHS Standards. Status: In Progress/Continue.

Clinical Practice Guidelines

Goal:

- (New) MSHN will demonstrate an increase in the implementation of Person-Centered Planning and Documentation in the IPOS. (MDHHS Waiver Review FY22)
    - MSHN to coordinate regional training for development of the Individual Plan of Service.
    - Establish a Person-Centered Planning quality improvement team to review process steps and identify efficiencies.
- MSHN will demonstrate an increase in compliance with the Behavioral Treatment Standards for all IPOS reviewed during the reporting period. Status: Not met/Continue
    - Implement Training Modules
- MSHN will demonstrate an increase in fidelity to the Evidenced Based Practice-Assertive Community Treatment Michigan Field Guide, for average minutes per week per consumer. Status: Not met/Continue

Provider Qualifications/Credentialing/Recredentialing

Goal:

- Licensed providers will demonstrate an increase in compliance with staff qualifications, credentialing and recredentialing requirements. Status: In Progress/Continue
    - Include primary source verification for professionals that have/require the designation of Qualified Intellectual Disability Professional (QIDP).
- Non-licensed providers will demonstrate an increase in compliance with staff qualifications, and training requirements. Status: In Progress/Continue
    - (New)Develop regional guidelines for training and documentation consistent with MDHHS expectations.
    - (New) Update Training Grid as required.

Verification of Services -Medicaid Event Verification

Goal:

- MSHN will meet or exceed a 90% rate of compliance of Medicaid delivered services in accordance with the MDHHS requirements. Status: Met/Continue

Utilization Management

Goal:

- MSHN will establish a Utilization Management Plan in accordance with the MDHHS requirements. Status: Met/Continue
- MSHN will meet or exceed the standard for compliance with the Adverse Benefit Determination notices in accordance with the 42 CFR 438.404.
  Status: In Progress/Continue
- MSHN 's Provider Network will demonstrate full compliance with the timeframes for service authorization decisions in accordance with the MDHHS requirements. (Compliance Review 2021)
  Status: In Progress/Continue

Long Term Supports and Services including priority and performance-based measures.

Goal:

MSHN, through the CMHSPs, will demonstrate performance above the required standard for each priority measure to ensure optimal health, safety, and welfare of the individuals served. Identification of trends,

patterns, strengths, and opportunities for improvement will be completed quarterly. Status: twenty -eight measures, nineteen met the standard. One measure that met the standard is recommended to be discontinued.

Provider Monitoring/External Review
Goal:

- MSHN will demonstrate an increase in compliance with the MDHHS 1915 Review. Status: Not Met/Continue with implementation of corrective action plan. Currently submitted but not yet approved by MDHHS.
- MSHN will demonstrate an increase in performance on the External Quality Reviews.
    - Compliance Review. Status: Not Met/Continue with implementation of corrective action plan. Currently submitted but not yet approved by HSAG.
    - Performance Measure Validation. Status: Met/Continue
    - Performance Improvement Project Validation. Met/Continue

Performance Measures Review

FY23 Performance Measures:

The following measures were discontinued for FY23:

- MSHN's provider network will demonstrate 95% compliance with trauma-competent standard in the site review chart tool. (Standard 100%)
- MSHN will demonstrate an increase in applicable providers within the network that are "in compliance" with the HCBS rule.
- MSHN will demonstrate an improvement with the data quality on the BH-TEDS living arrangements/employment fields/LOCUS fields.

There are no recommendations for new performance measures for FY23. Interventions have been modified as indicated in the QAPIP Report to improve the performance of the current measures.

Annual QAPIP Plan- Summary of Changes

General Changes: Updated the dates and references to reflect current MDHHS contract requirements and MSHN policy/procedures updates.
Removed areas that were no longer applicable and provided additional language to clarify expectations.

I. **Overview/Mission Statement:** No changes
II. **Scope of Plan-**No changes
III. **Definitions/Acronyms-** Added additional definitions for terms included in the plan.
IV. **Philosophical Framework**: No changes.
V. **Organizational Structure and Leadership**:
Structure: No changes
Governance- Added quarterly progress reports and the submission date for the QAPIP Plan and Report to MDHHS.
Components: Added MSHN website as a source of communication.
Communication of Process and Outcomes: Modified language to be consistent with the language within the requirements.
MSHN Provider Network: No substantive changes.

VI. Performance Management

Establishing Performance Measures: No changes.
Prioritizing Measures: No changes.
Data Collection, Analysis and Reporting: No substantive changes.
Performance Improvement Action Steps: No substantive changes.
Performance Indicators: Included specific reference to MMBPIS as recommended by MDHHS.
Performance Improvement Projects: Included the revised topics of the performance improvement projects for FY23.

VII. Stakeholder Experience/Engagement: Included Appeals and Grievance Data and customer complaints as a source of member experiences.

VIII. Adverse Events: Updated reference.

IX. Clinical Quality Standards:

Utilization Management: No changes
Practice Guidelines: No changes
Oversight of Vulnerable People: No changes
Cultural Competence: No changes
Autism Benefit: Removed section to be consistent with the other program specific populations that are included through the umbrella term of "vulnerable individuals".
Behavior Treatment: No changes
Trauma: No changes

X. Provider Standards:

Provider Qualifications: No changes
Medicaid Event Verification-No substantive changes
Financial Oversight: No changes
Provider Monitoring and Follow Up: No changes
External Review: No changes

XI. QAPIP Priorities FY2023

The QAPIP Priorities and Work Plan**:** Moved required components to the plan description**.** Included **s**pecific activities of the QAPIP for FY23 with assigned responsibilities as recommended in the QAPIP Report.

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Community Mental Health Member Authorities

Bay Arenac Behavioral Health
•
CMH of Clinton.Eaton.Ingham Counties
•
CMH for Central Michigan
•
Gratiot Integrated Health Network
•
Huron Behavioral Health
•
The Right Door for Hope, Recovery and Wellness (Ionia County)
•
LifeWays CMH
•
Montcalm Care Center
•
Newaygo County Mental Health Center
•
Saginaw County CMH
•
Shiawassee Health and Wellness
•
Tuscola Behavioral Health Systems

FY 2022 Board Officers

Ed Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Kurt Peasley
Secretary

REPORT OF THE MSHN CHIEF EXECUTIVE OFFICER
TO THE MSHN BOARD OF DIRECTORS
November/December 2022

The "988" National Suicide and Crisis Lifeline" is now live nationwide. Toolkits and other information is available at this link. Increased marketing activities in Michigan are scheduled to take place winter/spring 2023.

PIHP/REGIONAL MATTERS

1. COVID-19 MSHN Internal Operations Status:

- MSHN has implemented its post-pandemic operations plan effective December 5, 2022. This plan has many elements, but mostly continues remote based/ hybrid operations for most employees. Recall that MSHN does not provide direct clinical services to beneficiaries. For all MSHN field-based activities, MSHN employees are to offer and honor provider/stakeholder preferences for all in-person, all remote, or hybrid engagements with our staff as we carry out our work. In-person participation in community/provider events is commencing as well. MSHN will continue to support our employees within the parameters we've established in our plan.
- As part of implementing our post-pandemic plan, MSHN held its first in-person all-staff meeting since the pandemic began. MSHN provided a luncheon, followed by an all-staff training focused on diversity, equity, and inclusion, followed by our regular all-staff meeting. Ed Woods delivered remarks on behalf of the board, shared some thoughts about his own journey and encouraged employees to find inspiration to continue the hard work we're engaged in. Many thanks to Ed for making the time to be with our staff.

2. Regional Provider Staffing Crisis Stabilization Update:

Many providers continue to apply for and benefit from regional provider staffing crisis stabilization funding. My previous reports have offered a brief history and funding status. As you know, the program was continued through March 31, 2023 by board action at its September 2022 board meeting. It is likely that MSHN will be in a financial position to continue this program through the end of the fiscal year (09/30/2023). Board members should anticipate a continuation proposal for consideration at the March 2023 board meeting.

Meanwhile, our Direct Care Worker wage support and general provider stabilization support programs continue through at least 09/30/2023.

3. Employee Holidays:

MSHN provides paid holidays for State of Michigan recognized holidays and typically the MSHN offices are closed. In order to support our diversity and inclusion goals, the MSHN leadership team expanded the opportunities for our staff to celebrate holidays that have

personal meaning to them throughout the year. Employees can now "swap" up to two MSHN-recognized holidays for up to two holidays of cultural, religious, or personal significance to them. Employees must make their elections each year in December for the coming calendar year and must work on the MSHN-recognized holiday that was swapped for a personal holiday. In this small way, MSHN seeks to celebrate the diversity and various cultural or religious traditions of its employees.

4. **Internal Structure Adjustments:**

Our Leadership Team has been engaged in organizational planning to carry out our strategic plan, current and anticipated future PIHP-level responsibilities. These present and future initiatives include additional responsibilities for Mid-State Health Network in establishing and expanding Opioid Health Homes, Behavioral Health Homes, and Certified Community Behavioral Health Clinics (just to name the top three) in our region. Our strategic plan also requires us to achieve better population health through these integrated care initiatives, physical health integration at the service level, collaboration with health care providers and Medicaid health plans, and identifying and reducing health disparities. We have also tried to address workloads, effectiveness, and efficiency in our organizational structure review.

In early November I announced the following changes to our internal organizational structure:

- Our organization is creating an Integrated Care and Population Health Department. This department is intended to address all behavioral health populations for which MSHN is responsible. Skye Pletcher, our current Director of Utilization and Care Management, will remain in her role and will be reassigned from reporting to our Chief Behavioral Health Officer, Todd Lewicki, and assigned to report directly to Deputy Director, Amanda Ittner. Utilization management functions and staff will remain in this new department. In addition, the newly MDHHS-funded SUD Care Navigator as well as existing (and future) Integrated Health Coordinators are organized into this new department and will report to Skye Pletcher. Veteran's Navigator services are also a better fit with this new department and our existing Veteran's Navigator will be reassigned from reporting to our Chief Clinical Officer, Dani Meier, to reporting to Skye Pletcher.
- To better distribute supervisory responsibilities and to provide an additional internal promotion pathway, MSHN has created a new "Administrator" salary schedule classification. The existing "Manager, Leads" level will remain. The new level includes supervisory responsibilities and is also intended to reflect broader responsibilities for designing and carrying out programmatic responsibilities. This new level has been created with compensation between the existing "Manager, Leads" level and the "Director" level. Incorporating this new level will improve supervision, more effectively balance workloads, and provide an internal pathway for promotion. All positions have been budgeted. Two of the new administrator roles are being filled with existing personnel where their former positions will not be backfilled and two of the new administrator roles are being filled with existing personnel where their former roles will be backfilled.

5. **Legislative System Redesign (Senate and House Proposals):**

With the end of the current Michigan legislature comes an end to the several (in my view misguided and destructive) attempts to reshape the public behavioral health system by some in the legislature. I want to thank our MSHN staff, our MSHN board members, our regional CMHSP and provider partners, and the Community Mental Health Association for their advocacy to defeat these threats. Together we were effective in delivering the many needed messages needed to defeat the proposals on a bi-partisan basis.

This isn't over. In one way or another, the appetite and desire to "redesign" the public behavioral health system has been going on for decades. We have to look at what underlies those persistent movements and initiate reforms that achieve important public policy objectives while also better serving beneficiaries and our communities across the region and across the State. Certified Community Behavioral Health Centers (CCBHCs), Opioid Health Homes (OHHs), and Behavioral Health Homes (BHHs) are three recent efforts to evolve and improve the public system we care so much about. And they have great potential to achieve improvements for individuals, families and communities. I believe we must also innovate and propose new structures, new relationships, new methods – and more - to improve the behavioral health – the total health - of marginalized people (especially children). We must take advantage of this opportunity to be the change we want to see. The problem seems to be that we can't agree on what change(s) we want to see. So what. MSHN will work with all stakeholders to achieve needed improvements and innovations that better serve people, improve their health, and make communities more resilient.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

6. Building a Better Michigan:

On 12/13/2022 Altarum released an update to its 2016 "Access to Behavioral Health Care in Michigan" using 2019 data (the most recent year for which data is available). A key set of recommendations includes legislation or other policy to increase retention of behavioral health providers in Michigan, remove restrictions on scope of practice to fully leverage all members of the health care team, promote effective use of trained lay providers such as Peer Support Specialists and Recovery Coaches, use telemedicine to extend the reach of the behavioral health workforce, expand school-based behavioral health care, and better integrate primary care and behavioral health care delivery.

Following are key findings (unmet needs). Note that these findings are for all payor types:

- 641,000 (32%) of the estimated 1.99 million Michiganders that experienced Any Mental Illness (AMI) in 2019 are not receiving care. The most common mental illnesses with unmet needs are Anxiety Disorders and Depressive Episode.
- The total number of people with AMI increased between 2016 and 2019, but treatment also increased so the number of people untreated remained about the same, declining slightly from 666,000 to 641,000.
- Among the 581,000 Michiganders with a Substance Use Disorder (SUD), only 28% received treatment, leaving nearly 421,000 with an unmet need for care. Alcohol, cannabis, and opioids are the most common substances resulting in a use disorder.
- The number of people receiving SUD treatment in 2019 increased slightly from 2016, up from 128,000 to 160,000.
- Prevalence of AMI and SUD are highest among Medicaid enrollees, the uninsured, and adolescents. Men are at greater risk for SUD and women have a higher prevalence of AMI.
- There is significant geographic variation in levels of unmet need across the state. In the areas of Michigan with the worst access to AMI treatment 45% are untreated and for SUD treatment 77% are untreated.
- Expanding access to behavioral health care in all of Michigan to the same rates of care seen in best access areas of the state would improve access for 336,000 people with a mental illness and 85,000 people with a SUD.

7. **Building a Better Michigan:**

On October 13, 2022, *Readout from Communities in Action: Building A Better Michigan* was made available. The White House Office of Intergovernmental Affairs and the Office of Public Engagement hosted nearly 40 state and local elected officials and community leaders from across Michigan in a "Communities in Action: Building a Better Michigan" event. During the half-day forum, participants heard from Vice President Kamala Harris, Department of Energy Secretary Jennifer Granholm, and Biden-Harris Administration officials about the benefits and impact of the American Rescue Plan, Bipartisan Infrastructure Law, Inflation Reduction Act, and the CHIPS and Science Act for working families in Michigan. White House officials discussed how the Biden-Harris Administration will continue to work together with states and local governments, labor leaders, businesses, non-profits, and health care leaders to leverage these historic investments to create and expand opportunities for working families. This was the fifth in a series of "Communities in Action" events that the White House will host with state, local and Tribal leaders to demonstrate how the Biden-Harris Administration is delivering results for the American people."

8. **Annual Synar Report:**

As required by MDHHS and federal regulations, MSHN must conduct various activities with tobacco retailers intended to reduce youth and young adult tobacco access rates. The Federal government requires that retail sales rates to youth and young adults must be under 20% statewide. If the rate exceeds 20%, federal block grant funds can be reduced significantly. While somewhat technical, the Michigan Annual Synar Report can both help the reader to understand PIHP (and State) responsibilities. (Often confused as an acronym, Synar was the name of the Oklahoma congressman that sponsored the federal legislation). More information is also available at this link.

9. **Attorney General Telehealth Extension Initiative**

Michigan Attorney General Dana Nessel is joining 43 other attorneys general to urge the Drug Enforcement Administration (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA) to permanently extend telehealth flexibilities for prescribing buprenorphine, an opioid use disorder treatment. Buprenorphine is one of three medications approved by the Food and Drug Administration (FDA) to treat patients suffering from addiction. During the COVID-19 pandemic, the FDA allowed doctors to use telehealth services to prescribe the medication, but the rule allowing buprenorphine to be prescribed virtually is set to expire once the COVID-19 public health emergency ends.

In a letter to head DEA and SAMHSA officials the attorneys general highlight how the existing flexibilities are critical to linking individuals with opioid use disorder to care. The attorneys general state: "The number of patients receiving buprenorphine as treatment…increased significantly when telehealth flexibilities were allowed…it also improved retention in care and reduced the odds of overdose for individuals prescribed buprenorphine via telehealth for opioid use disorder treatment."

10. **Opioid Health Homes and NEW Substance Use Disorder Health Homes:**

MSHN's regional Opioid Health Home (OHH) began October 1, 2022 with Victory Clinical Services (Saginaw) as our first health home partner. In the coming months, MSHN will be expanding our OHHs to other parts of the region. The State is initiating a broader "Substance Use Disorder Health Home" in the coming year or two.

The Substance Use Disorder Health Homes is designed as a look-a-like health home comprised of primary care and specialty behavioral health providers, with a similar structure to the current operational Opioid Health Home (OHH). With the same structure as the OHH, the Substance Use Disorder Health Home is predicated on multi- disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.

As of October 1, 2022, three PIHPs are using available funds to operate the Substance Use Disorder Health Home. Service areas include PIHP region 2, 8, and 9.

11. Behavioral Health Home Coming to the MSHN region, Spring 2023:

Behavioral Health Homes (BHH) are similar to Opioid Health Homes described above. MDHHS is expanding the BHH initiative statewide. The MSHN region is scheduled to begin BHH(s) in Spring 2023. Our initial in-region partners will be CMH for Central Michigan, Montcalm Care Network, Newaygo County CMH, Saginaw County CMH, and Shiawassee Health and Wellness. Deputy Director Amanda Ittner is MSHN's lead executive for this initiative.

The Behavioral Health Home (BHH) will provide comprehensive care management and coordination services to Medicaid beneficiaries with a serious mental illness or serious emotional disturbance. For enrolled beneficiaries, the BHH will function as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries will work with an interdisciplinary team of providers to develop a person-centered health action plan to best manage their care. The model will also elevate the role and importance of Peer Support Specialists and Community Health Workers to foster direct empathy and raise overall health and wellness. In doing so, this will attend to a beneficiary's complete health and social needs. Participation is voluntary and enrolled beneficiaries may opt-out at any time.

Behavioral Health Homes receive reimbursement for providing the mandated core services, which are the same as for Opioid Health Homes listed above. NOTE that clinical services are as required in our contract and the Medicaid Provider Manual. In other words, there are no new "services". The Health Home Model adds comprehensive care coordination elements listed under the OHH topic above. Health home partners can be federally qualified health centers, rural health clinics, tribal health centers, clinical practices, or community/behavioral health agencies.

12. Michigan Health Integration Updates:

Please see the attached update on the status of these many initiatives directly related to State Integration Initiatives. Also note that MSHN is directly involved in these initiatives.

13. Michigan Psychiatric Care Improvement Project:

Please see the attached update on the status of these many initiatives directly related to Psychiatric Care Improvement. Also note that MSHN is directly involved in these initiatives.

FEDERAL/NATIONAL ACTIVITIES

14. **Public Comment on "Take Home" Methadone:**

SAMHSA has released a pre-publishing version of a notice of proposed rulemaking that proposes "to expand access to treatment for opioid use disorder (OUD)…would update the federal regulations that oversee OUD treatment standards as part of the Department of Health and Human Services' (HHS) Overdose Prevention Strategy. Specifically, the proposed rule change would allow Americans to access the treatment by allowing take home doses of methadone and the use of telehealth in initiating buprenorphine at opioid treatment programs (OTPS).
In its Notice of Proposed Rulemaking (NPRM) to update 42 CFR Part 8, SAMHSA is proposing to improve Americans' access to and experiences with OUD treatment, in particular through OTPs. The proposed changes reflect the widespread desire by many stakeholders for SAMHSA to provide greater autonomy to OTP practitioners, positively support recovery, and continue flexibilities that were extended at the start of the nation's COVID-19 public health emergency." The notice is to be published formally on December 16 and the public will have 60 days to submit comments.

15. **Opioids and Pain Management:**

Centers for Disease Control (CDC) has released updated and expanded recommendations for clinicians providing pain care for adult outpatients with short- and long-term pain. These clinical recommendations, published in the CDC Clinical Practice Guideline for Prescribing Opioids for Pain, will help clinicians work with their patients to ensure the safest and most effective pain care is provided. The publication updates and replaces the CDC Guideline for Prescribing Opioids for Chronic Pain released in 2016.

16. **New Updates for 42CFR2 (Confidentiality of SUD Patient Records):**

The U.S. Health and Human Services Department, through the Office for Civil Rights (OCR) and the Substance Abuse and Mental Health Services Administration (SAMHSA), announced proposed changes to the Confidentiality of Substance Use Disorder (SUD) Patient Records under 42 CFR part 2 ("Part 2"), which protects patient privacy and records concerning treatment related to substance use challenges from unauthorized disclosures. Specifically, today's proposed rule increases coordination among providers in treatment for substance use challenges and increases protections for patients concerning records disclosure to avoid discrimination in treatment.

"Varying requirements of privacy laws can slow treatment, inhibit care, and perpetuate negative stereotypes about people facing substance use challenges," said Secretary Xavier Becerra. "This proposed rule would improve coordination of care for patients receiving treatment while strengthening critical privacy protections to help ensure individuals do not forego life-saving care due to concerns about records disclosure."

17. **SAMHSA Strategic Plan:**

SAMHSA has announced the release of the agency's *Interim Strategic Plan* (ISP). "The ISP presents a new mission and vision that emphasize a more person-centered approach and briefly describes our priorities and guiding principles. This ISP not only represents SAMHSA's thinking as an agency, but also reflects the insightful feedback we have received from our many partners over the past months. However, this is only a first step as we are also developing a full four-year Strategic Plan (2023-2026). Later this winter, we will post a

draft of the new Plan on our website; the intent of this posting is to solicit public feedback to ensure the Plan is as responsive and inclusive as possible."

18. **Federal Actions to Help Recruit and Retain Providers:**

The US Government Accountability Office (GAO) has released a study entitled *Behavioral Health: Available Workforce Information and Federal Actions to Help Recruit and Retain Providers* (GAO-23-105250). It notes that "Behavioral health conditions—including mental health and substance use disorders—affect millions of Americans. The COVID-19 pandemic may have also increased the number of people affected. A well-trained and diverse behavioral health care workforce is critical to providing the services people need. We reviewed Department of Health and Human Services information on the number of behavioral health care providers nationwide and found barriers to recruiting and retaining them. For example, there is a shortage of internships and qualified workers in rural areas. Based on reviews of available research and stakeholder interviews, GAO identified three key categories of barriers that pose challenges to recruiting and retaining behavioral health providers: financial, educational, and workplace. GAO found that incentives such as loan repayment and scholarships for students seeking behavioral health professions help to address these barriers.

Examples of Barriers to Recruiting and Retaining Behavioral Health Providers:

- Financial: Reimbursement rates and compensation for behavioral health services are low, according to stakeholders from multiple research organizations and behavioral health associations.
- Educational: Many programs designed to recruit diverse behavioral health providers only benefit individuals already studying in a behavioral health field and do not address the lack of a pipeline for underserved populations to enter the workforce, according to researchers we interviewed.
- Workplace: There is a shortage of licensed supervisors and funded internship positions in rural areas, according to a study on the psychologist workforce. Similarly, another study indicated that shortages of approved internships and qualified supervisors are barriers to recruiting school psychologists.

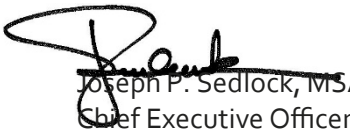
GAO also found that HHS agencies have taken actions to support recruiting and retaining behavioral health providers. These actions include administering various workforce development programs to help recruit and retain qualified providers to work in underserved and mental health shortage areas. For example, the Health Resources and Services Administration (HRSA's) National Health Service Corps program provides loan repayment and scholarships to various types of providers, such as psychiatrists and psychologists. In return, the providers agree to practice in underserved areas for at least 2 years. According to HRSA, over 80 percent of behavioral health providers that graduated from these programs from 2012 through 2020 remained practicing in underserved areas as of 2021."

19. **US Senate Finance Committee Discussion Draft of Mental Health Integration Legislation:**

(Reported by the National Council for Mental Wellbeing): The Senate Finance Committee released a discussion draft (analysis) of the mental health integration of care provisions to be included as a part of the Committee's broader legislative effort to improve mental health care for Medicaid, Medicare, and the Children's Health Insurance Program. Policy proposals within the discussion draft pertain to: increasing payments to certain providers for the integration of behavioral health; providing payments for mobile crisis response intervention services in Medicare; providing clarity on the eligibility for the participation of peer support specialists in furnishing behavioral health integration services in Medicare; integrating behavioral health care for treatment of mental health and substance use disorder (SUD) services in primary care; making the Medicaid state option to provide qualifying community-based mobile crisis intervention services

permanent; requiring the Department of Health and Human Services (HHS) to improve integration of behavioral health services; and more.

Submitted by:



Joseph P. Sedlock, MSA
Chief Executive Officer
Finalized: 12/16/2022

Attachments:

- MSHN Michigan Legislative Tracking Summary
- MDHHS Strategic Projects Update
- Michigan Psychiatric Care Improvement Project Update

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Compiled and tracked by Sherry Kletke

Below is a list of Legislative Bills MSHN is currently tracking and their status as of December 14, 2022:

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 4925	Mental Health (Whiteford) Modifies reference to citizens mental health advisory council to behavioral health oversight council and update.	Committee Hearing in House Health Policy Committee (3/17/2022)
HB 4926	Behavioral Health Care (Hammoud) Expands use of Medicaid funds for behavioral health care services.	Committee Hearing in House Health Policy Committee (3/17/2022)
HB 4927	Mental Health (Green) Eliminates reference to "department-designated community mental health entity" in the public health code.	Committee Hearing in House Health Policy Committee (3/17/2022)
HB 4928	Mental Health (Allor) Eliminates reference to "department-designated community mental health entity" in the Michigan liquor control code of 1998.	Committee Hearing in House Health Policy Committee (3/17/2022)
HB 5163	MAT Programs (Witwer) Requires certain hospitals to provide emergency-based medication-assisted treatment (MAT) programs and provides for grants from the department of health and human services to implement the MAT programs.	Reported in Senate (6/16/2022; S-2 substitute adopted; By Health Policy and Human Services Committee)
HB 5353	Mental Health (Whiteford) Provides revisions to the Michigan crisis and access line.	Introduced (9/30/2021; To Health Policy Committee)
HB 5354	Mental Health (Whiteford) Creates the 9-8-8 suicide prevention and mental health crisis hotline fund.	Introduced (9/30/2021; To Health Policy Committee)
HB 5462	Medicaid (Outman, P.) Provides impact study related to eligibility for Medicaid program and provides public disclosure related to intentional program violations or fraud cases investigated.	Reported in House (2/22/2022; By Families, Children and Seniors Committee)
HB 5467	Open Meetings (Green) Provides policy related to member participation in virtual committee meetings.	Introduced (10/21/2021; To Local Government and Municipal Finance Committee)
HB 5482	Drug Court (Howell) Modifies eligibility to drug treatment courts.	Committee Hearing in House Judiciary Committee (2/22/2022)

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BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 5483	Mental Health Court Participants (LaGrand) Modifies eligibility for mental health court participants.	Committee Hearing in House Judiciary Committee (2/22/2022)
HB 5484	Drug Court (Yancey) Modifies termination procedure for drug treatment courts.	Committee Hearing in House Judiciary Committee (2/22/2022)
HB 5488	Psychologists (Kahle) Modifies individuals who are authorized to engage in the practice of psychology in this state to include individuals who are authorized to practice under the psychology interjurisdictional compact.	Presented in House (12/13/2022; Presented 12/13/2022)
HB 5489	Psychologists (Brabec) Enacts psychology interjurisdictional compact.	Enrolled in House (12/7/2022) Passed in Senate (12/7/2022; 31-0; Earlier advanced to Third Reading.)
HB 5593	Mental Health (Calley) Provides community mental health oversight of competency exams for defendants charged with misdemeanors.	Introduced (12/1/2021; To Health Policy Committee)
HB 5709	Behavioral Health (Anthony) Provides equitable coverage for behavioral health and substance use disorder treatment.	Introduced (2/1/2022; To Insurance Committee)
HB 5921	FOIA (Johnson, S.) Amends freedom of information act provisions related to civil actions challenging denials of record requests.	Reported in House (6/9/2022; By Oversight Committee)
HB 5922	FOIA (O'Malley) Amends freedom of information act to provide for disclosure of certain FOIA coordinator contact information.	Reported in House (6/9/2022; Substitute H-2 adopted; By Oversight Committee)
HB 5923	FOIA (VanWoerkom) Amends freedom of information act provisions related to a public body's response to record requests.	Reported in House (6/9/2022; Substitute H-1 adopted; By Oversight Committee)
HB 5924	FOIA (Fink) Amends freedom of information act to prevent certain tactics used to avoid requests for public records.	Reported in House (6/9/2022; Substitute H-1 adopted; By Oversight Committee)
HB 5925	FOIA (Posthumus) Amends freedom of information act provisions related to payment of fees for production of public records.	Committee Hearing in House (6/9/2022; Substitute H-1 adopted; Oversight Committee)

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BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 5966	MIcare Act (Rabhi) Creates MIcare act.	Introduced (3/23/2022; To Health Policy Committee)
HB 5968	Opioid Healing And Recovery Fund (Whiteford) Creates Michigan opioid healing and recovery fund.	Received in Senate (5/3/2022; To Health Policy and Human Services Committee)
HB 5969	Opioid Advisory Commission (Whiteford) Creates opioid advisory commission.	Received in Senate (5/3/2022; To Health Policy and Human Services Committee)
HB 5970	Controlled Substances (Morse) Prohibits civil lawsuits related to opioids.	Received in Senate (5/3/2022; To Health Policy and Human Services Committee)
HB 6355	Mental Health (Filler) Requires psychological evaluation on a minor in a hospital emergency room longer than a certain period of time due to a mental health episode.	Committee Hearing in House Health Policy Committee (9/22/2022)
HB 6439	Mental Health Screenings (Hood) Provides mental health screenings for new mothers at various stages of wellness checkups for newborns.	Introduced (10/11/2022; To Health Policy Committee)
SB 14	Controlled Substances (Zorn) Modifies venue under the Michigan Penal Code for prosecution of delivery of a controlled substance causing death.	Reported in House (5/17/2022; By Judiciary Committee)
SB 15	Controlled Substances (Zorn) Modifies jurisdiction under the Code of Criminal Procedure for prosecution for delivery of controlled substance causing death.	Reported in House (5/17/2022; By Judiciary Committee)
SB 190	Psychiatric Units (VanderWall) Requires accepting public patients as a condition of licensing for psychiatric hospitals and psychiatric units.	Committee Hearing in House Health Policy Committee (11/10/2022)
SB 191	Mental Health (VanderWall) Expands the definition of mental health professional to include physician assistants, certified nurse practitioners, and clinical nurse specialists-certified, and allow them to perform certain examinations.	Received in House (4/29/2021; To Health Policy Committee) Passed in Senate (4/29/2021; 35-0)
SB 321	Mental Health (Santana) Provides development or adoption of professional development standards for teachers on mental health first aid.	Passed in Senate (9/29/2021; 36-0)

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Mid-State Health Network

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
SB 578	Controlled Substances (Brinks) Allows distribution of opioid antagonists by community-based organizations under a standing order.	Committee Hearing in House Health Policy Committee (6/30/2022)
SB 579	MAT Programs (VanderWall) Requires certain hospitals to provide emergency-based medication-assisted treatment (MAT) programs and provides for grants from the department of health and human services to implement the MAT programs.	Passed in House (7/1/2022; 98-8, Immediate effect)
SB 597	Behavioral Health Care (Shirkey) Provides specialty integrated plan in behavioral health services.	Defeated in Senate (11/29/2022; 15-17, previously floor substitute S-6 adopted)
SB 598	Mental Health (Bizon) Provides updates regarding the transition from specialty prepaid inpatient health plans to specialty integration plans.	Defeated in Senate (11/29/2022; 15-19, previously floor substitute S-8 adopted)
SB 614	Dietitians And Nutritionists (MacDonald) Provides licensure of dietitian nutritionists and nutritionists.	Committee Hearing in Senate Health Policy and Human Services Committee (5/19/2022--Canceled)
SB 705	Open Meetings (Irwin) Provides procedures for electronic meetings of public bodies.	Introduced (10/26/2021; To Local Government Committee)
SB 707	Telehealth Visits (Hollier) Requires reimbursement rate for telehealth visits to be the same as reimbursements for office visits.	Introduced (10/28/2021; To Health Policy and Human Services Committee)
SB 714	Behavioral Health (Shirkey) Provides multidepartment supplemental for behavioral health changes.	Received in House (6/16/2022; To Appropriations Committee)
SB 792	Open Meetings (McMorrow) Modifies circumstances permitting electronic attendance of members at meetings of public bodies.	Introduced (12/14/2021; To Local Government Committee)
SB 854	Open Meetings (McCann) Modifies procedures for electronic meetings of public bodies and expand eligibility due to a medical condition.	Introduced (2/1/2022; To Oversight Committee)
SB 855	Drug Paraphernalia (Chang) Expands definition of drug paraphernalia to include object designed for the ingestion of nitrous oxide.	Reported in Senate (3/17/2022; By Health Policy and Human Services Committee)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
SB 1080	Controlled Substances (McCann) Creates overdose fatality review act.	Committee Hearing in Senate Health Policy and Human Services Committee (9/20/2022)
SB 1170	Controlled Substances (VanderWall) Provides distribution of naloxone under the administration of opioid antagonist act to any individual.	Reported in Senate (11/10/2022; By Health Policy and Human Services Committee)
SB 1171	Controlled Substances (VanderWall) Provides distribution of opioid antagonists by employees and agents of agencies under the administration of opioid antagonists act.	Reported in Senate (11/10/2022; By Health Policy and Human Services Committee)
SB 1172	Peace Officer (Chang) Modifies definition of a peace officer in the mental health code.	Reported in Senate (11/10/2022; By Health Policy and Human Services Committee)
HR 231	Drug Paraphernalia (Slagh) A resolution to oppose the use of federal funds to purchase drug paraphernalia.	Introduced (2/16/2022)
HR 298	Direct Support Professionals Recognition (Kuppa) A resolution to urge Congress to pass legislation to recognize the critical role of direct support professionals.	Introduced (5/17/2022; To Health Policy Committee)

Service Delivery Transformation Section

December 2022 Update

CONTENTS

Service Delivery Transformation Section Overview 2
Our Team 2
Opioid Health Home 3
Opioid Health Home Overview 3
Current Activities 3
Substance Use Disorder Health Home 3
Substance Use Disorder Health Home Overview 3
Current Activities 3
Behavioral Health Home 4
Behavioral Health Home Overview 4
Current Activities 4
Promoting Integration of Physical and Behavioral Health Care Grant 4
Promoting Integration of Physical and Behavioral Health Care (PIPBHC) Overview 4
Current Activities 5
Certified Community Behavioral Health Clinic Demonstration 5
Certified Community Behavioral Health Clinic Demonstration Overview 5
Current Activities 5
MDHHS Staff Update – Service Delivery Transformation Section 6

Service Delivery Transformation Section Overview

The Service Delivery Transformation Section is responsible for overarching strategic program policy development, implementation, and oversight for integrated health projects within Michigan's public behavioral health system. This includes behavioral health integration initiatives, Medicaid Health Homes, Certified Community Behavioral Health Clinics, SAMHSA integration cooperative agreements, and health integration technology initiatives to facilitate optimal care coordination and integration. Staff in this section collaborate with internal and external partners and provide training and technical support to the public behavioral health system and participants of integrated health projects. Lastly, this section focuses on quality-based payment for providers involved in behavioral health integration initiatives and oversees CCBHC Demonstration certification.

Our Team

Lindsey Naeyaert – Section Manager
naeyaertl@michigan.gov

- Manages programmatic, policy, and implementation of integrated health projects within section

Amy Kanouse – Behavioral Health Program Specialist
kanousea@michigan.gov

- CCBHC Demonstration
- Emergency Grants to Address Mental Health and Substance Use During COVID-19

Kelsey Schell – Health Home Analyst
schellk1@michigan.gov

- Opioid Health Home
- Substance Use Disorder Health Home

TBD – Behavioral Health Innovation Specialist

- Behavioral Health Home
- PIPBHC Grant
- Azara Integration

TBD – CCBHC Certification Specialist

- CCBHC Certification and Monitoring

TBD – CCBHC Analyst

- CCBHC Programmatic Support

Opioid Health Home

Opioid Health Home Overview

- Medicaid Health Homes are an optional State Plan Amendment under Section 1945 of the Social Security Act.
- Michigan's OHH is comprised of primary care and specialty behavioral health providers, thereby bridging the historically two distinct delivery systems for optimal care integration.
- Michigan's OHH is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.
- As of October 1, 2022, OHH services are available to eligible beneficiaries in 76 Michigan counties. Service areas include PIHP region 1, 2, 4, 5, 6, 7, 8, 9, and 10.

Current Activities

- As of December 1, 2022, 2,819 beneficiaries are enrolled in OHH services.
- With the OHH expansion, LE's have continued to expand OHH services with new Health Home Partners (HHPs). There are currently 38 HHPs contracted to provide services to OHH beneficiaries. Some HHPs are contracting with multiple LEs.
- MDHHS continues to collaborate with many state agencies to ensure OHH beneficiaries have wraparound support services through their recovery journey.

Substance Use Disorder Health Home

Substance Use Disorder Health Home Overview

- The Substance Use Disorder Health Homes is an optional opportunity under the SUD Block Grant Supplemental.
- The Substance Use Disorder Health Homes is designed as a look a-like health home comprised of primary care and specialty behavioral health providers, with a similar structure to the current operational Opioid Health Home (OHH).
- With the same structure as the OHH, the Substance Use Disorder Health Home is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.
- As of October 1, 2022, three PIHPs are using available funds to operate the Substance User Disorder Health Home. Service areas include PIHP region 2, 8, and 9.

Current Activities

- PIHP Region 2 currently has fifty beneficiaries enrolled in the Alcohol Health Home (AUD), with four providers. Beneficiaries must meet eligibility for Medicaid, live within PIHP Region 2 and have an AUD diagnosis.
- PIHP Region 8 has recently become an OHH region and was able to shift beneficiaries from their Substance Use Disorder Health Home to the OHH. Beneficiaries must be Medicaid eligible, live in within PIHP Region 8 and have a substance use disorder diagnosis.

- PIHP Region 9 currently has thirty-three beneficiaries enrolled for their Opioid Health Home with non-Medicaid beneficiaries. Beneficiaries must live within PIHP Region 9 and have an Opioid Use Disorder diagnosis.

Behavioral Health Home

Behavioral Health Home Overview

- Medicaid Health Homes are an optional State Plan Benefit authorized under section 1945 of the US Social Security Act.
- Behavioral Health Homes provide comprehensive care management and coordination services to Medicaid beneficiaries with select serious mental illness or serious emotional disturbance by attending to a beneficiary's complete health and social needs.
- Providers are required to utilize a multidisciplinary care team comprised of physical and behavioral health expertise to holistically serve enrolled beneficiaries.
- Behavioral Health Home services are available to beneficiaries in 42 Michigan counties including PIHP regions 1 (upper peninsula), 2 (northern lower Michigan), 6 (Southeast Michigan), 7 (Wayne County), and 8 (Oakland County).

Current Activities

- As of November 29, 2022, there are 1,929 people enrolled:
    - Age range: 6-85 years old
    - Race: 25% African American, 69% Caucasian, 2% or less American Indian, Hispanic, Native Hawaiian and Other Pacific Islander
- Resources, including the BHH policy, directory, and handbook, are available on the Michigan Behavioral Health Home website. Behavioral Health Home (michigan.gov)
- MDHHS staff will be working to expand the BHH into PIHP Region 5, Mid-State Health Network. Anticipated start date is April 1, 2023.

Promoting Integration of Physical and Behavioral Health Care Grant

Promoting Integration of Physical and Behavioral Health Care (PIPBHC) Overview

- PIPBHC is a five-year Substance Abuse and Mental Health Services (SAMHSA) grant that seeks to improve the overall wellness and physical health status for adults with SMI or children with an SED. Integrated services must be provided between a community mental health center (CMH) and a federally qualified health center (FQHC).
- Grantees must promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental health and substance use disorders along with co-occurring physical health conditions and chronic diseases.
- MDHHS partnered with providers in three counties:
    - Barry County: Cherry Health and Barry County Community Mental Health to increase BH services
    - Saginaw County: Saginaw County Community Mental Health and Great Lakes Bay Health Centers
    - Shiawassee County: Shiawassee County Community Mental Health and Great Lakes Bay Health Centers to increase primary care

Current Activities

- Grantees are currently working toward integrating their EHR system to Azara DRVS to share patient data between the CMH and FQHC. This effort should improve care coordination and integration efforts between the physical health and behavioral health providers.
- Shiawassee and Saginaw counties are starting to see shared patient data in Azara DRVS. Both counties are moving to training and adoption. Barry County is working through data validation.
- PIPBHC sites are focused on sustainability and the ways in which integrated care can continue after the end of the grant. The sites are also currently working on completing the annual PIPBHC Integration Self-Assessment Survey to determine how each agency views the current level of integration.

Certified Community Behavioral Health Clinic Demonstration

Certified Community Behavioral Health Clinic Demonstration Overview

- MI has been approved as a Certified Community Behavioral Health Clinic (CCBHC) Demonstration state by CMS. The demonstration launched in October 2021 with a planned implementation period of two years. The Safer Communities Act was signed with provisions for CCBHC Demonstration expansion, extending MI's demonstration until October 2027. 13 sites, including 10 CMHSPs and 3 non-profit behavioral health providers, are participating in the demonstration. The CCBHC model increases access to a comprehensive array of behavioral health services by serving all individuals with a behavioral health diagnosis, regardless of insurance or ability to pay.
- CCBHCs are required to provide nine core services: crisis mental health services, including 24/7 mobile crisis response; screening, assessment, and diagnosis, including risk assessment; patient-centered treatment planning; outpatient mental health and substance use services; outpatient clinic primary care screening and monitoring of key health indicators and health risk; targeted case management; psychiatric rehabilitation services; peer support and counselor services and family supports; and intensive, community-based mental health care for members of the armed forces and veterans.
- CCBHCs must adhere to a rigorous set of certification standards and meet requirements for staffing, governance, care coordination practice, integration of physical and behavioral health care, health technology, and quality metric reporting.
- The CCBHC funding structure, which utilizes a prospective payment system, reflects the actual anticipated costs of expanding service lines and serving a broader population. Individual PPS rates are set for each CCBHC clinic and will address historical financial barriers, supporting sustainability of the model. MDHHS will operationalize the payment via the current PIHP network.

Current Activities

- The CCBHC Demonstration wrapped up its first year. As of November 30, 2022, 48,460 Medicaid beneficiaries and 8,222 individuals without Medicaid are assigned in the WSA to the 13 demonstration CCBHC sites. Assignment has increased steadily since the start of the demonstration. Based on encounter data submitted as of October 3, 2022, there were 728,099 daily visits for CCBHC services delivered in DY1, including 688,956 (95%) to Medicaid beneficiaries and 39,143 (5%) to individuals without Medicaid.
- MDHHS was awarded a two-year grant from the Michigan Health Endowment Fund to conduct an evaluation of the CCBHC Demonstration. MDHHS will partner with evaluators at the Center for Healthcare Research

Transformation at the University of Michigan on the evaluation, which is intended to help measure the impact of the demonstration- particularly efforts to expand access to behavioral health services for underserved populations.

- A training and technical assistance series will take place during DY2 with topics identified as areas of interest during DY1 Check In calls and outstanding certification requirements. A CCBHC learning collaborative will begin in December and allow CCBHCs to share best practices amongst themselves. MDHHS is also sponsoring the training of two Community Health Workers (CHWs) at each CCBHC demonstration site in FY23.
- The MDHHS CCBHC Implementation Team is working to finalize financial reporting requirements for the initial demonstration year and continuing to address additional operational issues that arise as the demonstration moves forward.

MDHHS Staff Update – Service Delivery Transformation Section

- This section is in the process of filling three positions highlighted in the overview section.

Questions or Comments

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Michigan Psychiatric Care Improvement Project (MPCIP)

December 2022 Update

CONTENTS

MPCIP Overview 2
Two-part Crisis System 2
Opportunities for Improvement 2
988/MiCAL Implementation 2
Michigan Crisis and Access Line (MiCAL) Overview 2
988 Overview 2
Current Activities for 988/MiCAL 3
Current Activities for Michigan Peer Warmline and Frontline Strong Together 4
Crisis Stabilization Units 5
Overview 5
Current Activities 5
Adult Mobile Crisis Intervention Services 5
Overview 5
Current Activities 6
MI-SMART (Medical Clearance Protocol) 6
Overview 6
Current Activities 6
Psychiatric Bed Treatment Registry 7
Overview 7
Current Activities 7
MDHHS - Crisis Services & Stabilization Section Updates 8
The MDHHS Behavioral Health (BH) Customer Relationship Management (CRM) System 8

MPCIP Overview

Michigan House CARES Task Force and the Michigan Psychiatric Admissions Discussion evolved into the Michigan Psychiatric Care Improvement Project (MPCIP).

Two-part Crisis System

1. Public service for anyone, anytime, anywhere: Michigan Crisis and Access Line (MiCAL) per PA 12 of 2020, Mobile Crisis, and Crisis Receiving and Stabilization Facilities.
2. More intensive crisis services that are fully integrated with ongoing treatment both at payer and provider level for people with more significant behavioral health and/or substance use disorder issues through Community Mental Health Service Programs.

Opportunities for Improvement

1. Increase recovery and resiliency focus throughout entire crisis system.
2. Expand array of crisis services.
3. Utilize data driven needs assessment and performance measures.
4. Equitable services across the state.
5. Integrated and coordinated crisis and access system – all partners.
6. Standardization and alignment of definitions, regulations, and billing codes.

988/MiCAL Implementation

The MiCAL, 988, Peer Warmline, and Frontline Strong sections of this report are combined because MiCAL (staffed by Common Ground) answers the calls, texts, and chats to these lines statewide.

Michigan Crisis and Access Line (MiCAL) Overview

- Legislated through PA 12 of 2020 and PA 166 of 2020.
- Based on SAMHSA's Model: One statewide line which links to local services tailored to meet regional and cultural needs and is responsible for answering Michigan 988 calls. MiCAL will provide a clear access point to the varied and sometimes confusing array of behavioral health services in Michigan.
- Supports all Michiganders with behavioral health and substance use disorder needs and locates care, regardless of severity level or payer type. Warm hand-offs and follow-ups, crisis resolution and/or referral, safety assessments, 24/7 warm line, and information or referral offered.
- MiCAL will not replace CMHSP crisis lines. It will not prescreen individuals. MiCAL will not directly refer people to psychiatric hospitals or other residential treatment. This will be done through PIHPs, CMHSPs, Emergency Departments, Mobile Crisis Teams, and Crisis Stabilization Units.
- Piloted in Upper Peninsula and Oakland April 2021; Operational Statewide October 2022.

988 Overview

- **988 went live on July 16, 2022,** as the new three digit dialing code for the National Suicide Prevention Lifeline. It is not a new crisis line. It is managed by Vibrant at the Federal Level.
- **988 Expanded Purpose**: With the addition of 988, the Lifeline is expanding crisis coverage for all behavioral health/emotional crises in addition to people feeling suicidal.
- **988 Implementation Plan**: Michigan's Official 988 Implementation Plan was submitted to Vibrant and SAMHSA on January 21, 2022. It was developed by a cross sector stakeholder group through a Vibrant funded planning process.

- **Michigan Coverage**: As of June 1, 2022, Michigan has active statewide coverage for all 988 calls originating from Michigan counties through MiCAL. Seven counties have primary coverage through Network 180, Gryphon Place, or Macomb CMH.
- **988 Chat and Text**: MiCAL will also be responsible for answering 988 chats and texts.
- Vibrant is contracting with federally funded back up centers to answer call, chat, and text overflow.

Current Activities for 988/MiCAL

- MDHHS received a 2 year SAMHSA 988 Implementation grant mid-April 2022. Key focus areas are (1) adequate statewide coverage, (2) common practices for centers, (3) stakeholder engagement/marketing, (4) stable diversified funding, and (5) 911/988 collaboration.
- **MiCAL Rollout**: MiCAL will rollout statewide in two phases.
    - **Phase 1 FY 22**: January 2022 - MiCAL will rollout statewide one region at a time, providing coverage for 988 and crisis and distress support through the MiCAL number. It will not provide additional regions with CMHSP crisis after hours coverage at this time. MiCAL is rolling out care coordination protocols with publicly funded crisis and access services (CMHSPs, PIHPs, state demo CCBHCs, and CMHSP contract providers).
    - Coordination is in place with services in all PIHP geographic regions. It will be coordinated with region 9, all regions, as of October 31, 2022. Map of the Prepaid Inpatient Health Plans (michigan.gov).
    - **Phase 2 FY 23**: CMHSP After Hours Crisis Coverage. Afterhours coverage services are currently provided as a pilot in the Upper Peninsula. MiCAL is beginning to plan for Phase 2 FY 23 CMHSP After Hours Crisis Coverage. MiCAL will provide afterhours crisis coverage for CMHSPs who currently contract with a third party for afterhours crisis coverage.
    - Rollout will occur one CMHSP at a time and will start with regions that volunteer participation beginning in January 2023. Afterhours Process Improvement meetings occurred throughout September and October 2022 to gather CMHSP and PIHP feedback and recommendations.
- MiCAL integration with OpenBeds/MiCARE is in progress.
- A considerable change that was made to our original project timeline was postponing our in-state answering of 988 chat and text until early FY 24. The decision to postpone in-state coverage was discussed in depth and the choice was made to postpone this activity until the MiCAL platform can integrate with the universal platform to allow MiCAL staff access to MiCAL customer relationship management (CRM) technology functionality when answering chats and texts.
- **There have been 76,036 MiCAL encounters since go-live on April 19, 2021 (this includes MiCAL number, NSPL, and CMHSP afterhours calls).**
- **988 Center Practices:** Operations workgroup meetings with current 988 centers are focused on developing common practices around Imminent Risk, Active Rescues and Follow Up.
    - Michigan's 988 workgroup is finalizing Michigan's Center Protocol document, which has incorporated Vibrant's requirements and standards and will be utilized and adopted by all of Michigan's 988 call centers as the framework for expected operations.
- **911/988 Collaboration:** State level 911/988 workgroup is meeting at least monthly to develop collaborative practices, with the initial focus on coordinated active rescues.
    - Michigan's 988/911 workgroup finalized the Involuntary Emergency Intervention Workflow. The workflow was created to standardize the way in which staff at all centers are expected to be trained and handle 988 involuntary emergency intervention processes. It will also be shared with 911 centers as an informational tool.

- **Public Relations**: 988 Implementation is currently focused on ensuring that there is adequate staffing and coordination with 911 and other crisis service providers before openly marketing the 988 number. This was a rollout approach that was recommended by SAMHSA and Vibrant. Targeted marketing will begin early 2023.
    - MDHHS developed a website to share with its stakeholders: 988 Suicide & Crisis Lifeline and Michigan Crisis & Access Line, as well as a MiCAL/988 Quick Facts document for reference.
    - MDHHS has been providing presentations to key stakeholder groups. Presentations include but aren't limited to: Michigan Suicide Prevention Commission, Governor's Diversion Council, Michigan NAMI, TYSP- Emergency Department Community of Practice, Tribal Nations Behavioral Health Meeting, and attending the Blue Cross Blue Shield of MI Healthy Safety Net Symposium.
    - Starting in January 2023, MDHHS' public awareness activities will target people most at risk for behavioral health crises and suicide through communication channels via trusted community partners such as community groups, advocacy organizations, and allied professionals. A public awareness/ marketing plan which will identify existing channels such as newsletters, websites, and conferences through which to promote 988. The plan will also provide 988 marketing materials to key stakeholders who can give them to people who might benefit from calling 988.
- **Stakeholder Participation:** At this time, we are asking partners to refrain from actively advertising the 988 number, but we have no problem with them sharing the 988 number, general information about 988, and 988 resources. We are asking stakeholders to begin replacing the former NSPL number (the 800 number) with 988 and to partner with us in identifying and notifying us of places where the 800 number needs to be replaced. Starting in January 2023 partners can openly advertise 988 and utilize SAMHSA's promotional materials.
    - We had our first kick off stakeholder meeting November 10th. The intention for the meeting was to provide an overview of SAMHSA and Vibrant's marketing recommendations, discuss Michigan's current and future approach to marketing 988, and provide a space to collaboratively work together to develop a comprehensive public awareness/marketing plan that utilizes existing communication channels that target people most at risk for a behavioral health crisis.
    - We are hosting breakout session meetings in early December to continue to engage with stakeholders in more in-depth conversations around tailoring support and resources to all Michiganders, especially those who are considered to be high-risk or underserved populations.

Current Activities for Michigan Peer Warmline and Frontline Strong Together

- Michigan Peer Warmline is operated under MiCAL by Common Ground. It is statewide. It operates 10 am to 2 am 7 days per week.
- Michigan Peer Warmline is refining data gathered during the call, i.e. reason for the call and services provided.
- **There have been 60,431 Warmline encounters since go-live at the end of April 2021.**
- Frontline Strong First Responder Crisis support project called Frontline Strong Together in partnership with Wayne State is operated under MiCAL by Common Ground and is available statewide 24/7. Common Ground has hired a Project Manager who brings a wealth of first responder, training, and crisis line experience. Frontline Strong Together went live in August 2022.
- Frontline Strong Together is currently working on expanding visibility, including marketing, QR codes for easy access, and outreach to relevant stakeholder groups to increase awareness of the number.
- **There have been 40 Frontline Strong Together encounters since go-live mid-August 2022.**

Crisis Stabilization Units

Overview

Michigan Public Act (PA) 402 of 2020 added Chapter 9A (Crisis Stabilization Units) to the Mental Health Code, which requires the Michigan Department of Health and Human Services (MDHHS) to develop, implement, and oversee a certification process for CSUs (certification is in lieu of licensure). CSUs are meant to provide a short-term alternative to emergency department and psychiatric inpatient admission for people who can be stabilized through treatment and recovery coaching within 72 hours.

To encourage participation and creation of CSUs, MI Legislature has designated funding in the FY 2023 budget to account for at least 9 CSUs. To develop a model and certification criteria for CSUs in Michigan, MDHHS engaged Public Sector Consultants (PSC) to convene and facilitate an advisory group of stakeholders. The stakeholder workgroup reviewed models from other states and Michigan to make recommendations around a model that will best fit the behavioral health needs of all Michiganders.

Michigan Model developed by 12/1. MDHHS is developing draft certification rules for adult CSUs and will solicit feedback in fall of 2022, with goals of finalizing the criteria during Q1 of 2023. The certification criteria for children CSUs will be developed during FY 2023, with an implementation date in FY 2024.

Current Activities

- Draft CSU Certification standards are being finalized to share with stakeholders for their feedback.
- CSU Certification Rules workgroup has been developed. A series of at least 5 meetings has been scheduled to discuss key issues and areas of concern. MDHHS added 4-5 sites to participate in these discussions. The state level SME staff will be consulted as needed. Once this group is supportive of the rules then we will start the administrative rules process.
- CSU Certification rules will start the administrative rules process January 2023.
- The CSU Certification Rules workgroup will assist MDHHS in addressing all feedback we receive during the Administration rules process.
- A survey was issued in late September to acute and psychiatric hospitals as well as CMHSPs to assess the existence of any walk-in urgent care or crisis care behavioral health services similar to a CSU such as an EMPATH unit and a psychiatric emergency room. This survey also assessed entities' interest in providing CSU services.
- MDHHS issued a CSU Pilot Readiness Application to those who expressed interest in learning more as a potential participant (via the survey).
- MDHHS will operate a CSU Community of Practice Pilot which will result in a Best Practice Implementation Handbook and pilot entities receiving CSU certification. Participants are recruited through the CSU survey.
- The Michigan Model has been tailored to include Children and Families. It has been shared for public feedback. Listening sessions with people with lived experience will occur in early 2023.

Adult Mobile Crisis Intervention Services

Overview

- Mobile crisis services are one of the three major components that SAMHSA recommends as part of a public crisis services system.
- MDHHS goal is to eventually expand mobile crisis across the state for all populations.

- MDHHS has contracted with PSC/HMA to develop recommendations to expand mobile crisis for adults in Michigan, with special attention on strategies for rural areas.
- Per Diversion Fund legislation MDHHS will pursue the advanced Medicaid match and ensure that the model meets requirements.
- There is coordination with the Bureau of Children's Coordinated Health Policy and Supports (BCCHPS) and their intensive mobile crisis stabilization services.

Current Activities

- Multiple areas of MDHHS are working on the expansion of mobile crisis services: Diversion Council, BCCHPS, and Bureau of Specialty Behavioral Health Services.
- Internal meetings are occurring to ensure that models for children/families and adults stay aligned whenever possible.
- PA 162 and 163 of 2021 set up a Diversion Fund and pilot program for mobile crisis. MDHHS is coordinating around implementation plans internally, prior to stakeholder involvement.
- Public Sector Consultants has pulled together legislative and funding requirements, recommendations from Wayne State Center for Behavioral Health Justice (CBHJ), and other best practices to develop a draft model for adults. This model will be altered over the next couple of years based on stakeholder feedback from Diversion Fund pilots, CCBHC discussions, and feedback from people with lived experience.
- MDHHS is in the process of hiring staff to initiate a RFP process for mobile crisis intervention through the Diversion Fund and develop the application for the Medicaid mobile crisis enhanced match.

MI-SMART (Medical Clearance Protocol)

Overview

- Standardized communication tool between EDs, CMHSPs, and Psychiatric Hospitals to rule out physical conditions when someone in the Emergency Department (ED) is having a behavioral health emergency and to determine when the person is physically stable enough to transfer if psychiatric hospital care is needed.
- Broad cross-sector implementation workgroup.
- Implementation is voluntary for now.
- **Target Date: Soft rollout has started as of August 15, 2020.**
- www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/

Current Activities

- As of 11/29/22: Adopted/accepted by 54 Emergency Departments, 26 Psychiatric Hospitals, and 15 CMHSPs.
    - Over 25 facilities are pursuing the implementing of MI-SMART at their facility, including Harbor Oaks and McLaren Bay Region.
    - We are excited to welcome Bay Arenac Behavioral Health as our newest MI-SMART user!
- Education of key stakeholders statewide; supporting early implementation sites; performance metric development.
- Targeted outreach to specific psychiatric hospitals and CMHSPs in geographic areas of ED adoption.
- MHA sent communication to members from their small and rural hospitals informing them about the MI-SMART Form. They were sent a link which they can fill out if they are interested in learning more about how to implement the MI-SMART Medical Clearance Process at their facility.

- MHA and MDHHS co-signed a letter encouraging the use of the MI-SMART Medical Clearance Process. This letter was signed by MDHHS Chief Medical Executive Dr. Natasha Bagdasarian and MHA Executive Vice President Laura Appel. MHA distributed the letter to their members in August.
- Provided a presentation on the MI-SMART Medical Clearance Process at the MHA Small and Rural Hospital Council meeting in September.
- Drafted a letter to send to PIHPs/CMSHPs aiming to work regionally to increase adoption of the MI-SMART Form.
- Partnered with LARA to develop a crosswalk that outlines regulatory practices that MI-SMART can help meet.
- Transitioning Medical Clearance Workgroup to an Advisory Group.
- High COVID numbers in Emergency Departments are impeding progress.

Psychiatric Bed Treatment Registry

Overview

- Legislated through PA 658 of 2018, PA12 of 2020, PA 166 of 2020.
- Electronic service registry housing psychiatric beds, crisis residential services, and substance use disorder residential services.
- The Psychiatric Bed Registry is housed in the MiCARE/OpenBeds platform, which is Michigan's behavioral health registry/referral platform, operated and funded by LARA.
- MiCARE will eventually house all private and public Behavioral Health Services and will have a public facing portal.
- The Psychiatric Bed Registry Advisory Group's purpose will transition from choosing a platform to supporting successful rollout and maximization of the OpenBeds platform to meet Michigan's needs.
- LARA is rolling out MiCARE regionally with a statewide completion date by the end of 2022.
- Target audience: Psychiatric Hospitals, Emergency Departments, CMHSP staff, PIHP staff.
    - Public and broader stakeholder access through MiCAL.
    - Broad cross-sector Advisory Workgroup.
- Target Implementation Date: Implemented statewide by December 2022.

Current Activities

- LARA is in the process of rolling out MiCARE statewide a PIHP region at a time. The focus is on substance use disorders treatment services. They have held meetings to continue the rollout process for providers in the remaining PIHP regions. They will reach out shortly to CMHSPs to bring them on as searchers. Please watch for emails.
- All inpatient psychiatric facilities received communication from LARA and MDHHS notifying them that the goal deadline to complete the onboarding into MiCARE (OpenBeds®) was extended. MDHHS has been, and will continue, contacting and working with psychiatric facilities. With the support from LARA, all facilities will be onboarded into MiCARE/OpenBeds within the coming months. MDHHS will begin ensuring psychiatric facilities' bed availability is regularly updated.
- Psychiatric hospitals are being encouraged to onboard as they are able. There are 58 facilities. Nearly all psychiatric hospital has begun the onboarding process.
- MDHHS and LARA, in partnership with Bamboo Health, hosted a demonstration of the OpenBeds platform for all bed searchers in September. This allowed those who have not had a chance to attend a demonstration the opportunity to learn more about the OpenBeds platform. A recording of the demonstration is available at https://mpcip.org/mpcip/micare/.

- Over the past few months, MDHHS has conducted a series of small group listening sessions with representatives from Psychiatric Hospitals, Community Mental Health Services Programs, and Emergency Departments. The goal is to understand partner requirements so that MDHHS could provide technical assistance and support to facilities utilizing OpenBeds and to develop usage protocols for MiCARE. In doing so, MDHHS would like to gain an understanding of how to implement the platform in the most optimal and cost neutral way. MDHHS most recently met representatives from Emergency Departments in October. If you are interested in providing feedback, please contact us at mpcip-support@mphi.org.
- All Emergency Departments received communication form LARA notifying them of the MiCARE/OpenBeds rollout. Facilities were encouraged to work with Bamboo Health's OpenBeds® team to onboard their Emergency Department in the network.
- Psychiatric Bed Advisory Workgroup is providing feedback on tailoring MiCARE to Michigan, i.e., bed categorization, acuity, the rollout, and referral process.

MDHHS - Crisis Services & Stabilization Section Updates

The MDHHS Behavioral Health (BH) Customer Relationship Management (CRM) System

The Crisis Services and Stabilization Section is tasked with ownership of the BH CRM from a technical and development perspective. We work with MDHHS business owners to design and implement processes into the system (i.e., MiCAL, Customer Inquiries, CMHSP Certification, ASAM Level of Care, and Critical Incidents). We act as a liaison between our MDHHS colleagues and the application developers and provide training and technical support to MDHHS and partners (CMHSPs, PIHPs, MiCAL, SUD entities, CCBHCs, etc.).

Many of you may be familiar with this system or have heard of it by one of various names, such as the BHDDA CRM or MiCAL CRM. As we continue to move forward with the rollout of MDHHS BPHASA business processes, we want to clear up any confusion and announce that this system is to be formally named the MDHHS Behavioral Health Customer Relationship Management System (BH CRM). Effective immediately, please ensure all communications align with the name change.

Additionally, we have updated the shared team email address to encompass all facets of the BH CRM rather than solely MiCAL. **The newly updated email address is** MDHHS-BH-CRM@michigan.gov. *Any emails that are sent to the former address (MDHHS-BHDDA-MiCAL@michigan.gov) will be routed to this new address.*

Questions or Comments

Community Mental Health Association of Michigan distributes this document to its' members.
To be added to the distribution list for this update - please contact MPCIP-support@mphi.org

MiCAL questions or comments - contact MDHHS-BH-CRM@michigan.gov
MiCARE/Openbeds platform questions - contact Haley Winans, Specialist, LARA, WinansH@michigan.gov

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MSHN
Mid-State Health Network

Community Mental Health Member Authorities

Bay Arenac Behavioral Health

•

CMH of Clinton.Eaton.Ingham Counties

•

CMH for Central Michigan

•

Gratiot Integrated Health Network

•

Huron Behavioral Health

•

The Right Door for Hope, Recovery and Wellness (Ionia County)

•

LifeWays CMH

•

Montcalm Care Center

•

Newaygo County Mental Health Center

•

Saginaw County CMH

•

Shiawassee Health and Wellness

•

Tuscola Behavioral Health Systems

REPORT OF THE MSHN DEPUTY DIRECTOR
to the Board of Directors
November/December

MSHN Staffing Update

As indicated in the December constant contact MSHN has had a few changes within our organization structure over the last couple months.

- Kara Hart has been promoted to Waiver Administrator for Adult Waivers and will oversee the Home and Community Based Services transition compliance and Habilitative Supports Waiver.
- Barb Groom has been promoted to Waiver Administrator for Children Services and will oversee the Children's Waiver, Serious Emotional Disturbance Waiver, and the Applied Behavior Analysis benefit.
- Amy Dillion has been promoted to Compliance Administrator and will oversee regional compliance for both our internal compliance reviews of MSHN's provider network and MDHHS reviews of the MSHN region, including all waivers, external quality reviews and Medicaid verifications.
- Cammie Myers-Mattice has been promoted to Utilization Management Administrator and will oversee the utilization management for the region, including the substance use disorder provider network authorizations.
- Paul Duff will transfer from the Home and Community Based Waiver Coordinator to the Integrated Healthcare Coordinator, effective January 2, 2023, and will support the implementation efforts related to Behavioral Health Homes.

MSHN staffing will see more changes as we look to backfill some of the positions left vacant by the promotions above and is still actively seeking to fill the SUD Care Navigator (funded and required by MDHHS).

Job Descriptions are located on MSHN's website at: https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers.

Health Insurance Update

MSHN currently provides our employees with three health insurance plan options, Blue Cross Blue Shield (BCBS) PPO $550 Deductible with a 30% coinsurance, Blue Care Network (BCN) HMO 20% coinsurance $500 Deductible and a Blue Care Network HMO $0 deductible with a 10% coinsurance. The health insurance renewals for MSHN's plan year beginning February 2023 realized an above average increase of 10-12% as compared to previous years increases of 3-5% (except for last year where MSHN realized the same high-rate increase). MSHN is limited by Public Act 152, which caps the amount public employers pay toward employee medical benefit plans and any amount over the annual limit must be covered by the employee. The Department of Treasury reviews the cap each year and only raised the limit by 1.3% for plans after January 2023. Therefore, employee premiums have significantly increased for the high cost BCBS PPO and the BCN HMO 10% coinsurance. However, the BCN HMO $500 deductible plan, with a 20% coinsurance can still be provided to the employees at no cost.

Crisis Residential Development

Background:

The MSHN Board of Directors approved at the January 12, 2021, Board of Directors meeting to move forward with the development of crisis residential services within the region. The crisis residential program was to be established within the region and to be used by any MSHN Community Mental Health Service Provider (CMHSP) but was primarily targeted, based on need of the CMH, for Bay-Arenac Behavioral Health, CMH for Central Michigan, Gratiot Integrated Health Network, Montcalm Care Network, Newaygo CMH, and Shiawassee County CMH. A Request for Proposal (RFP) was developed and distributed region-wide with only two responses initially. Both responses were rejected due to inadequate response. The MSHN Crisis Residential workgroup met with the potential vendors, clarified the regional need and rationale, and encouraged them to respond again per the RFP requirements. Three vendors submitted responses to the second round of reviews. In January of 2022, the Board of Directors Contract Approved the contract with North Shores/Hospital Psychiatry.

Update:

MSHN worked with the provider throughout the winter and spring of 2022 and was unable to find an appropriate facility. It was agreed upon by both parties that it would be best for MSHN to secure another provider. Since then, MSHN has been working with Family Health Psychiatric & Counseling Center towards licensure and policy/procedure development. Family Health Psychiatric & Counseling Center already has a facility located in Gratiot County. MSHN will be seeking Board approval for this needed resource in our region.

Performance Bonus Incentive Report FY22

Per the Michigan Department of Health and Human Services (MDHHS) requirements, MSHN must submit an annual report on the joint metrics and activities related to integration of behavioral health and physical health. Pre-paid Inpatient Health Plans (PIHPs) must provide a narrative related to five (5) areas of performance; 1. Comprehensive Care, 2. Patient-Centered, 3. Coordinated Care, 4. Accessible Services, and 5. Quality and Safety. Attached via the link below, includes the report submitted on November 15, 2022. The report provides updates to each one of the identified areas related to MSHN direct provided efforts as well as the integration of services across the region by our affiliate community mental health partners. MSHN expects to receive 100% of the bonus incentive, estimated at $5.3million, that will be distributed to our CMHSPs as earned local funds. Highlights from the report include:

- MSHN had integrated care plans for 79 individuals in partnership with 7 Medicaid Health Plans
  - 93% of care plans were closed successfully
  - 78% of individuals experienced a reduction in Emergency Department (ED) utilization
- MSHN-funded peer recovery coaches trained in Project ASSERT are embedded in hospital emergency departments in 13 counties in the region. 789 individuals received screening and follow-up support from Project ASSERT coaches in response to a substance-related hospital ED visit during FY 2022.

For the full report, **see the link below: *Performance Bonus Incentive Report FY22.***

Population Health and Integrated Care Measurement Portfolio

With input from our regional councils and committees, MSHN developed a few years ago a priority measure portfolio based on national healthcare industry standards. MSHN provides reports on these measures both as a region as well as performance of each CMHSP. MSHN councils and committees review status quarterly for ongoing input into performance improvement strategies. In addition, MSHN publishes the priority measures on the MSHN website: Priority Measures - (midstatehealthnetwork.org). The FY22 year-end report is now available and attached.

For more information regarding population health activities, **see the link below: *Population Health and Integrated Care Report FY22Q4.***

Submitted by:

Amanda L. Ittner
Finalized: 12.20.22

Attachments:
Priority Measures Report

Links to Reports:
FY22 Performance Bonus Incentive Report
FY22Q4 Population Health Integrated Care Report

Microsoft | Power BI

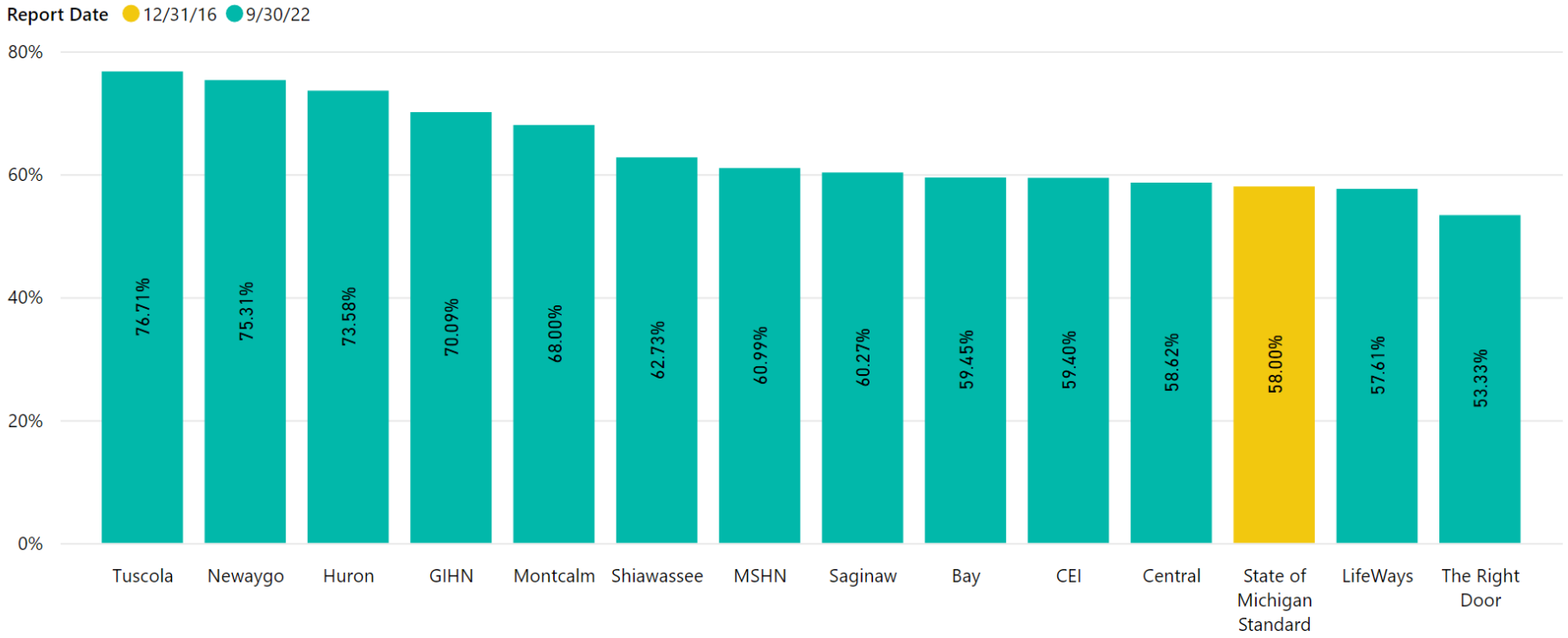
MSHN Priority Measures

View in Power BI

Last data refresh:
10/31/2022 8:50:14 PM UTC

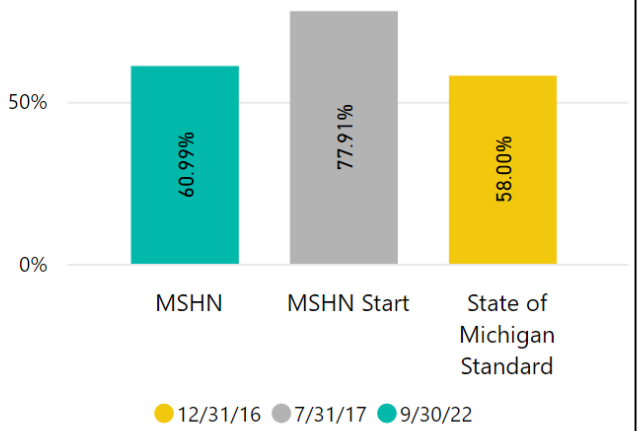
Downloaded at:
10/31/2022 8:51:42 PM UTC

Follow-Up After Hospitalization Adult



Organization	Yes	No	Percentage
Bay	173	118	59.45%
CEI	417	285	59.40%
Central	187	132	58.62%
GIHN	75	32	70.09%
Huron	39	14	73.58%
LifeWays	284	209	57.61%
Montcalm	102	48	68.00%
MSHN	1873	1198	60.99%
Newaygo	61	20	75.31%
Saginaw	314	207	60.27%
Shiawassee	101	60	62.73%
State of Michigan Standard			58.00%
The Right Door	64	56	53.33%
Tuscola	56	17	76.71%

FUH Adult -Trend



Measure Description: The percentage of discharges for members with 18 years or older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

Rates Reported: The percentage of discharges for which the member received follow-up within 30 days of discharge.

Numerator Statement: An outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 30 days after discharge. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of discharge.

Denominator Statement: Members with 21 years or older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

Exclusions: Exclusions Exclude discharges followed by readmission or direct transfer to a non acute facility within the 30-day follow-up period, regardless of principal diagnosis for the readmission.Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health (any principal diagnosis code other than those included in the Mental Health Diagnosis Value Set).These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place. Dual eligible consumers (Medicaid and Medicare) are excluded from the is report to match MDHHS logic as of FY 2021.

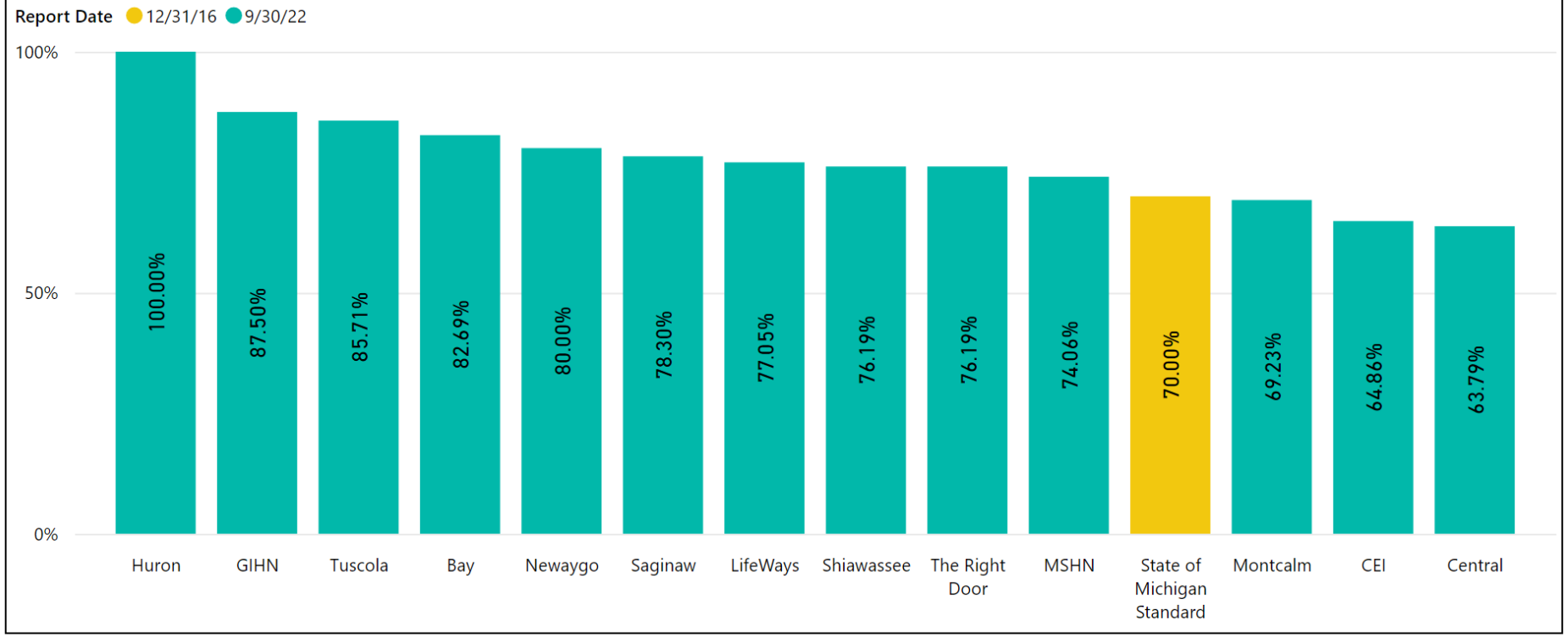
Last updated: 10/28/2022

Steward: Quality Improvement Council

Update frequency: monthly extract of data from ICDP.

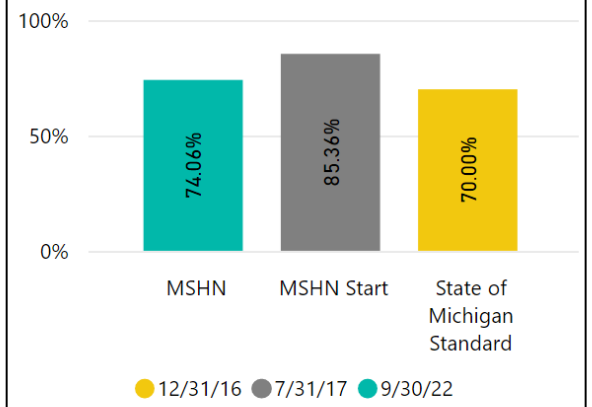
For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions

Follow-Up After Hospitalization Child



Organization	Yes	No	Percentage
Bay	43	9	82.69%
CEI	96	52	64.86%
Central	37	21	63.79%
GIHN	14	2	87.50%
Huron	16	0	100.00%
LifeWays	47	14	77.05%
Montcalm	18	8	69.23%
MSHN	414	145	74.06%
Newaygo	16	4	80.00%
Saginaw	83	23	78.30%
Shiawassee	16	5	76.19%
State of Michigan Standard			70.00%
The Right Door	16	5	76.19%
Tuscola	12	2	85.71%

FUH Child-Trend



Measure Description: The percentage of discharges for members with 6 years - 17 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

Rates Reported: The percentage of discharges for which the member received follow-up within 30 days of discharge.

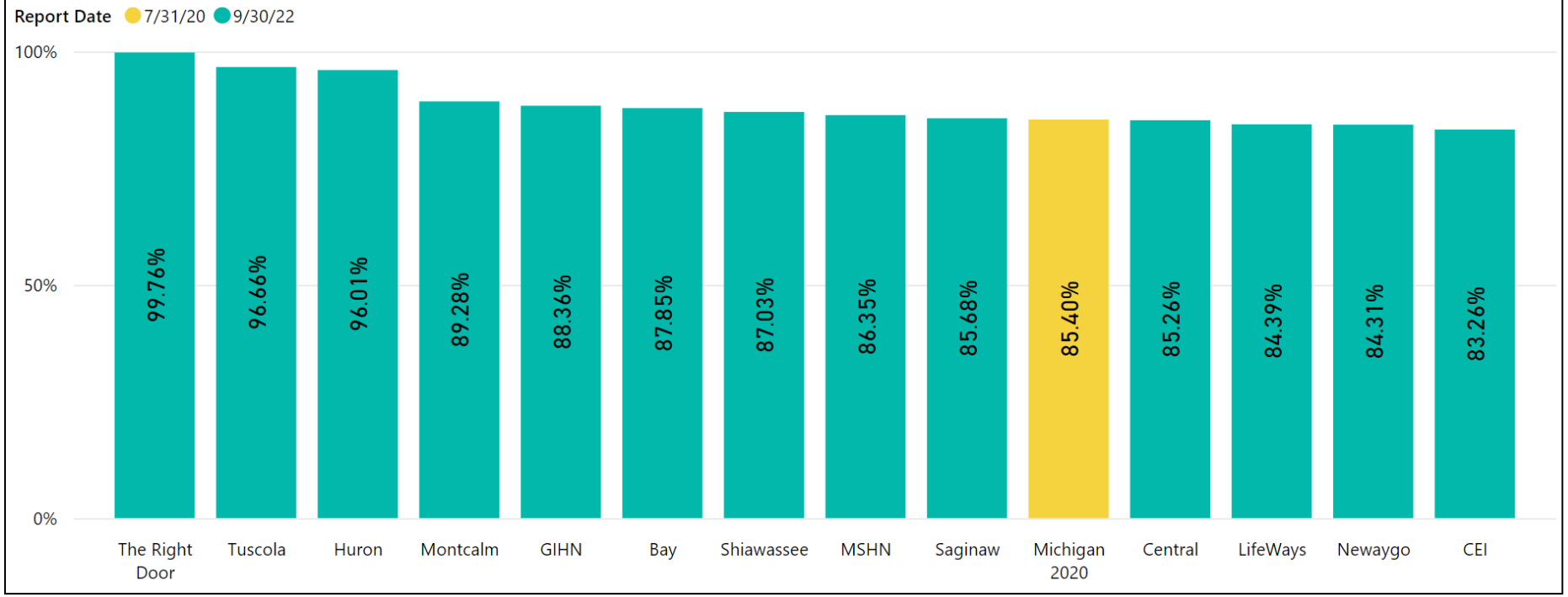
Numerator Statement: An outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 30 days after discharge. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of discharge.

Denominator Statement: Members with 6 years - 17 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

Exclusions: Exclusions Exclude discharges followed by readmission or direct transfer to a non acute facility within the 30-day follow-up period, regardless of principal diagnosis for the readmission.Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health (any principal diagnosis code other than those included in the Mental Health Diagnosis Value Set).These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place. Dual eligible consumers (Medicaid and Medicare) are excluded from the is report to match MDHHS logic as of FY 2021.

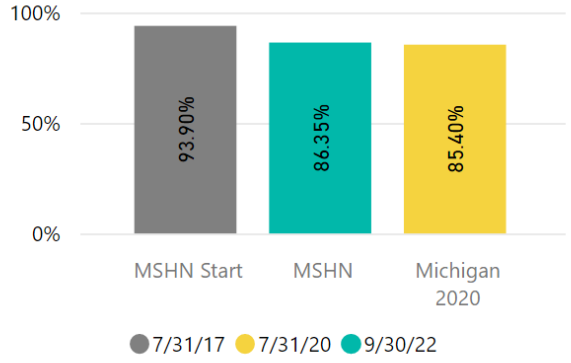
Last updated: 10/28/2022
Steward: Quality Improvement Council
Update frequency: monthly extract of data from ICDP.
For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions

Adult Access to Primary Care



Organization	Yes	No	Percentage
Bay	218	1576	87.85%
CEI	689	3428	83.26%
Central	633	3661	85.26%
GIHN	93	706	88.36%
Huron	16	385	96.01%
LifeWays	502	2713	84.39%
Michigan 2020			85.40%
Montcalm	115	958	89.28%
MSHN	2953	18685	86.35%
Newaygo	134	720	84.31%
Saginaw	436	2608	85.68%
Shiawassee	101	678	87.03%
The Right Door	2	847	99.76%
Tuscola	14	405	96.66%

Adult Access to Care -Trend



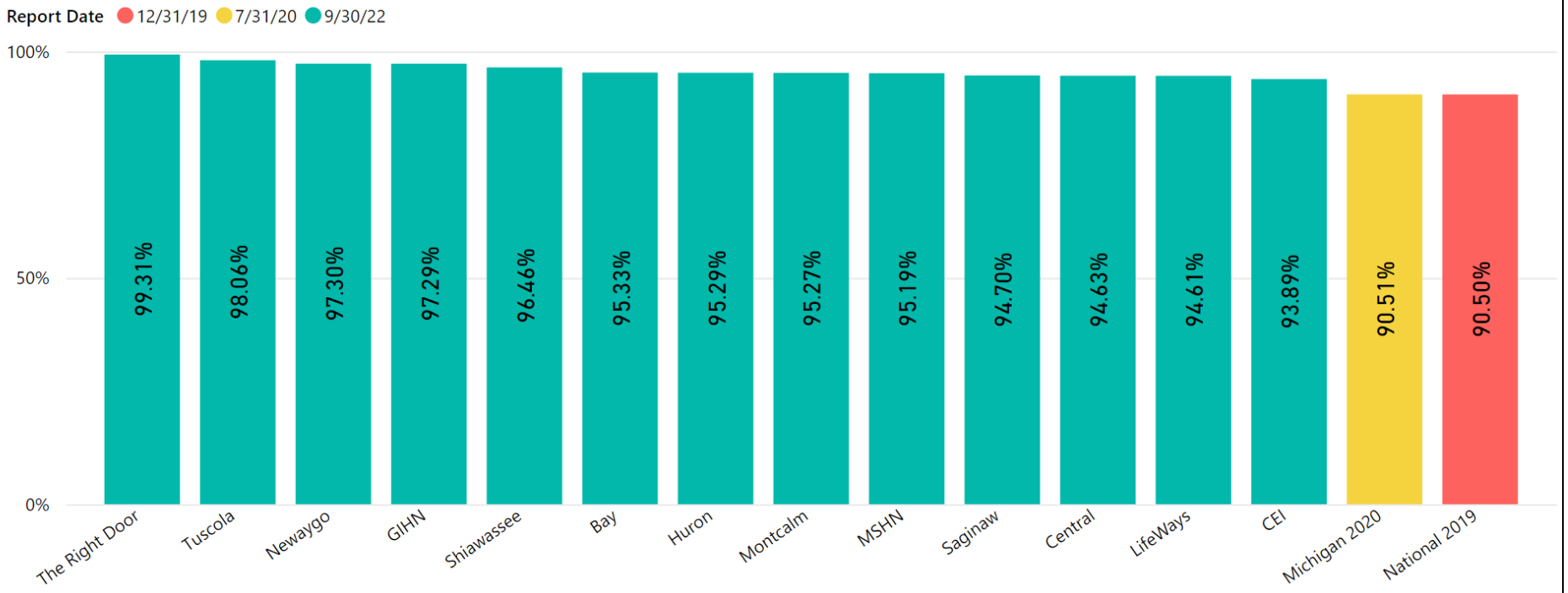
Measure Description: The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.a) Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.b) Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

Numerator Statement: One or more ambulatory or preventive care visits during the measurement year or the two years prior to the measurement year.

Denominator Statement: Any consumer 20 years of age or older as of the end of the measurement year(e.g., December 31) who have at most one month gap in coverage during each year of continuous enrollment.

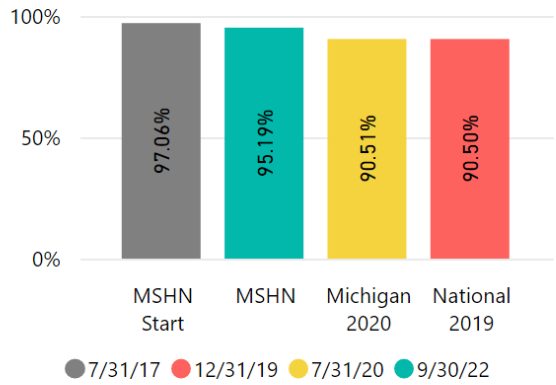
Last updated: 10/28/2022
Steward: Utilization Management Committee
Update frequency: monthly extract of data from ICDP.
For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions

Child Access to Primary Care



Organization	Yes	No	Percentage
Bay	64	1307	95.33%
CEI	200	3073	93.89%
Central	150	2644	94.63%
GIHN	16	575	97.29%
Huron	12	243	95.29%
LifeWays	109	1914	94.61%
Michigan 2020			90.51%
Montcalm	43	866	95.27%
MSHN	757	14968	95.19%
National 2019			90.50%
Newaygo	17	612	97.30%
Saginaw	108	1928	94.70%
Shiawassee	25	682	96.46%
The Right Door	5	720	99.31%
Tuscola	8	404	98.06%

Child Access to Care-Trend

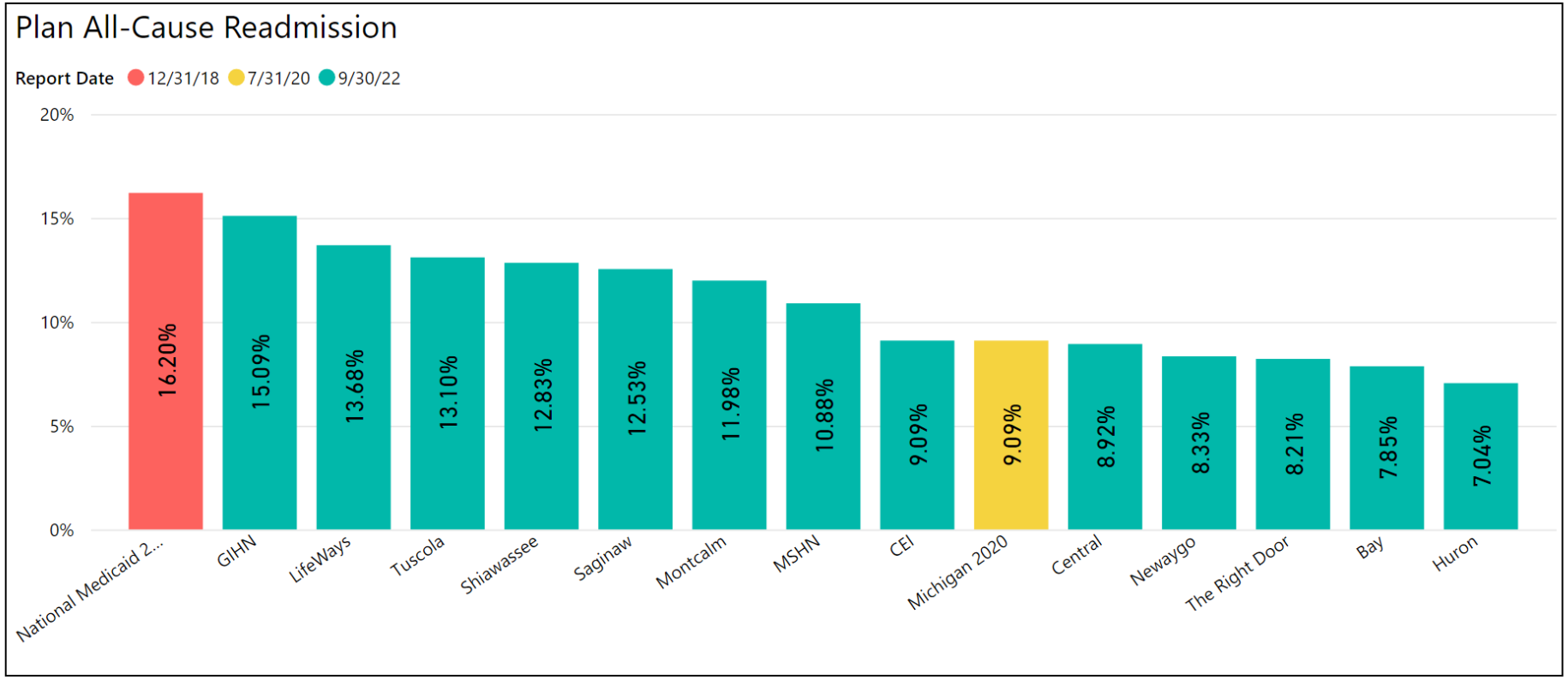


Measure Description: The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line.a) Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.b) Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

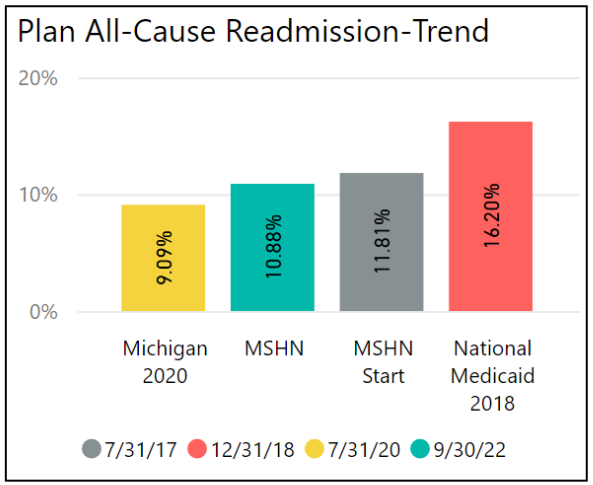
Numerator Statement: For 12–24 months, 25 months–6 years: One or more visits with a PCP during the measurement year.For 7–11 years, 12–19 years: One or more visits with a PCP during the measurement year or the year prior to the measurement year.

Denominator Statement: Any consumer 12 months to 19 years of age as of the end of the measurement year(e.g., December 31) who have:a) At most one month gap in coverage during the measurement year for ages 12 months to 6 years.b) At most one month gap during the reporting year and the previous year for ages 7 years to 19 years.

Last updated: 10/28/2022
Steward: Utilization Management Committee
Update frequency: monthly extract of data from ICDP.
For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions



Organization	Yes	No	Percentage
Bay	30	352	7.85%
CEI	83	830	9.09%
Central	44	449	8.92%
GIHN	24	135	15.09%
Huron	5	66	7.04%
LifeWays	97	612	13.68%
Michigan 2020			9.09%
Montcalm	23	169	11.98%
MSHN	453	3709	10.88%
National Medicaid 2018			16.20%
Newaygo	8	88	8.33%
Saginaw	93	649	12.53%
Shiawassee	24	163	12.83%
The Right Door	11	123	8.21%
Tuscola	11	73	13.10%



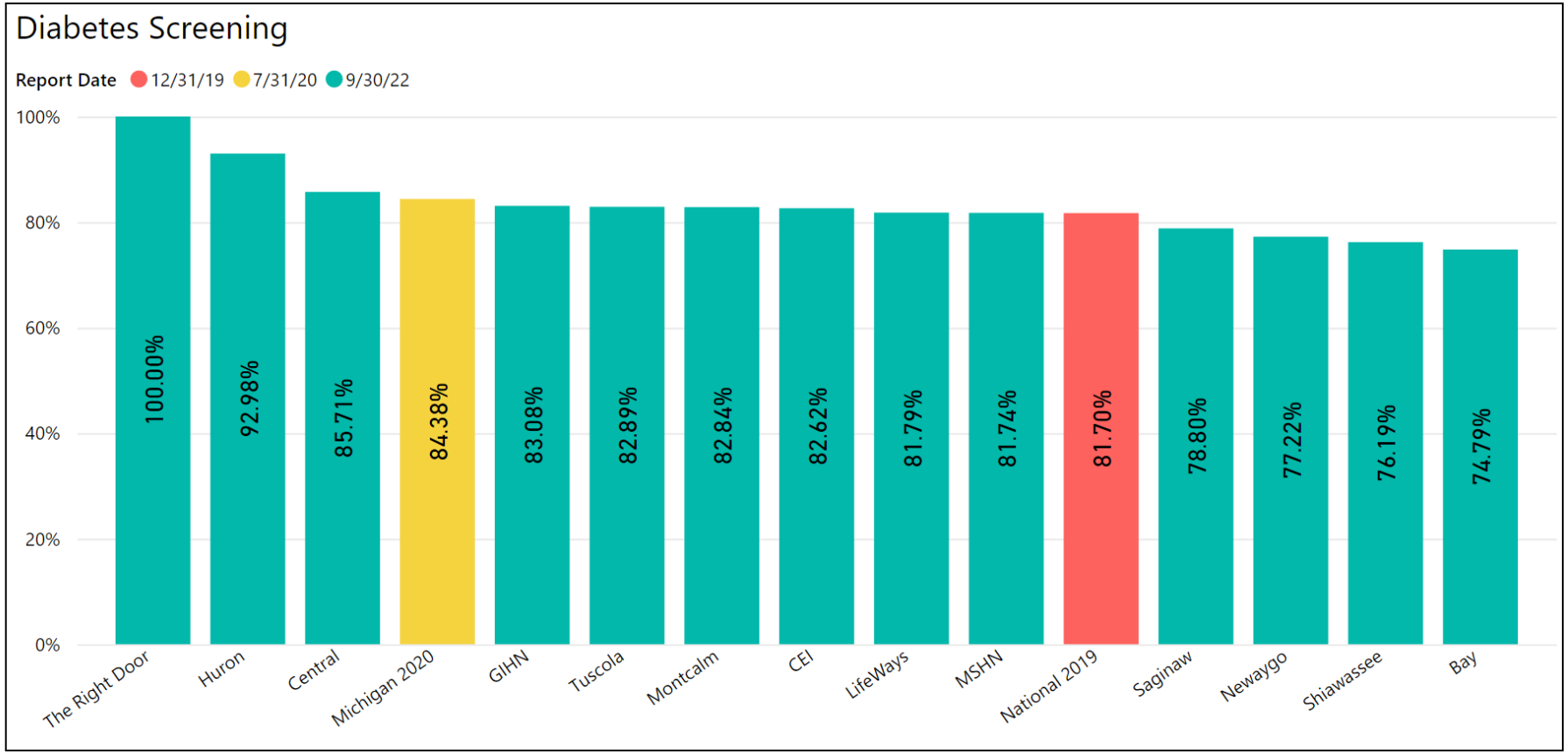
Measure Description: For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Denominator Statement: An acute inpatient discharge on or between start date and end date of the measurement year.Member must be continuously enrolled.

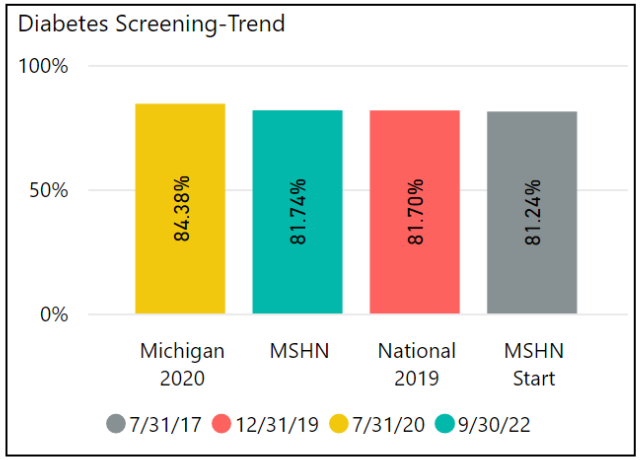
Numerator Statement: At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date.

Exclusions: Any acute inpatient hospital discharges with a principal diagnosis of pregnancyInpatient stays with discharges for death.

Last updated: 10/28/2022
Steward: Utilization Management Committee
Update frequency: monthly extract of data from ICDP.
For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions



Organization	Yes	No	Percentage
Bay	178	60	74.79%
CEI	385	81	82.62%
Central	240	40	85.71%
GIHN	54	11	83.08%
Huron	53	4	92.98%
LifeWays	265	59	81.79%
Michigan 2020			84.38%
Montcalm	111	23	82.84%
MSHN	1970	440	81.74%
National 2019			81.70%
Newaygo	61	18	77.22%
Saginaw	394	106	78.80%
Shiawassee	80	25	76.19%
The Right Door	86	0	100.00%
Tuscola	63	13	82.89%



Measure Description: The percentage of patients 18 – 64 years of age with schizophrenia or bipolar disorder,who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

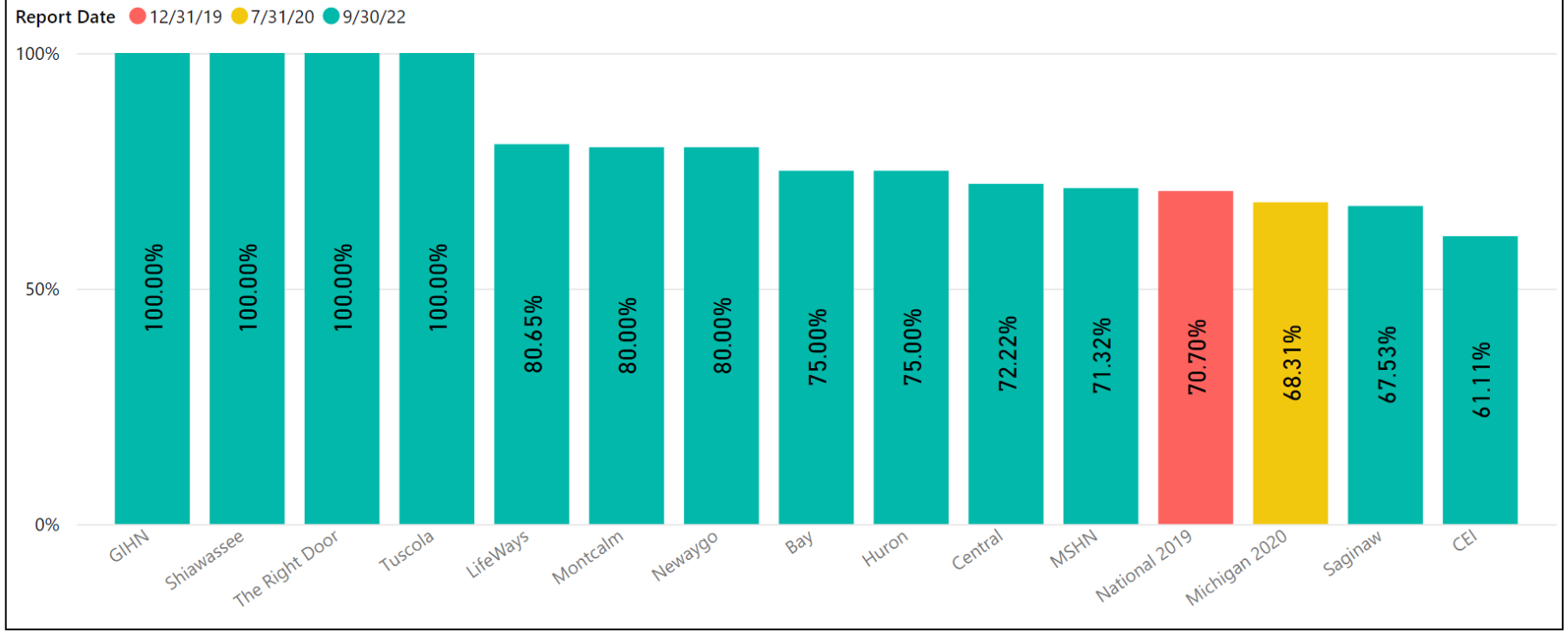
Numerator Statement: One or more glucose or HbA1c tests performed during the measurement year.

Denominator Statement: Patients ages 18 to 64 years of age as of the end of the measurement year (e.g., December 31) with a schizophrenia or bipolar disorder diagnosis and who were prescribed an antipsychotic medication.

Exclusions: Exclude patients with diabetes during the measurement year or the year prior to the measurement year. Exclude patients who had no antipsychotic medications dispensed during the measurement year.

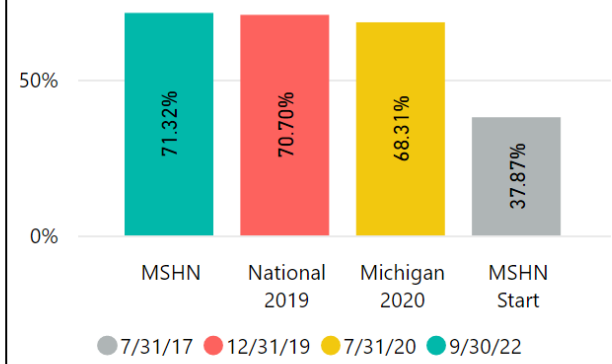
Last updated: 10/28/2022
Steward: Quality Improvement Council
Update frequency: monthly extract of data from ICDP.
For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions

Diabetes Monitoring



Organization	Yes	No	Percentage
Bay	18	6	75.00%
CEI	44	28	61.11%
Central	26	10	72.22%
GIHN	3	0	100.00%
Huron	3	1	75.00%
LifeWays	25	6	80.65%
Michigan 2020			68.31%
Montcalm	4	1	80.00%
MSHN	194	78	71.32%
National 2019			70.70%
Newaygo	4	1	80.00%
Saginaw	52	25	67.53%
Shiawassee	4	0	100.00%
The Right Door	4	0	100.00%
Tuscola	7	0	100.00%

Diabetes Monitoring-Trend



Measure Description: This measure is used to assess the percentage of members 18 to 64 years of age with schizophrenia and diabetes who had both a low-density lipoprotein cholesterol (LDL-C) test and a hemoglobin A1c (HbA1c) test during the measurement year.

Numerator Statement: A hemoglobin A1c (HbA1c) test and a low-density lipoprotein cholesterol (LDL-C) test performed during the measurement year.

Denominator Statement: Medicaid members 18 to 64 years during the measurement year with schizophrenia and diabetes.

Exclusions: Members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

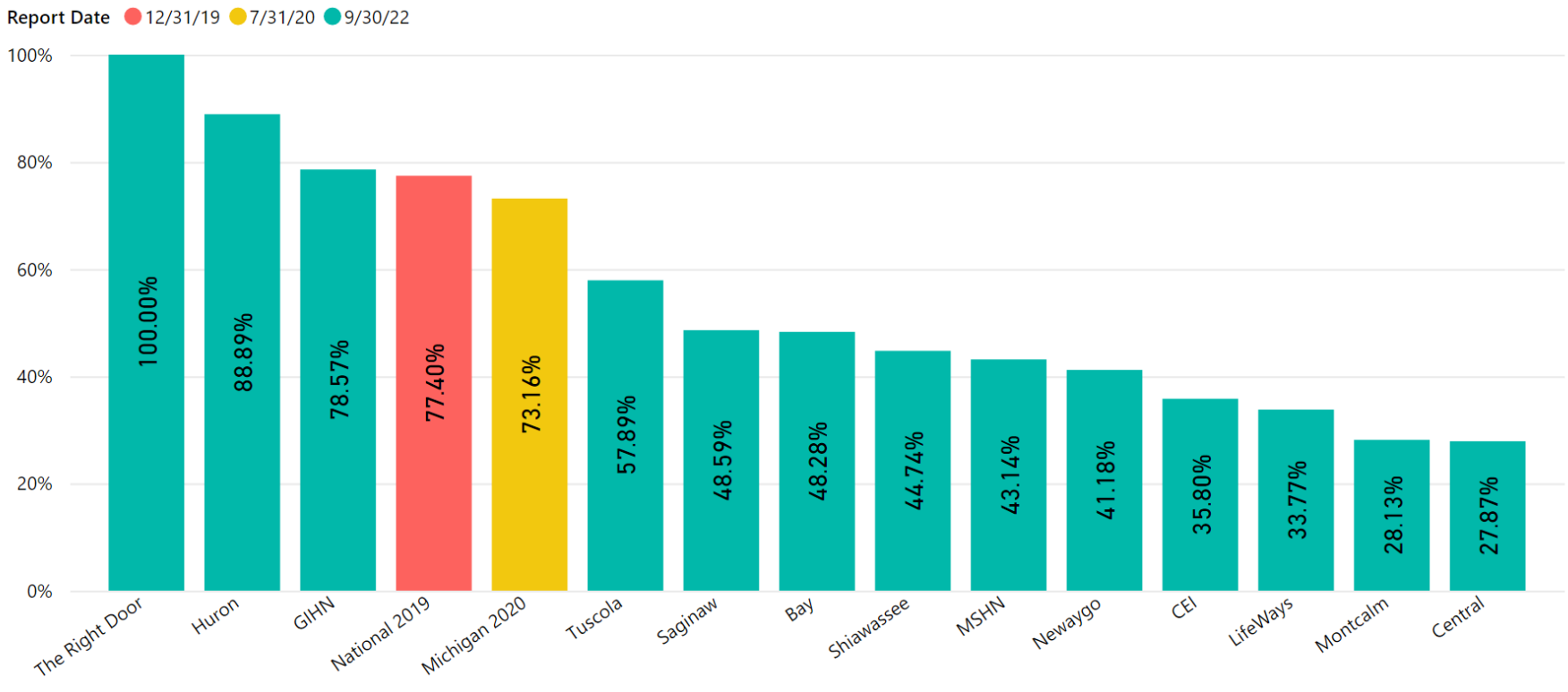
Last updated: 10/28/2022

Steward: Quality Improvement Council

Update frequency: monthly extract of data from ICDP.

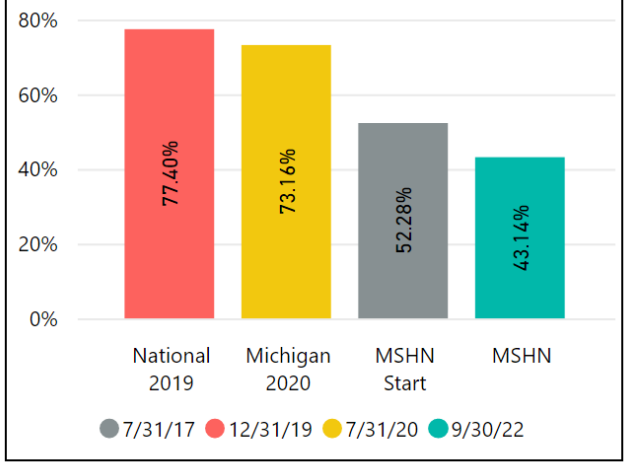
For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions

Cardiovascular Screening



Organization	Yes	No	Percentage
Bay	28	30	48.28%
CEI	63	113	35.80%
Central	17	44	27.87%
GIHN	11	3	78.57%
Huron	8	1	88.89%
LifeWays	26	51	33.77%
Michigan 2020			73.16%
Montcalm	9	23	28.13%
MSHN	286	377	43.14%
National 2019			77.40%
Newaygo	7	10	41.18%
Saginaw	69	73	48.59%
Shiawassee	17	21	44.74%
The Right Door	20	0	100.00%
Tuscola	11	8	57.89%

Cardiovascular Screening-Trend



Measure Description: The percentage of individuals 25 to 64 years of age with schizophrenia or bipolar disorder who were prescribed any antipsychotic medication and who received a cardiovascular health screening during the measurement year.

Numerator Statement: Individuals who had one or more LDL-C screenings performed during the measurement year.

Denominator Statement: Individuals ages 25 to 64 years of age by the end of the measurement year with a diagnosis of schizophrenia or bipolar disorder who were prescribed any antipsychotic medication during the measurement year.

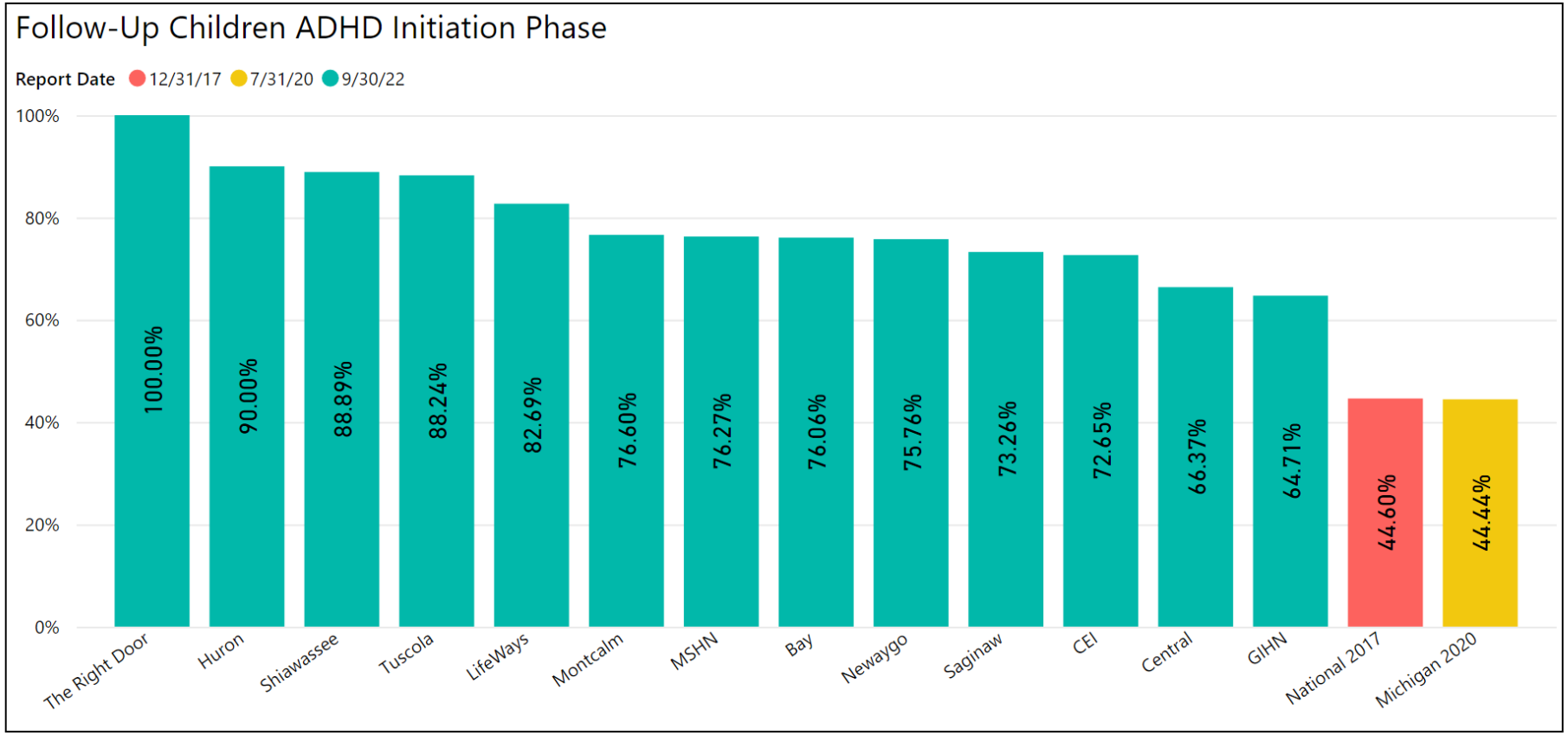
Exclusions: Individuals are excluded from the denominator if they were discharged alive for a coronary artery bypass graft (CABG) or percutaneous coronary intervention (PCI) (these events may occur in the measurement year or year prior to the measurement year),nor diagnosed with ischemic vascular disease (IVD)(this diagnosis must appear in both the measurement year and the year prior to the measurement year),chronic heart failure,nor had a prior myocardial infarction (identified in the measurement year nor as far back as possible).

Last updated: 10/28/2022

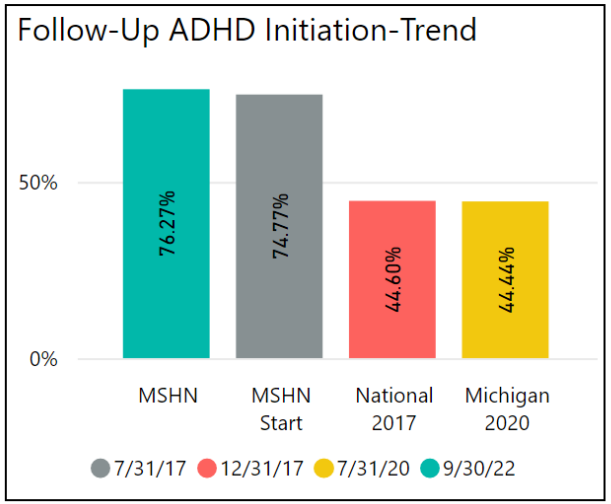
Steward: Clinical Leadership Committee

Update frequency: monthly extract of data from ICDP.

For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions



Organization	Yes	No	Percentage
Bay	54	17	76.06%
CEI	85	32	72.65%
Central	75	38	66.37%
GIHN	11	6	64.71%
Huron	9	1	90.00%
LifeWays	86	18	82.69%
Michigan 2020			44.44%
Montcalm	36	11	76.60%
MSHN	511	159	76.27%
National 2017			44.60%
Newaygo	25	8	75.76%
Saginaw	63	23	73.26%
Shiawassee	24	3	88.89%
The Right Door	28	0	100.00%
Tuscola	15	2	88.24%



Measure Description: The percentage of children (6-12 years of age) newly prescribed ADHD medication who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

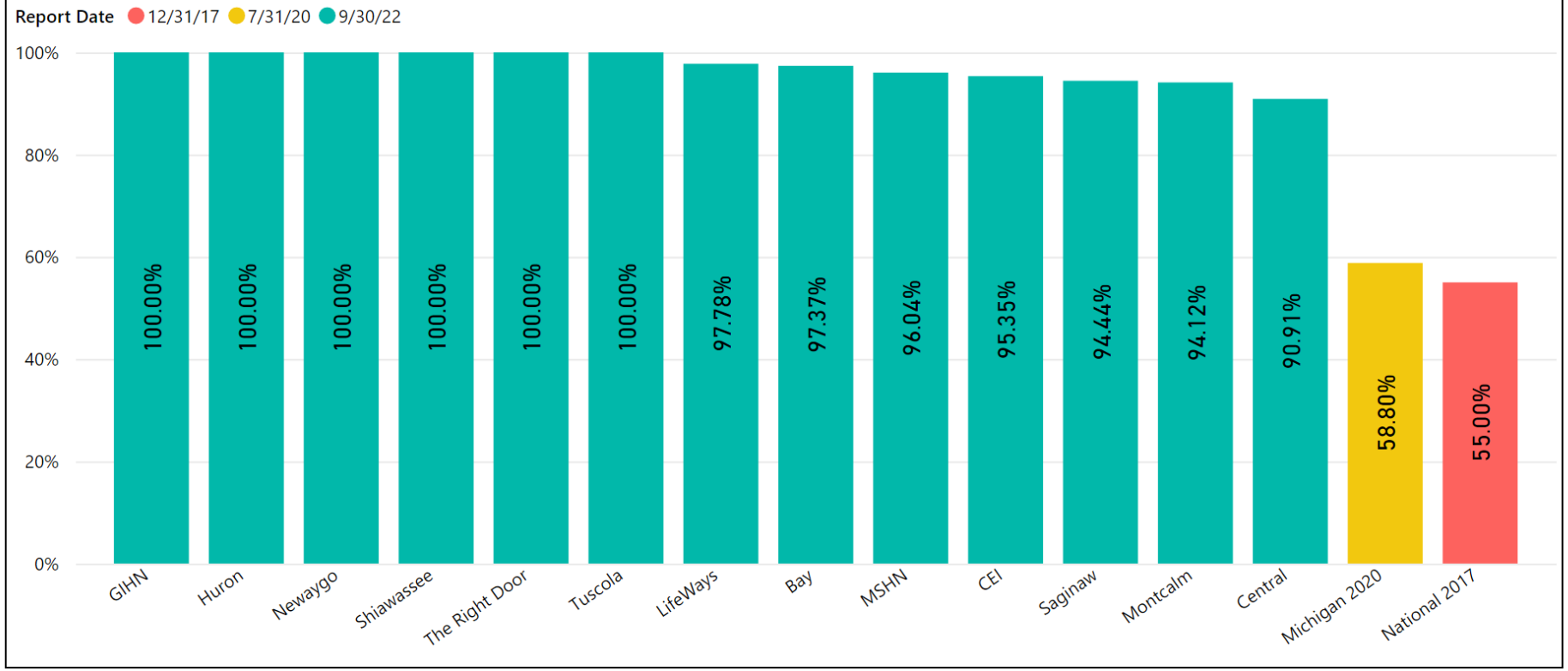
Denominator Statement: All children in the 6-12 years of age range who were dispensed an ADHD medication during the 12-month Intake Period.Members must be continuously enrolled for 120 days prior to the earliest prescription dispensing date through 30 days after the earliest prescription dispensing date.

Numerator Statement: An outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the earliest prescription dispensing date.

Exclusions: Members who had an acute inpatient encounter for mental health or chemical dependency during the 30 days after the earliest prescription dispensing date.

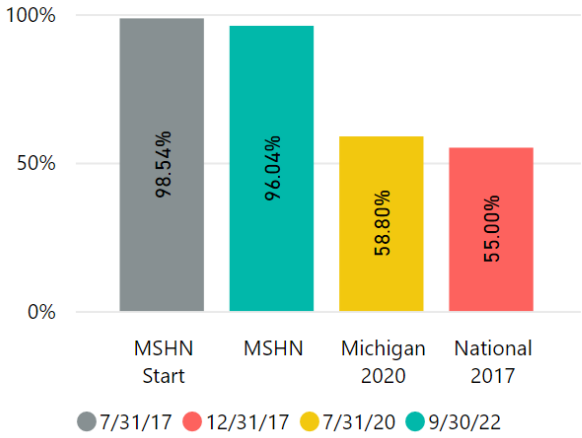
Last updated: 10/28/2022
Steward: Clinical Leadership Committee
Update frequency: monthly extract of data from ICDP.
For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions

Follow-Up ADHD Children Continuation & Monitoring Phase



Organization	Yes	No	Percentage
Bay	37	1	97.37%
CEI	41	2	95.35%
Central	40	4	90.91%
GIHN	6	0	100.00%
Huron	3	0	100.00%
LifeWays	44	1	97.78%
Michigan 2020			58.80%
Montcalm	16	1	94.12%
MSHN	267	11	96.04%
National 2017			55.00%
Newaygo	12	0	100.00%
Saginaw	34	2	94.44%
Shiawassee	9	0	100.00%
The Right Door	18	0	100.00%
Tuscola	7	0	100.00%

Follow-UP ADHD C&M-Trend



Measure Description: The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits within 270 days (9 months) after the Initiation Phase ended.

Denominator Statement: All eligible population of initiation phase.Members must be continuously enrolled for 120 days prior to the earliest prescription dispensing date and 300 days after the earliest prescription dispensing date.Member must fill prescriptions to provide continuous treatment for at least 210 days out of the 300-day period.

Numerator Statement: Numerator Statement compliant for Initiation Phase, and at least two follow-up visits from 31–300 days (9 months)

Exclusions: Members with a diagnosis of narcolepsy (Narcolepsy Value Set) any time during their history through end date of the measurement year.

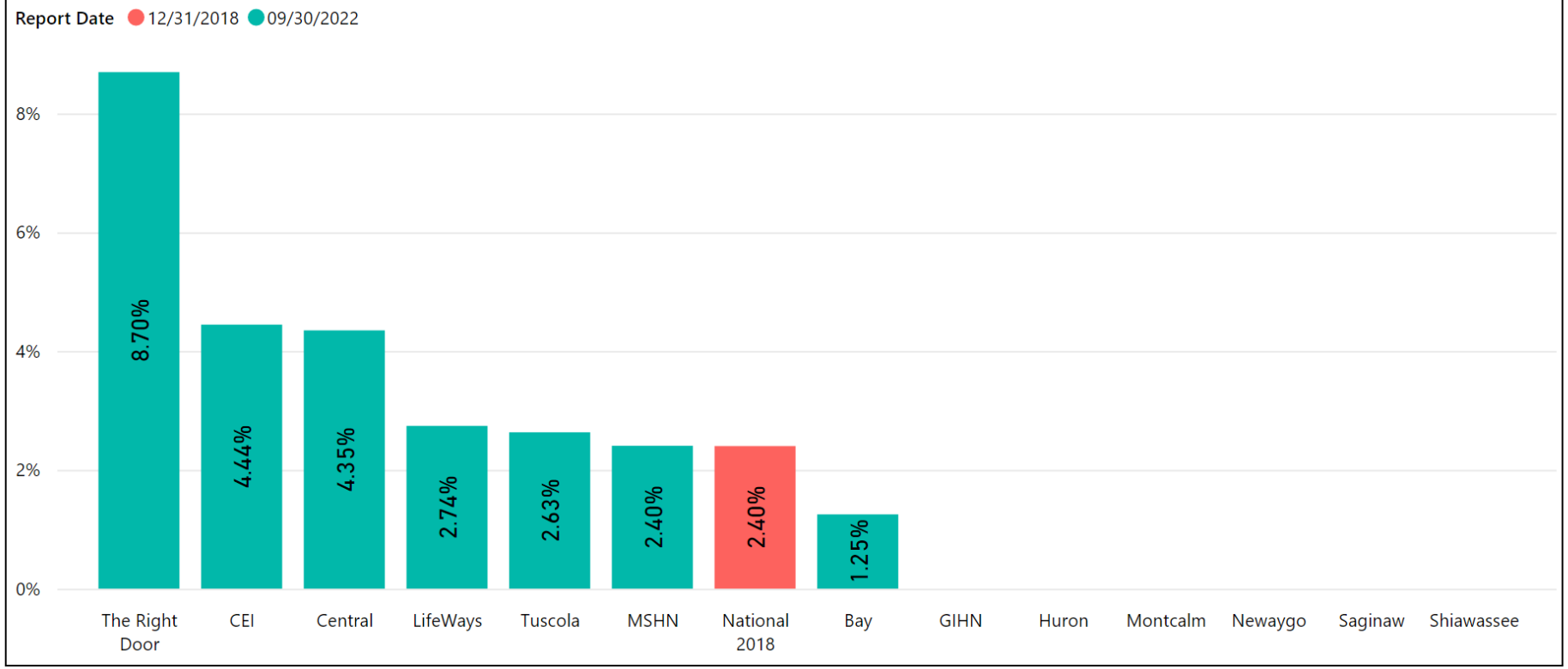
Last updated: 10/28/2022

Steward: Clinical Leadership Committee

Update frequency: monthly extract of data from ICDP.

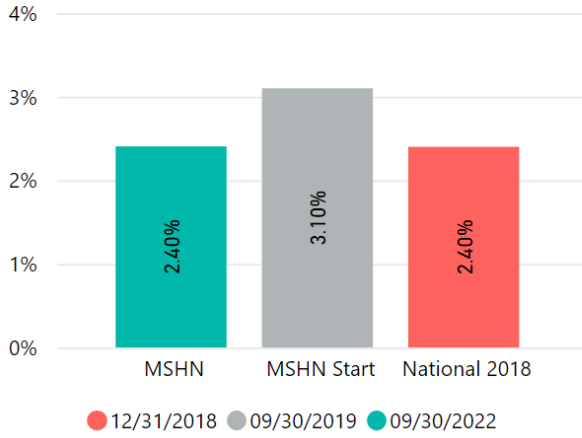
For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions

Use of Multiple Concurrent Antipsychotics



Organization	Yes	No	Percentage
Bay	1	79	1.25%
CEI	4	86	4.44%
Central	2	44	4.35%
GIHN	0	13	0.00%
Huron	0	11	0.00%
LifeWays	2	71	2.74%
Montcalm	0	15	0.00%
MSHN	12	487	2.40%
MSHN Start			3.10%
National 2018			2.40%
Newaygo	0	19	0.00%
Saginaw	0	62	0.00%
Shiawassee	0	29	0.00%
The Right Door	2	21	8.70%
Tuscola	1	37	2.63%

Follow-UP ADHD C&M-Trend



Measure Description: The percentage of children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications.

Denominator Statement: Members with 90 days of continuous antipsychotic medication treatment during the measurement year.

Numerator Statement: Members on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.

Exclusions: A member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled, therefore is not eligible.

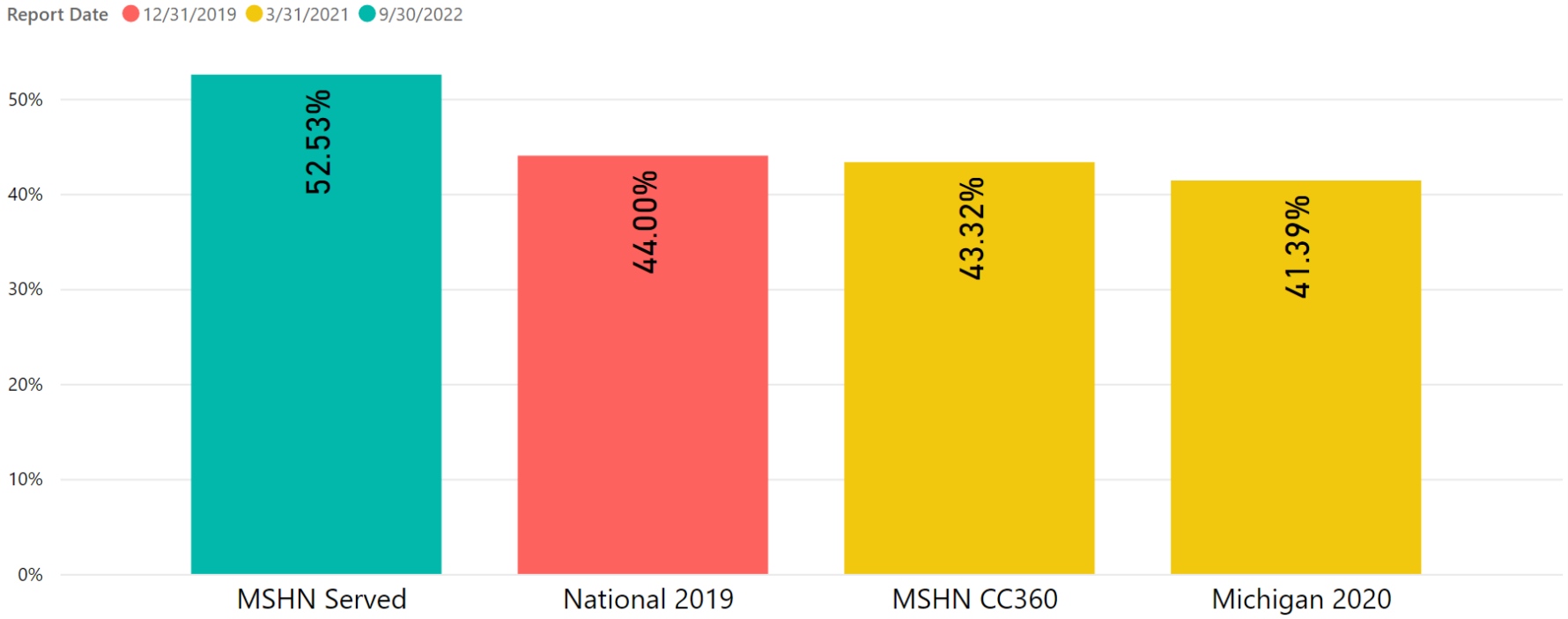
Last updated: 10/28/2022

Steward: Clinical Leadership Committee

Update frequency: monthly extract of data from ICDP.

For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions

Initiation and Engagement of Alcohol & Other Drug Treatment - 14 Day (Initiation)



Organization	Yes	No	Percentage
Michigan 2020	25573	36217	41.39%
MSHN CC360	4318	5650	43.32%
MSHN Served	863	780	52.53%
National 2019			44.00%

Report Notes:

MSHN CC360: These are the Medicaid individuals who live within the 21 county MSHN Region that received Substance Abuse Treatment during the indicated time frame; including those served by MSHN and other Providers.

MSHN Served: These are the Medicaid individuals that MSHN served for Substance Use Disorder Treatment within the report period.

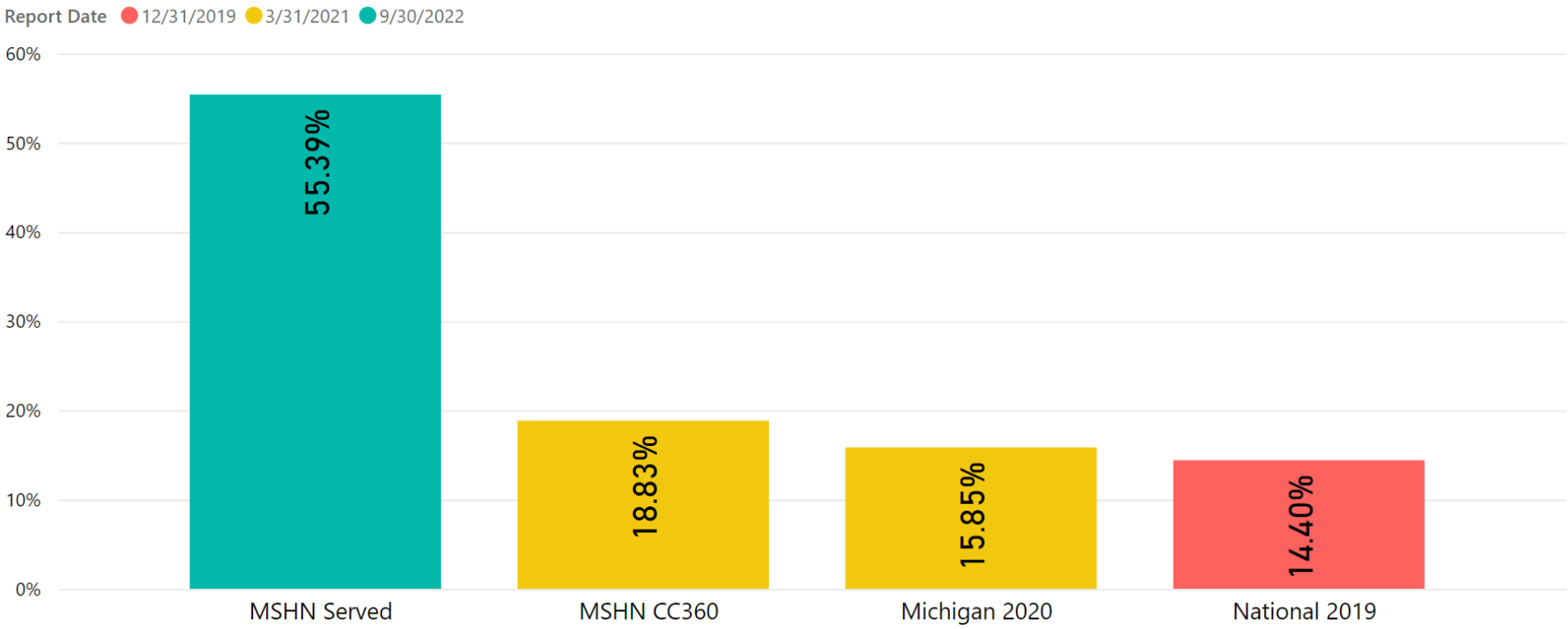
Measure Description: The percentage of adolescent and adult members with a new episode of any of the AOD abuse or dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.

Denominator Statement: 13 years and older as of end of the measurement year who has recieved outpatient visit, telehealth, intensive outpatient visit or partial hospitalization, ED visit, observation visit or acute or nonacute inpatient discharge with a diagnosis of any of the AOD Abuse and Dependence and do not have a claim/ encounter with a diagnosis of AOD abuse or dependence during the 60 days (2 months) before the IESD.

Numerator Statement: The members who has initiated treatment on the IESD or in the 13 days after the IESD (14 total days) with acute or nonacute inpatient admission, IET visits, Observation, telephone visit medication treatment dispensing event for the any of the AOD Abuse and Dependence.

Last updated: 10/28/2022
Steward: MSHN SUD Clinical Team
Update frequency: monthly extract of data from ICDP.
For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions

Initiation and Engagement of Alcohol & Other Drug Treatment - 34 Day (Engagement)



Organization	Yes	No	Percentage
Michigan 2020	9791	51999	15.85%
MSHN CC360	1877	8091	18.83%
MSHN Served	910	733	55.39%
National 2019			14.40%

Report Notes:

MSHN CC360: These are the Medicaid individuals who live within the 21 county MSHN Region that received Substance Abuse Treatment during the indicated time frame; including those served by MSHN and other Providers.

MSHN Served: These are the Medicaid individuals that MSHN served for Substance Use Disorder Treatment within the report period.

Measure Description: The percentage of adolescent and adult members who initiated treatment and who were engaged in ongoing any of the AOD abuse or dependence treatment within 34 days of the initiation visit.

Denominator Statement: 13 years and older as of end of the measurement year who has recieved outpatient visit, telehealth, intensive outpatient visit or partial hospitalization, ED visit, observation visit or acute or nonacute inpatient discharge with a diagnosis of any of the AOD abuse or dependence and do not have a claim/ encounter with a diagnosis of AOD abuse or dependence during the 60 days (2 months) before the IESD.

Numerator Statement: The members who has engagement treatment on the day after the initiation encounter through 34 days after the initiation event (total of 34 days) with acute or nonacute inpatient admission, IET visits, Observation, telephone visit medication treatment dispensing event for the any of the AOD abuse or dependence.

Last updated: 10/28/2022
Steward: MSHN SUD Clinical Team
Update frequency: monthly extract of data from ICDP.
For consumer level detail, access the Interated Care Delivery System (ICDP) by Zenith Technology Solutions

MSHN
Mid-State Health Network

Background:

In accordance with the MSHN Board of Directors to review financials, at a minimum quarterly, the Preliminary Statement of Net Position and Statement of Activities for the Period Ending November 30, 2022, have been provided and presented for review and discussion.

Recommended Motion:

The MSHN Board of Directors receives and files the Preliminary Statement of Net Position and Statement of Activities for the Period Ending November 30, 2022, as presented.

Mid-State Health Network
Statement of Activities
As of November 30, 2022

Rows Numbers		Columns Identifiers A	B	C	D	E (C - D)	F (C / B)	
			Budget Annual	Actual Year-to-Date	Budget Year-to-Date	Budget Difference	Actual % of Budget	
			FY23 Original Bdgt		FY23 Original Bdgt			
			17%					
1		Revenue:						
2		Grant and Other Funding	$ 922,984	26,039	153,831	(127,792)	2.82 %	1a
3		Medicaid Use of Carry Forward	$ 53,948,483	50,187,195	8,991,413	41,195,782	93.03%	1b
4		Medicaid Capitation	721,884,729	127,039,823	120,314,122	6,725,700	17.60%	1c
5		Local Contribution	2,345,532	387,719	390,922	(3,203)	16.53%	1d
6		Interest Income	20,000	89,017	3,333	85,685	445.09%	1e
7		Change in Market Value	0	(55,870)	0	(55,871)	0.00%	
8		Non Capitated Revenue	20,453,988	2,073,101	3,408,998	(1,335,897)	10.14%	1f
9		Total Revenue	799,575,716	179,747,024	133,262,619	46,484,404	22.48 %	
10		Expenses:						
11		PIHP Administration Expense:						
12		Compensation and Benefits	7,316,803	1,027,829	1,219,467	(191,638)	14.05 %	
13		Consulting Services	205,000	11,245	34,166	(22,922)	5.49 %	
14		Contracted Services	109,100	7,808	18,184	(10,375)	7.16 %	
15		Other Contractual Agreements	439,350	55,234	73,225	(17,991)	12.57 %	
16		Board Member Per Diems	18,060	2,940	3,010	(70)	16.28 %	
17		Meeting and Conference Expense	219,425	22,745	36,571	(13,826)	10.37 %	
18		Liability Insurance	36,705	16,786	6,117	10,669	45.73 %	
19		Facility Costs	140,526	27,147	23,421	3,726	19.32 %	
20		Supplies	283,475	115,940	47,246	68,694	40.90 %	
21		Depreciation	50,397	8,400	8,399	0	16.67 %	
22		Other Expenses	960,400	310,078	160,067	150,012	32.29 %	
23		Subtotal PIHP Administration Expenses	9,779,241	1,606,152	1,629,873	(23,721)	16.42 %	2a
24		CMHSP and Tax Expense:						
25		CMHSP Participant Agreements	654,532,545	112,731,728	109,088,758	3,642,970	17.22 %	1b,1c
26		SUD Provider Agreements	59,158,728	9,277,715	9,859,788	(582,073)	15.68 %	1c,1f
27		Benefits Stabilization	1,846,461	307,743	307,743	0	16.67 %	1b
28		Tax - Local Section 928	2,345,532	387,719	390,922	(3,203)	16.53 %	1d
29		Taxes- IPA/HRA	24,482,263	3,963,400	4,080,377	(116,977)	16.19 %	2b
30		Subtotal CMHSP and Tax Expenses	742,365,529	126,668,305	123,727,588	2,940,717	17.06 %	
31		Total Expenses	752,144,770	128,274,457	125,357,461	2,916,996	17.05 %	
32		Excess of Revenues over Expenditures	$ 47,430,946	$ 51,472,567	$ 7,905,158			

Mid-State Health Network
Preliminary Statement of Net Position by Fund
As of November 30, 2022

Row Numbers		A	B	C	D B + C	
			Column Identifiers			
1	**Assets**		**Behavioral Health Operating**	**Medicaid Risk Reserve**	**Total Proprietary Funds**	
2	**Cash and Short-term Investments**					
3	Chase Checking Account		26,319,573	0	26,319,573	1a
4	Chase MM Savings		62,606,429	0	62,606,429	
5	Savings ISF Account		0	38,863,604	38,863,604	1b
6	Savings PA2 Account		8,155,179	0	8,155,179	1c
7	Investment ISF Account		0	11,686,220	11,686,220	1b
8	Total Cash and Short-term Investments		$ 97,081,181	$ 50,549,824	$ 147,631,005	
9	**Accounts Receivable**					
10	Due from MDHHS		14,323,469	0	14,323,469	2a
11	Due from CMHSP Participants		30,376,430	0	30,376,430	2b
12	Due from CMHSP - Non-Service Related		171,225	0	171,225	2c
13	Due from Other Governments		308	0	308	2d
14	Due from Miscellaneous		341,337	0	341,337	2e
15	Due from Other Funds		0	1,082,000	1,082,000	2f
16	Total Accounts Receivable		45,212,769	1,082,000	46,294,769	
17	**Prepaid Expenses**					
18	Prepaid Expense Rent		4,529	0	4,529	2g
19	Prepaid Expense Other		6,534	0	6,534	2h
20	Total Prepaid Expenses		11,063	0	11,063	
21	**Fixed Assets**					
22	Fixed Assets - Computers		189,180	0	189,180	2i
23	Accumulated Depreciation - Computers		(189,180)	0	(189,180)	
24	Fixed Assets - Vehicles		251,983	0	251,983	
25	Accumulated Depreciation - Vehicles		(134,391)	0	(134,391)	
26	Lease Assets		201,679	0	201,679	2j
27	Accumulated Amortization - Lease Asset		(81,248)	0	(81,248)	
28	Total Fixed Assets, Net		238,023	0	238,023	
29	**Total Assets**		**$ 142,543,036**	**$ 51,631,824**	**$ 194,174,860**	
30						
31	**Liabilities and Net Position**					
32	Liabilities					
33	Accounts Payable		$ 11,009,450	$ 0	$ 11,009,450	1a
34	Current Obligations (Due To Partners)					
35	Due to State		55,266,820	0	55,266,820	3a
36	Other Payable		4,078,582	0	4,078,582	3b
37	Due to State HRA Accrual		2,846,536	0	2,846,536	1a, 3c
38	Due to State-IPA Tax		1,116,864	0	1,116,864	3d
39	Due to CMHSP Participants		1,151,520	0	1,151,520	3e
40	Due to other funds		1,082,000	0	1,082,000	3f
41	Accrued PR Expense Wages		135,999	0	135,999	3g
42	Accrued Benefits PTO Payable		388,590	0	388,590	3h
43	Accrued Benefits Other		21,907	0	21,907	3i
44	Total Current Obligations (Due To Partners)		66,088,818	0	66,088,818	
45	Lease Liability		121,478	0	121,478	2j
46	Deferred Revenue		7,422,295	0	7,422,295	1b 1c 2b 3b
47	Total Liabilities		84,642,041	0	84,642,041	
48	Net Position					
49	Unrestricted		57,900,995	0	57,900,995	3j
50	Restricted for Risk Management		0	51,631,824	51,631,824	1b
51	Total Net Position		57,900,995	51,631,824	109,532,819	
52	**Total Liabilities and Net Position**		**$ 142,543,036**	**$ 51,631,824**	**$ 194,174,860**	

Mid-State Health Network
Notes to Financial Statements
For the Two-Month Period Ended,
November 30, 2022

Please note: The Preliminary Statement of Net Position contains Fiscal Year (FY) 2022 cost settlement figures between the PIHP and Michigan Department of Health Human Services (MDHHS) as well as each Community Mental Health Service Program (CMHSP) Participants. CMHSP cost settlement figures were extracted from MSHN's Interim Financial Status Report (FSR) submitted to MDHHS in November 2022. CMHSP cost settlement activity is generally finalized during May following the fiscal year end.

Preliminary Statement of Net Position:

1. Cash and Short-Term Investments
   a) The Cash Chase Checking and Chase Money Market Savings accounts is the cash available for operations. A portion of cash available for operations will be used to cover accounts payable and taxes.
   b) The Savings Internal Service Fund (ISF) and Investment ISF reflect designated accounts to hold the Medicaid ISF funds separate from all other funding per the MDHHS contract.
   c) The Savings PA2 account holds PA2 funds and is also offset by the Deferred Revenue liability account.
2. Accounts Receivable
   a) Approximately 66% of the balance in Due from MDHHS represents an amount owed to MSHN for FY 2022 Performance Bonus Incentive Pool (PBIP) and other withholds. In addition, another 20% is due for October and November HRA payments. Lastly, the remaining amounts in this account stems from Block Grant and other various grants funds owed to MSHN.
   b) Due from CMHSP Participants reflects FY 2022 projected cost settlement activity.

CMHSP	Cost Settlement	Payments/Offsets	Total
CEI	19,335,014.82	-	19,335,014.82
The Right Door	540,976.48	-	540,976.48
Montcalm	520,492.00	520,492.00	-
Newaygo	704,222.70	-	704,222.70
Saginaw	9,098,734.57	-	9,098,734.57
Tuscola	697,481.42	-	697,481.42
Total	**30,896,921.99**	**520,492.00**	**30,376,429.99**

   c) Due from CMHSP – More than 90% of the "Non-Service Related" amount owed to MSHN is attributable to FY 23 Relias billing for three CMHSPs. The remaining balance is owed by two CMHSPs for MSHN's performance of Supports Intensity Scale (SIS) assessments.
   d) A small balance is owed by one county for PA 2 collections.
   e) Approximately 49% of the balance in Due from Miscellaneous represents amounts owed from providers for Medicaid Event Verification (MEV) findings. The remaining amount represents advances made to Substance Use Disorder (SUD) providers to cover operations and other outstanding miscellaneous items.
   f) Due from other funds is the account used to manage anticipated ISF transfers. MSHN can retain up to 7.5 % of current FY revenue to manage risk. This amount is in addition to the allowable 7.5% for savings generated when Medicaid and Healthy Michigan revenue exceed expenses.

g) Prepaid Expense Rent balance consists of security deposits for three MSHN office suites.
h) Prepaid Expense Other relates to Relias training paid for MSHN and SUD provider network staff.
i) Total Fixed Assets represents the value of MSHN's capital assets net of accumulated depreciation.
j) Lease assets category is now displayed as an asset and liability based on a new Governmental Accounting Standards Board (GASB) requirement. The lease assets figure represents FY 2022 – 2025 contract amounts for MSHN's office space.

3. Liabilities

a) MSHN estimates FY 2022 and FY 2021 lapses totaling $34.9 M and $19.1 M to MDHHS, respectively. The lapse amount indicates we have a fully funded FY 2022 ISF, and that savings will fall within the second tier (above 5%). Per contractual guidelines MDHHS receives half of every dollar generated beyond this threshold until the PIHP's total savings reach the 7.5% maximum. Further, MSHN owes MDHHS an FY 2020 lapse amount totaling $1.2 M based on Compliance Examination adjustments.
b) This amount is related to SUD provider payment estimates and is needed to offset the timing of payments.
c) The HRA (Hospital Rate Adjustor) is a pass-through account for dollars sent from MDHHS to cover supplemental payments made to psychiatric hospitals. HRA payments are intended to incentivize hospitals to have available psychiatric beds as needed. Total HRA payments are calculated based on the number of inpatient hospital services reported.
d) Due to State - IPA Tax contains funds held for tax payments associated with MDHHS Per Eligible Per Month (PEPM) funds. Insurance Plan Assessment taxes are applied to Medicaid and Healthy Michigan eligibles.
e) Due to CMHSPs shows FY 2022 projected cost settlement amounts.

CMHSP	Cost Settlement	Payments/Offsets	Total
Bay	1,409,543.83	1,198,112.00	211,431.83
Central	1,487,534.75	1,264,405.00	223,129.75
Gratiot	212,451.60	180,584.00	31,867.60
Huron	1,283,917.11	1,091,330.00	192,587.11
Lifeways	2,409,993.70	2,048,495.00	361,498.70
Shiawassee	873,363.71	742,359.00	131,004.71
Total	**7,676,804.70**	**6,525,285.00**	**1,151,519.70**

f) Due to Other Funds is the liability transaction related to Statement of Net Position item 2f.
g) Accrued payroll expense wages represent expense incurred in November and paid in December.
h) Accrued Benefits PTO (Paid Time Off) payable is the required liability account set up to reflect paid time off balances for employees.
i) Accrued Benefits Other represents retirement benefits expense incurred in November and paid in December.
j) The Unrestricted Net Position represents the difference between total assets, total liabilities, and the restricted for risk management figure.

Statement of Activities – Column F now calculates the actual revenue and expenses compared to the full year budget. Revenue accounts whose Column F percent is less than 17% translates to MSHN receiving less revenue than anticipated/budgeted. Expense accounts with Column F amounts greater than 100% means MSHN's spending is trending higher than expected.

1. Revenue
    a) This account tracks SIS revenue earned from CMHSPs, Veterans Navigator (VN) activity and other small grants. Actual revenue is lower than budget since and stems from unearned Certified Community Behavioral Health Centers (CCBHC) grants from MDHHS to cover non-Medicaid individuals.
    b) Medicaid Use of Carry Forward represents FY 2022 savings. Medicaid savings is generated when prior year revenue exceeds expenses for the same period. A small portion of Medicaid Savings is sent to the CMHSPs as funding delegated for SUD activities which include access, prevention, and customer services. FY 2022 Medicaid Carry Forward must be used as the first revenue source for FY 2023.
    c) Medicaid Capitation – Actual is trending higher than the amount budgeted as there is still a moratorium on Medicaid disenrollments. Medicaid Capitation dollars are disbursed to CMHSPs based on per eligible per month (PEPM) payment files and paid to SUD providers based on service delivery.
    d) Local Contribution is flow-through dollars from CMHSPs to MDHHS. Typically, revenue equals the expense side of this activity under Tax Local Section 928. Local Contributions were scheduled to reduce over the next few fiscal years until completely phased out. FY 2023 amounts owed were nearly $800 k less than FY 2022.
    e) Interest income is earned from investments and changes in principle for investments purchased at discounts or premiums. The "change in market value" account records activity related to market fluctuations. Other amounts recorded in interest are those earned from the PA2 and General Savings accounts.
    f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. The variance may decrease over time however unspent PA2 dollars remain in the deferred revenue account and Block Grant is received based on actual expenses incurred and billed to MDHHS.
2. Expense
    a) Total PIHP Administration Expense is under budget. The line items with the largest dollar variances are Compensation and Benefits and Other Expenses. Compensation expense is projected to increase as more vacant positions are filled. Other Expense balance is higher than budget because MiHIN's (technology provider – data exchange) entire FY 23 invoice was paid in October.
    b) IPA/HRA actual tax expenses are lower than the budget amount. IPA estimates are impacted by variability in the number of Medicaid and Healthy Michigan eligibles. HRA figures will also vary throughout the fiscal year based on inpatient psychiatric utilization and contribute to the variance. (Please see Statement of Net Position 3c and 3d).

MID-STATE HEALTH NETWORK
SCHEDULE OF INTERNAL SERVICE FUND INVESTMENTS
As of November 30, 2022

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Change in market value	Chase Savings Interest	Interest - Accrued	Total Chase Balance
UNITED STATES TREASURY BILL	912796k57	8.2.21	8.3.21	7.14.22		2,998,706.25	3,000,000.00					
UNITED STATES TREASURY BILL	912796k57	8.2.21	8.3.21	7.14.22			(3,000,000.00)					
UNITED STATES TREASURY BILL	91282CDR9	1.19.22	1.20.22	12.1.23		1,992,391.23	1,995,283.45		(78,330.33)		6,236.41	
UNITED STATES TREASURY BILL	912796X53	7.8.22	7.11.22	6.15.23		9,740,570.83	9,740,570.83		22,459.77			
JP MORGAN INVESTMENTS							11,735,854.28		(55,870.56)		6,236.41	11,686,220.13
JP MORGAN CHASE SAVINGS							38,652,080.81	0.050%		211,523.01		38,863,603.82
							$ 50,387,935.09		$ (55,870.56)	$ 211,523.01	$ 6,236.41	$ 50,549,823.95

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

Chase does not generate statements in months when no investment activity occurs. In these instances, a position report provided by Chase is used to determine the investment principal. In addition, the change in market value is derived from the difference in market value and cost.

MSHN
Mid-State Health Network

Background

In accordance with the MSHN Operating Agreement, Article VI, Contracts that state the following:

> The Entity Board must approve the execution of any contract exceeding $25,000 in value. This includes any contract involving the acquisition, ownership, custody, operation, maintenance, lease, or sale of real or personal property and the disposition, division or distribution of property acquired through execution of the contract.

Therefore, MSHN presents the attached FY23 Contract Listing for Board approval and authorization of the Chief Executive Officer to sign.

Recommended Motion:

The MSHN Board authorizes its Chief Executive Officer to sign and fully execute the contracts as presented and listed on the FY23 contract listing.

MID-STATE HEALTH NETWORK

FISCAL YEAR 2023 NEW AND RENEWING CONTRACTS

January 2023

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY23 COST REIMBURSEMENT CONTRACT AMOUNT	FY23 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY23 INCREASE/ (DECREASE)
PIHP ADMINISTRATIVE FUNCTION CONTRACTS					
MacDonald Garber Broadcasting	Problem Gambling Prevention Media Campaign	12.1.22 - 9.30.23	-	**-**	**100,000**
			$ -	**$ -**	**$ 100,000**

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT SOR PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY23 SOR COST REIMBURSEMENT CONTRACT AMOUNT	TOTAL FY23 SOR COST REIMBURSEMENT CONTRACT AMOUNT	FY23 SOR INCREASE/ (DECREASE)
CONTRACTS LISTED IN THIS SECTION ARE ALL SOR GRANT FUNDED PROGRAMS					
Eaton RESA	Narcan Vending Machine (Eaton; Ingham)	10.1.22 - 9.29.23	87,000	**98,000**	**11,000**
Wellness, Inx	Narcan Vending Machine (Ingham)	10.1.22 - 9.29.23	-	**6,000**	**6,000**
Wellness, Inx	Project ASSERT - Sparrow Hospital	1.1.23 - 9.30.23	-	**32,307**	**32,307**
			$ 87,000	**$ 136,307**	**$ 49,307**

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY23 COST REIMBURSEMENT CONTRACT AMOUNT	FY23 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY23 INCREASE/ (DECREASE)
Arbor Circle	Reimbursement for CCS Training November 2022	10.1.22 - 3.1.23	452,002	**453,902**	**1,900**
Catholic Charities of Shiawassee & Genesee County	Reimbursement for CCS Training November 2022	10.1.22 - 3.1.23	18,276	**20,176**	**1,900**
Child & Family Charities	QPR Training & Materials (1 Staff)	10.1.22 - 3.14.23	242,242	**242,737**	**495**
CMH for CEI	Reimbursement for CCS Training November 2022	10.1.22 - 3.1.23	795,511	**799,311**	**3,800**
First Ward Community Center	QPR Training & Materials (5 Staff)	10.1.22 - 3.14.23	315,325	**317,800**	**2,475**
Gratiot County Child Advocacy Association	QPR Training & Materials (2 Staff)	10.1.22 - 3.14.23	215,873	**216,863**	**990**
McCullough Vargas & Associates	Reimbursement for CCS Training November 2022	10.1.22 - 3.1.23	2,250	**6,050**	**3,800**
McCullough Vargas & Associates	Telehealth Technology Improvements	10.1.22 - 3.1.23	2,250	**35,318**	**33,068**
Michigan Therapeutic Consultants	Reimbursement for CCS Training November 2022	10.1.22 - 3.1.23	2,510	**4,410**	**1,900**
Punks With Lunch	Syringe Services - Supplies & Materials (Ingham; PA2)	10.1.22 - 9.30.23	-	**6,000**	**6,000**
Saginaw Psychological Services	Reimbursement for CCS Training November 2022	10.1.22 - 3.1.23	66,247	**68,147**	**1,900**
			$ 2,112,486	**$ 2,170,714**	**$ 58,228**

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY23 COST REIMBURSEMENT CONTRACT AMOUNT	FY23 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY23 INCREASE/ (DECREASE)
Ten Sixteen Recovery Network	Reimbursement for CCS Training November 2022	10.1.22 - 3.1.23	675,125	**677,025**	**1,900**
Ten Sixteen Recovery Network	Contingency Management Training	10.1.22 - 9.30.23	677,025	**680,325**	**3,300**
Ten Sixteen Recovery Network	Collegiate Recovery - CREW program at Delta College	10.1.22 - 9.30.23	833,990	**867,990**	**34,000**
Wellness, Inx	QPR Training & Materials (3 Staff)	10.1.22 - 3.14.23	304,467	**305,952**	**1,485**
Women of Colors	Telehealth Technology Improvements	10.1.22 - 3.1.23	234,675	**239,850**	**5,175**
			$ 6,950,254	**$ 7,112,570**	**$ 162,316**

CONTRACTING ENTITY	CONTRACTED PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY23 CONTRACT AMOUNT	FY23 TOTAL CONTRACT AMOUNT	FY23 INCREASE/ (DECREASE)
Family Health Psychiatric and Counseling Center	Crisis Residential Unit	1.1.23 - 3.31.23	$ -	**$ 260,000**	**$ 260,000**
			$ -	**$ 260,000**	**$ 260,000**

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION (Revenue Contract)	CONTRACT TERM	FY23 CURRENT CONTRACT AMOUNT	FY23 TOTAL CONTRACT AMOUNT	FY23 INCREASE/ (DECREASE)
Michigan Department of Health & Human Services (EGrAMS)	Prevention	10.1.22 - 9.30.23	2,292,055	**2,299,355**	**7,300**
	Prevention II COVID	10.1.22 - 9.30.23	614,981	**1,064,981**	**450,000**
	Treatment and Access Management	10.1.22 - 9.30.23	5,154,076	**5,304,076**	**150,000**
	Treatment COVID	10.1.22 - 9.30.23	1,320,111	**1,795,111**	**475,000**
	Women's Specialty Services COVID	10.1.22 - 9.30.23	474,832	**549,832**	**75,000**
Michigan Department of Health & Human Services	Medicaid Managed Specialty Supports and Services Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs (Amendment #8)	10.1.22 - 9.30.23	-	**-**	**-**
			$ 9,856,055	**$ 11,013,355**	**$ 1,157,300**

Mid-State Health Network (MSHN) Board of Directors Meeting
Tuesday, November 1, 2022
MYMichigan Medical Center
Meeting Minutes

1. Call to Order

Chairperson Ed Woods called this meeting of the Mid-State Health Network Board of Directors to order at 5:00 p.m.

2. Roll Call

Secretary Kurt Peasley provided the roll call for Board Members in attendance.

Board Member(s) Present: Joe Brehler (CEI), Bruce Cadwallender (Shiawassee), Mike Cierzniewski (Saginaw), Ken DeLaat (Newaygo), Dan Grimshaw (Tuscola), John Johansen (Montcalm), Jeanne Ladd (Shiawassee), Pat McFarland (Bay-Arenac), Deb McPeek-McFadden (Ionia), Ken Mitchell (CEI), Gretchen Nyland (Ionia), Irene O'Boyle (Gratiot), Kurt Peasley (Montcalm), Joe Phillips (CMH for Central Michigan), Tracey Raquepaw (Saginaw)-joined at 5:14 p.m., Tom Ryder (Bay-Arenac), Kerin Scanlon (CMH for Central Michigan)-joined at 5:07 p.m., Richard Swartzendruber (Huron), and Ed Woods (LifeWays)

Board Member(s) Remote: David Griesing (Tuscola)

Board Member(s) Absent: Brad Bohner (LifeWays), Tina Hicks (Gratiot), Susan Twing (Newaygo), and Beverly Wiltse (Huron)

Staff Member(s) Present: Joseph Sedlock (Chief Executive Officer), Amanda Ittner (Deputy Director), Kim Zimmerman (Chief Compliance and Quality Officer), and Sherry Kletke (Executive Support Specialist)

Staff Member(s) Remote: Leslie Thomas (Chief Financial Officer)

3. Approval of Agenda for November 1, 2022

Board approval was requested for the Agenda of the November 1, 2022, Regular Business Meeting.

MOTION BY KEN MITCHELL, SUPPORTED BY DEB McPEEK-McFADDEN, FOR APPROVAL OF THE AGENDA OF THE NOVEMBER 1, 2022, REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 17-0.

4. Public Comment

An opportunity for public comment was provided. There was no public comment.

5. MSHN External Compliance Examination Report Presentation (Roslund, Prestage and Company)

Mr. Derek Miller; Auditor, from Roslund, Prestage and Company presented his report and highlighted key information included in the MSHN Fiscal Year 2021 Compliance Examination conducted by his firm and provided within board member packets. The audit found that MSHN complied in all material aspects with the specified requirements; that no control deficiencies were found; no material non-compliance with laws, regulations, or contracts were identified; and no fraud was found. Mr. Miller expressed great appreciation to Ms. Leslie Thomas and the finance team at MSHN. The MSHN Finance Team are very cooperative and pleasant to work with.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY JOHN JOHANSEN, TO RECEIVE AND FILE THE REPORT ON COMPLIANCE OF MID-STATE HEALTH NETWORK FOR THE YEAR ENDED SEPTEMBER 30, 2021. MOTION CARRIED: 18-0.

6. Mid-State Health Network Compliance Plan Update

Ms. Kim Zimmerman presented information specific to the changes incorporated into the MSHN Fiscal Year 2023 Corporate Compliance Plan Update. Ms. Kim Zimmerman encouraged members to contact her directly with any questions, concerns or to request additional information.

MOTION BY KEN DELAAT, SUPPORTED BY RICH SWARTZENDRUBER, FOR APPROVAL OF THE MSHN FISCAL YEAR 2023 CORPORATE COMPLIANCE PLAN AND ACKNOWLEDGE RECEIPT. MOTION CARRIED: 19-0.

7. Chief Executive Officer's Report

Mr. Joseph Sedlock discussed several items from within his written report to the Board highlighting the following:

- PIHP/Regional Matters
  - COVID-19 MSHN internal operations status including implementation of the MSHN post-pandemic operations plan starting December 5, 2022 with in-person departmental meetings for most teams beginning in January 2023
  - Mobile Care Unit
  - Statewide Consensus Statement of Support for Substance Use Disorder (SUD) Harm Reduction Activities
- State of Michigan/Statewide Activities
  - Annual Report on Community Mental Health Service Providers, Pre-paid Inpatient Health Plans, and Regional Entities

- Opioid Health Home Begins in the MSHN region
- Behavioral Health Home Coming to the MSHN region Spring 2023

8. Deputy Director's Report

Ms. Amanda Ittner discussed several items in her written report to the board, highlighting the following:

- MSHN Staffing Update - Tera Harris accepted the transfer to the SED/Autism Coordinator position effective November 7, 2022. Sherry Kletke's title has changed from Executive Assistant to Executive Support Specialist with assuming additional responsibilities that include support for human resources and office operations previously assigned to the Office Assistant. The volume of interest expressed by Community Mental Health Service Providers (CMHSPs) to implement Behavioral Health Homes makes it a priority to post a second Integrated Healthcare Coordinator position.
- FY22 Balanced Scorecard
- Performance Measures Validation Report – FY22
- Compliance Review Report – FY22
- Compliance, Quality and Customer Service Report
- Information Technology Report

9. Chief Financial Officer's Report

Mr. Joseph Sedlock provided an overview of the financial reports included within board meeting packets for the period ended September 30, 2022.

MOTION BY TRACEY RAQUEPAW, SUPPORTED BY KURT PEASLEY, TO RECEIVE AND FILE THE PRELIMINARY STATEMENT OF NET POSITION AND PRELIMINARY STATEMENT OF ACTIVITIES FOR THE PERIOD ENDING SEPTEMBER 30, 2022, AS PRESENTED. MOTION CARRIED: 19-0.

10. Contracts for Consideration/Approval

Ms. Amanda Ittner provided an overview of the FY2023 contract listing provided in the meeting packet and requested the board authorize MSHN's CEO to sign and fully execute the contracts listed on the FY2023 contract listing.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY DAN GRIMSHAW, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED AND LISTED ON THE FY23 CONTRACT LISTING. MOTION CARRIED: 19-0.

New Item: MDHHS/MSHN Contract Amendment #8

Mr. Joseph Sedlock explained the addition of Contract Amendment #8 being issued by MDHHS for PIHP Signatures that was inadvertently excluded from the FY2023 contract listing provided in the board meeting packet and requested the board authorize MSHN CEO to sign and fully execute the MDHHS/MSHN Contract Amendment #8.

MOTION BY KURT PEASLEY, SUPPORTED BY JOHN JOHANSEN, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE MDHHS/MSHN CONTRACT AMENDMENT #8 AS PRESENTED. MOTION CARRIED: 19-0.

11. Executive Committee Report

- Ms. Irene O'Boyle announced the annual CEO performance review process has formally begun. Board Members will receive an email tomorrow, November 2, 2022 from Survey Monkey to participate in the CEO performance review process. Members will have a limited time to complete the survey. Ms. O'Boyle reminded Board members that the CEO is not involved in any aspect of the process and does not see individual responses. All board members are encouraged to participate and offer feedback. A comprehensive list consisting of peers, stakeholders and staff were sent a 360-feedback performance survey to complete. Results will be gathered after the close of both surveys and will be presented at the December Executive Committee meeting and presented to the full board at the January meeting.
- Mr. Ed Woods announced that recently the Board had approved a cost-of-living increase for MSHN staff, which raised the question whether the same cost-of-living increase is also applicable to the CEO contractual position. The Executive Committee clarified the intention that the board approved cost-of-living increase does apply to the CEO and contractually specified compensation should be adjusted based on any board approved all staff increases. The MSHN Executive Committee requests board support for a clarification that board actions to approve compensation adjustments that apply to all staff, such as a cost-of-living increase, also apply to the CEO.

  MOTION BY KEN MITCHELL, SUPPORTED BY JOHN JOHANSEN, THAT BOARD ACTIONS TO APPROVE COMPENSATION THAT APPLY TO ALL STAFF, SUCH AS A COST-OF-LIVING INCREASE, ALSO APPLY TO THE CEO. MOTION CARRIED: 19-0.

12. Chairpersons Report

Mr. Ed Woods wished all board members a wonderful upcoming holiday season since this evening is the last meeting of the calendar year.

13. Approval of Consent Agenda

Board approval was requested for items on the consent agenda as listed in the motion below, and as presented.

MOTION BY KURT PEASLEY, SUPPORTED BY DEB McPEEK-McFADDEN, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE SEPTEMBER 13, 2022 BOARD OF DIRECTORS MEETING; APPROVE MINUTES OF THE SEPTEMBER 13, 2022 PUBLIC HEARING MEETING; RECEIVE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD MINUTES OF AUGUST 17, 2022; RECEIVE BOARD EXECUTIVE COMMITTEE MEETING MINUTES OF OCTOBER 21, 2022; RECEIVE POLICY COMMITTEE MINUTES OF OCTOBER 4, 2022; RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF SEPTEMBER 19, 2022 AND OCTOBER 17, 2022; AND TO APPROVE ALL OF THE FOLLOWING POLICIES: BEHAVIORAL HEATLH RECOVERY ORIENTED SYSTEMS OF CARE, CHILDREN'S HOME AND COMMUNITY BASED SERVICES WAIVER, COMMUNITY DEPENDENT LIVING PLACEMENT, CULTURAL COMPETENCY, EMERGENCY SERVICES POSTSTABILIZATION, EVIDENCE-BASED PRACTICES, HABILITATION SUPPORTS WAIVER, HOME AND COMMUNITY BASED SERVICES COMPLIANCE MONITORING, INDIAN HEALTH SERVICES/TRIBALLY-OPERATED FACILITY/URBAN INDIAN CLINIC SERVICES, INPATIENT PSYCHIATRIC HOSPITALIZATION STANDARDS, OUT-OF-STATE PLACEMENTS, PERSON/FAMILY CENTERED PLAN OF SERVICE, SERIOUS EMOTIONAL DISTURBANCE WAIVER, SERVICE PHILOSOPHY & TREATMENT, STANDARDIZED ASSESSMENT, SUD SERVICES MEDICATION ASSISTANCE TREATMENT, SUD SERVICES OUT OF REGION COVERAGE, SUD SERVICES WOMEN'S SPECIALTY SERVICES, SUPPORT INTENSITY SCALE, SUPPORTS INTENSITY SCALE QUALITY LEAD, TELEMEDICINE, TRAUMA INFORMED SYSTEMS OF CARE. MOTION CARRIED: 19-0.

14. Other Business

Board members expressed difficulty hearing when participating in previous board meetings via teleconference. Members also expressed their pleasure with today's meeting location. The acoustics seemed to work well both inside the room and for those members present on the phone. Board members reached a consensus to switch the meeting locations for the winter month meetings: November, January and March, to today's current meeting location. MSHN Administrative staff will inquire if the current space is available for the upcoming January and March meetings and investigate the logistics to release contracts for the locations currently scheduled.

15. Public Comment:

An opportunity for public comment was provided. There was no public comment.

16. Adjournment

The MSHN Board of Directors Regular Business Meeting adjourned at 6:05 p.m.

Mid-State Health Network SUD Oversight Policy Advisory Board
Wednesday, October 19, 2022, 4:00 p.m.
CMH Association of Michigan (CMHAM)
507 S. Grand Ave
Lansing, MI 48933

Meeting Minutes

1. Call to Order

Chairperson John Hunter called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:02 p.m.

Board Member(s) Present: Lisa Ashley (Gladwin) – arrived at 4:10 p.m., Bruce Caswell (Hillsdale), Steve Glaser (Midland), John Hunter (Tuscola), Bryan Kolk (Newaygo), Robert Luce (Arenac) – arrived at 4:08 p.m., Jim Moreno (Isabella), Justin Peters (Bay), Vicky Schultz (Shiawassee) – arrived at 4:10 p.m., Deb Thalison (Ionia), Dwight Washington (Clinton) – arrived at 4:16 p.m., Ed Woods (Jackson)

Board Member(s) Remote: Nichole Badour (Gratiot) – joined at 4:42 p.m.

Board Member(s) Absent: Sandra Bristol (Clare), Christina Harrington (Saginaw), Joe Murphy (Huron), Scott Painter (Montcalm), Jerrilynn Strong (Mecosta), Todd Tennis (Ingham), Kim Thalison (Eaton), David Turner (Osceola)

Alternate Members Present: Linda Howard (Mecosta), John Kroneck (Montcalm), David Pohl (Clinton)

Staff Members Present: Amanda Ittner (Deputy Director), Sherry Kletke (Executive Assistant), Dr. Dani Meier (Chief Clinical Officer), Leslie Thomas (Chief Financial Officer); Joseph Sedlock (Chief Executive Officer), Dr. Trisha Thrush (Director of SUD Services and Operations)

Staff Members Remote: Sarah Andreotti (Lead Prevention Specialist), Sherrie Donnelly (Treatment and Recovery Specialist), Rebecca Emmenecker (Treatment Specialist), Heather English (SOR Grant Coordinator), Kari Gulvas (Prevention Specialist), Shannon Myers (Treatment Specialist), Sarah Surna (Prevention Specialist)

2. Roll Call

Secretary Bruce Caswell provided the Roll Call for Board Attendance and informed the Board Chair, John Hunter, that a quorum was present for Board meeting business.

3. Approval of Agenda for October 19, 2022

Board approval was requested for the Agenda of the October 19, 2022 Regular Business Meeting, as presented.

MOTION BY BRYAN KOLK, SUPPORTED BY STEVE GLASER, FOR APPROVAL OF THE OCTOBER 19, 2022 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 11-0.

4. Approval of Minutes from the August 17, 2022 Regular Business Meetings

Board approval was requested for the draft meeting minutes of the August 17, 2022 Regular Business Meeting.

MOTION BY DEB THALISON, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE MINUTES OF THE AUGUST 17, 2022 MEETING, AS PRESENTED. MOTION CARRIED: 12-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Mr. John Hunter welcomed and introduced new members Mr. Justin Peters from Bay County and Clinton County alternate, Mr. David Pohl.

7. Deputy Director Report

Ms. Amanda Ittner provided an overview of the written report included in the board meeting packet, and available on the MSHN website, highlighting:

- Substance Use Disorder (SUD) Oversight Policy Board Annual Report
- MSHN Board Approves Proposals to Support the Provider Network
- Population Health Expands to Reducing Disparities in Follow-Up After Emergency Department
- Utilization Management Update
- Governor Whitmer Expands Opioids Task Force Membership

Board members raised questions specific to prevention programs related to vaping. MSHN has offered to provide an educational presentation about vaping prevention programs at an upcoming meeting.

8. Chief Financial Officer Report

Ms. Leslie Thomas provided an overview of the financial reports included in board meeting packets:

- FY2022 PA2 Funding and Expenditures by County
- FY2022 PA2 Use of Funds by County and Provider
- FY2022 Substance Use Disorder (SUD) Financial Summary Report as of August 2022
- FY23 Budget Overview

9. FY23 Substance Use Disorder PA2 Contract Listing

Ms. Leslie Thomas provided an overview and information on the FY23 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

MOTION BY BOB LUCE, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FY2023 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 14-0.

10. SUD Operating Update

Dr. Dani Meier provided an overview of the written SUD Operations Report as included in the board meeting packet, highlighting the below and was available for questions regarding the FY22 Quarter 3 SUD County Reports as provided in the board packet.

- <u>PREVENTION:</u>
    - Distribution of nearly $20,000 in provider staffing stabilization payments to providers.
    - Youth Access to Tobacco report was compiled with data from all 21 counties.
    - Hosted facilitator training for Wellness Initiative for Senior Education (WISE)
    - Ongoing implementation of the web-based media campaign titled My Life My Quit providing information for youth vaping prevention.
    - Data validation of prevention providers entries into the Michigan Prevention Data System (MPDS).

- TREATMENT:
    - Conducted a Request for Interest for Isabella and Montcalm counties for ASAM Levels of Care for residential and outpatient services. There were quite a few responses. Request for Proposals are scheduled for release in November.
    - The Opioid Health Home (OHH) opened this month serving Bay, Arenac and Saginaw counties.
    - Collaboration with Michigan Department of Corrections (MDOC) for assistance with connection to treatment for individuals transitioning from prison/jail to the community.
    - Repurposing of the Mobile Care Unit (MCU).
- ADDITIONAL ACTIVITIES:
    - Ongoing coordination with statewide SUD Directors on consistency for stigma reduction efforts for name changes of SAMHSA, NIDA, etc. to drop the word "abuse."
    - Michigan PIHPs formal endorsement of harm reduction disseminated statewide.
    - Presentation to members of the Opioid Task Commission to provide an overview of the PIHP system and Prevention and Recovery systems.

11. Other Business

There was no other business.

12. Public Comment

There was no public comment.

13. Board Member Comment

Each Board member gave comments on items of importance to them and initiatives in their respective counties.

14. Adjournment

Chairperson John Hunter adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:21 p.m.

Meeting minutes submitted respectfully by:
MSHN Executive Support Specialist

BOARD APPROVED DECEMBER 21, 2022

MSHN
Mid-State Health Network

Mid-State Health Network Board of Directors
Executive Committee Meeting Minutes
Friday, December 16, 2022 - 9:00 a.m.

Members Present:	Ed Woods, Chairperson; Irene O'Boyle, Vice-Chairperson; Kurt Peasley, Secretary; Pat McFarland, At Large Member
Members Absent:	David Griesing, At Large Member
Other Board Members:	Ken DeLaat
Staff Present:	Amanda Ittner; Deputy Director; Joseph Sedlock, Chief Executive Officer

1. **Call to order:** This videoconference meeting of the MSHN Board Executive Committee was called to order by Chairperson Woods at 9:03 AM.

2. **Approval of Agenda:** Motion by I. O'Boyle supported by P. McFarland to approve the agenda for the December 16, 2022 meeting of the MSHN Board Executive Committee as presented. Motion carried.

3. **Guest MSHN Board Member Comments:** None

4. **Administration Matters**
   - 4.1 **MSHN All Staff Meeting, Training, and Holiday Luncheon:** Ms. Ittner reported that MSHN staff were provided with a holiday luncheon, followed by a training on Diversity, Equity, and Inclusion, and an all staff meeting on December 8. This was the first all-agency staff meeting since the beginning of the COVID pandemic. Ms. Ittner acknowledge Chairperson Woods, who gave opening remarks at the event. Mr. Woods told the staff how much their exceptional work is appreciated on behalf of the MSHN Board. Ms. Ittner summarized health insurance options being offered to MSHN staff for the coming plan year, and summarized holiday recognition (added Juneteenth) and provided flexibility to swap out two existing MSHN-recognized holidays for up to two holidays of religious, cultural, or other personal significance. This is part of the MSHN effort to expand inclusiveness and diversify our agency.
   - 4.2 **US Public Health Emergency Declaration Status and COVID-Related Updates:** Ms. Ittner indicated that the federal public health emergency (PHE) declaration will likely be extended until April. The US Government is committed to providing States with at least 60-days' notice that the public health emergency will not be renewed (which has not occurred). The current PHE declaration expires January 16 if not renewed and has been renewed at 90-day intervals since early 2020.
   - 4.3 **Other:** None

5. **Board Matters**
   - 5.1 **January 2023 Draft Board Meeting Agenda:** The January board meeting agenda was reviewed. Planning to conduct a review of the regional Quality Assessment and Performance Improvement Plan. All other matters are typical of our regional board meetings.
   - 5.2 **Board Self-Evaluation Process:** Process will begin in January. Shortly after the board meeting, administration will distribute a link to the annual board self-evaluation. Preliminary results will be made available to the Executive Committee in February and presented to the full board at the March 2023 meeting.
   - 5.3 **Update: Draft Annual CEO performance review:** Ms. O'Boyle summarized the process involved in

the annual review of the CEO. Details will be provided to the full board at the January meeting. Ms. O'Boyle summarized performance feedback. Administration will provide a read-only link to the board within the packet for advance review.

5.4 **Other:** None

6. **Other**
   - 6.1 **Any other business to come before the Executive Committee:** None
   - 6.2 **Next scheduled Executive Committee Meeting:** 02/17/2023, 9:00 a.m.

7. **Guest MSHN Board Member Comments:** Mr. DeLaat asked about applicability of the health insurance cap vs. the 80/20 rule. For MSHN, the cap calculation is more advantageous to our employees.

8. **Adjourn:** Meeting adjourned at 9:35 AM

MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: November 21, 2022

Members Present: Chris Pinter; Carol Mills; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Brian Krogman; Sandy Lindsey; Sara Lurie; Sharon Beals; Maribeth Leonard
Members Absent: Lindsey Hull;
MSHN Staff Present: Joseph Sedlock; Amanda Ittner; for applicable area: Leslie Thomas, Todd Lewicki

Agenda Item	Action Required				
CONSENT AGENDA	No questions Handbook and Charters are good to approve				
	Approved	By Who	N/A	By When	N/A
Regional Savings Estimates as of September 30, 2022	Leslie Thomas reviewed the Preliminary Savings Estimates for September 30, 2022. Fully funded ISF and Max Savings DCW and MDHHS Lapse expected of about 30m. Discussed CCBHC coverage using Medicaid PEPM				
	Discussion Only	By Who	N/A	By When	N/A
1915(i) Policy Bulletin Follow-Up/Discussion	Todd Lewicki discussed the 1915(i) policy and expected process. Admin time to go into WSA to confirm eligibility and new individual, confirmation of functional limitation areas Todd is working with the regional workgroup that has held one meeting so far. Inviting the state to their January meeting. The leads have received a list of eligible individuals.				
	Discussion Only	By Who	N/A	By When	N/A
Regional COVID related updates/planning (if any)	Joe updated the group on the Federal PHE and the senate proposed legislation. States did not receive the 60-day notice as required if the PHE would end. Expecting PHE to be extended. Unwind – still doing the stabilization payments through FY23, staffing crisis stabilization through March, DCW through FY23. Discussed the regions approvals and monitor the amounts based on board approval designated.				
	Discussion Only	By Who	N/A	By When	N/A
System Redesign-ongoing dialog/discussion/regional strategies (if any)	Discussed lame duck and the changes with the election.				
	Discussion Only	By Who	N/A	By When	N/A

Agenda Item	Action Required				
Saginaw Concern	ER use from CCI abandonment Sandy working with department to develop a protocol for bringing to ED.				
	Sandy will share information with the group	By Who	S. Lindsey	By When	11.30.22

MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: 12/19/2022

Members Present: Chris Pinter; Lindsey Hull; Maribeth Leonard; Carol Mills; Sharon Beals; Tracey Dore; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Kerry Possehn
Members Absent: Tammy Warner; Sara Lurie
MSHN Staff Present: Joseph Sedlock; Amanda Ittner; Kim Zimmerman

Agenda Item	Action Required				
CONSENT AGENDA	Consent agenda items reviewed; no discussion items				
	All approved.	By Who	N/A	By When	N/A
QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM **A. Fy22 Report** **B. FY23 Plan** **C. FY23 Plan summary**	Kim Zimmerman provided a review of the FY 22 Quality Assessment and Performance Improvement Program Annual (Evaluation) Report and the FY 23 Quality Assessment and Performance Improvement Program Annual Plan. Performance on FY 22 goals was reviewed in key areas. FY 23 goals and objectives were highlighted.				
	Operations Council supports the FY 22 Report and FY 23 Plan and recommends approval by the MSHN Board of Directors.	By Who	MSHN Board	By When	January 2023
Regional COVID related updates/planning (if any)	Some areas of the region are experiencing worsening COVID-19 spread rates impacting direct care workforce, residential settings and staffing issues.				
	N/A	By Who	N/A	By When	N/A
System Redesign – ongoing dialog/Discussion/Regional Strategies (if any)	A MSHN developed legislative tracking report was distributed to members as informational. Current legislation proposed and not signed by the Governor will die in chambers (sine die). Members are encouraged to review legislation that may be favorable to our system and look for legislators who may be willing to reintroduce.				
	N/A	By Who	N/A	By When	N/A
Use of Ranges in PCPs – MSHN appeal	Joe Sedlock outlined brief history of MDHHS-related site review findings pertaining to citations for the use of service ranges (or "up to") language in plans of service. MSHN is appealing these citations due to lack of foundation in properly promulgated policy, technical requirements, or contract language. MSHN is pursuing this appeal methodically, exhausting each level. MSHN will take the appeal as high in the MDHHS administration (including Director Hanley and/or Director Hertel) as warranted. CMHSP Participant advocacy while the PIHP pursues the appeal is invited and appreciated. MSHN is asking that no corrective action be taken until the appeal				

Agenda Item	Action Required				
	process is fully exhausted and is evaluating risk associated with intentional non-compliance should these appeals fail to result in a satisfactory conclusion.				
	MSHN Operations Council and its individual members fully support the MSHN position. OC members asked to follow-up with their Quality Leads to ensure they know about the position being pursued and potentially taken.	By Who	CMHSP Directors connect with CMHSP Quality Leads	By When	January 2023
Future Shaping	The Operations council discussed and supports MSHN in approaching MDHHS to offer this region to work together on special populations issues (such as Foster Care Children).				
	J. Sedlock to approach Director Hanley after 1/1/23	By Who	J. Sedlock	By When	After 1/1/23

MSHN
Mid-State Health Network

MSHN CHIEF EXECUTIVE OFFICER PERFORMANCE EVALUATION RESULTS

Background

The Mid-State Health Network Board of Directors participates in a yearly evaluation of the MSHN Chief Executive Officer (CEO). Board member evaluation results and 360 Leadership Review feedback were compiled, and a draft performance review report was presented to the Evaluation Chair. The Evaluation Chair reviewed the report with the Executive Committee and at the January 10, 2023 board meeting presented the summary to the Board of Directors. The performance review read-only document, which is only accessible to Board members, is available at this link.

Recommended Motion:

Motion to receive and file the 2022 MSHN Chief Executive Officer Performance Evaluation Results.

January 10, 2023