



Quarterly SUD Provider Meeting

Welcome!

We'll get started at 12:05.
We'll record the meeting,
and post it to MSHN's website
afterwards.



Quarterly SUD Provider Meeting

December 19, 2024

Agenda

Welcome & General Remarks

- ▶ FY 24 Financial Picture
- ▶ FY 25 Projected Financial Picture
- ▶ Acknowledgement of Access Issues
- ▶ Strategic Planning for FY 26-27

FY24 SOR-4 Annual Report

- ▶ FY25 Opioid Settlement Funds
- ▶ Access Updates

Breakout Sessions:

- ▶ Prevention & Community Recovery
- ▶ Treatment & Recovery Housing

Welcome & MSHN General Remarks

Joe Sedlock

Chief Executive Officer

Budget Updates

- FY 24 amended budget - The FY 24 amended budget highlighted the Region planned to overspend its operational revenue by \$27 M. In late September, MSHN received amended MDHHS rates and processed those revenue figures. Results of the new rates are projected to improve the Region's fiscal position by \$8 M - which means the new revenue shows the overspend has decreased to \$19 M for the fiscal year ended 09/30/24.

Budget Updates

- FY 25 original budget - The FY 25 original budget highlighted the Region planned to overspend its operational revenue by \$29 M. In late September, MSHN received final MDHHS rates and processed those revenue figures. Results of the final MDHHS revenue rates are projected to improve the Region's fiscal position by \$19 M - which means the new revenue shows the overspend has decreased to \$10 M for the fiscal year ending 09/30/25.
- MSHN is not in a financial position to offer new funding opportunities, finance program expansions, or improve contracted rates in FY 25. Note that we have improved rates by 10% over the last two fiscal years.

MSHN Access Process

- On behalf of Mid-State Health Network I am acknowledging the frustrations, concerns, worries, and difficulties many of you are experiencing in relation to our implementation of a centralized access process for residential, withdrawal management, and recovery housing. MSHN planned a much smoother and more effective transition to access than has taken place. MSHN Leadership and Staff are fully aware of the issues, consequences, and impacts on beneficiaries and on you, our provider partners, and your staff. More importantly, we want you to know that we are constantly working to improve and we are making progress as quickly and as effectively as we possibly can. In short, we hear the feedback from beneficiaries and from providers.

MSHN Access Process

- Please continue offering your feedback and input through our access email at access@midstatehealthnetwork.org or to me directly at 517-657-3036 or joseph.sedlock@midstatehealthnetwork.org. Our access leadership sees and addresses the issues identified.
- It is important that you know our intention is to create the best process possible for beneficiaries and providers after a very rough start.

MSHN Strategic Planning

- MSHN is beginning its process of strategic planning for the FY26-27 periods.
- MSHN Strategic Priorities Are:
 - Better Health
 - Better Care
 - Better Provider Systems
 - Better Value
 - Better Equity

MSHN Strategic Planning

- MSHN Leadership has identified initial key assumptions for use in the planning process, as well as initial strengths, weaknesses, opportunities, and threats.
 - Strengths (Internal Focus): What does this organization do best? What are the key traits for why this is so? What are the organization's assets?
 - Weaknesses (Internal Focus): What holds this organization back? What is in the way of doing/being better?
 - Opportunities (External Focus): What do you see coming from external sources that you consider to be opportunities for the organization that we should plan to take advantage of? Are there coming initiatives that we anticipate as opportunities to improve or grow?

MSHN Strategic Planning

- Threats (External Focus): What do you see in the external environment that you consider to be threats to the organization or to the region? Detrimental to growth and/or improvement?
- Assumptions (Across the Planning Spectrum): What is happening in the external environment that you see as likely to continue impacting the organization, region, providers, or beneficiaries through the planning period of 2026-2027?

MSHN Strategic Planning

- MSHN invites and appreciates input from our SUD Prevention, Treatment, and Recovery Providers in any/all of these areas, but particularly any emerging threats, opportunities, or key assumptions we should consider from your perspectives.
 - Your input may be sent to any member of our team or to me directly at joseph.sedlock@midstatehealthnetwork.org

FY24 SOR-3 Annual Report

Jodie Smith

Data Grant Coordinator

Overview

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

Prevention EBP

- In FY24 there were a total of **41,593** Individuals educated on the consequences of opioid and/or stimulant misuse using strategic messaging (e.g. media campaigns, targeted social media content, and other similar strategies).
- In FY24 there were **8,603** individuals who were reached through outreach activities that target underserved and/or diverse population (e.g., race, ethnicity, sex/gender, age, and disability status).
- The Region utilized programs such as Prime for Life and Botvin to provide outreach and education.

OEND Harm Reduction

10 Harm Reduction Vending Machines in counties throughout the Region:

- Ingham (2)
- Hillsdale
- Jackson
- Gratiot
- Eaton
- Tuscola (3)
- Ionia

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

Harm Reduction Activity in Region 5

➤ *FY24, MSHN region distributed...*

3,364

Fentanyl Test Strips



6,244

Naloxone Kits



PEER Outreach and Linkage

- In FY24 the Engagement Center in Jackson County supported a total number of **838** admissions and **705** screenings.
- Most common substances reported during intake:
 - Methamphetamines, Alcohol, Opiates/Heroin.
- Total number of phone screenings completed: **965**
- Referrals to SUD Treatment: **331**
- Referrals to Mental Health treatment: **246**

Quick Response Team (QRT)



- The QRT program had **251** successful contacts made in FY24.
- QRT continues to increase connections to access of services within local shelters and hospitals.
- Substances reported:
 - Heroin, fentanyl, cocaine, methamphetamine's, opiates, and prescription medications.
- FY24 QRT reported a total of **167** referrals to Residential Treatment & Outpatient Services.

SOR Jail Based MOUD

- MSHN region supports 8 Jail Based MOUD programs with SOR funds.
- The jail programs are implementing a variety of supports like group & individual therapy, MOUD, case management, and peer recovery coaching supports.
- Jail-Based MOUD programs served a total of

1,116 People

SOR 4 Grant Requirements Reminder

- In October 2024 providers were sent details regarding SOR-4 requirements including the following:
 - Sub Grantees must utilize third party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage have been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients.

SOR 4 Grant Requirements - Continued...

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

SOR 4 Grant Requirements - Continued...

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

SOR - 4 Grant Requirements - Continued...

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

SOR - 4 Grant Requirements - Continued...

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

SOR - 4 Grant Requirements - Continued...

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

SOR - 4 Grant Requirements - Continued...

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- Sub Grantees must ensure treatment transition and coverage for individuals reentering communities from criminal justice settings or other rehabilitative settings.

SOR - 4 Grant Requirements - Continued...

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

SOR - 4 Grant Requirements - Continued...

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

Questions?

FY25 Opioid Settlement Funds

Sarah Andreotti

Prevention Administrator

FY25 Opioid Settlement Funds



- ▶ The State of Michigan budget for FY25 included \$10 million directed from the Michigan Opioid Healing and Recovery Fund to go to the PIHPs.
- ▶ Each PIHP will receive a \$1 million allocation for FY25 to be available January 1, 2025.
- ▶ MSHN will be holding listening sessions, both virtual and in-person, in 2025 to receive feedback from our SUD provider network and community stakeholders about what you see as areas of need for opioid settlement funds.
 - ▶ MSHN will email the information to all contracted providers and coalitions. Please share broadly within your communities.



FY25 Opioid Settlement Funds

- ▶ Listening Sessions will be held *virtually* on the following dates/times:
 - ▶ Wednesday, **1/8/25**, 2-3pm
 - ▶ Thursday, **1/9/25**, 10-11am
 - ▶ Zoom Information: <https://us02web.zoom.us/j/7225769051>
 - ▶ Information for the sessions will be sent directly to the SUD provider network and posted in Constant Contact.
- ▶ Please feel free to share in the chat feedback or ideas you have at present, and MSHN can add them to the list that we can consult with MDHHS on allowable/not allowable items.
 - ▶ When sharing feedback in the chat, please provide the following:
 - ▶ **Name**
 - ▶ **County feedback is relevant to**
 - ▶ **Specific recommendation, thought, idea, etc.**

FY25 Opioid Settlement Funds

- ▶ MSHN will be releasing an RFP process for Opioid Settlement Funds for FY25
 - ▶ RFP will open on 12-20-2024
 - ▶ Proposals & budgets will be due on or before 2-3-2025
 - ▶ Proposals & Budgets should be for 4-1-25 thru 9-30-25.
 - ▶ SUD Clinical Team will review proposals for allowable/not allowable items
 - ▶ Contract recommendations will go to March BOD
 - ▶ Contracts would be effective from April 1, 2025 thru September 30, 2025.
 - ▶ Proposals should be submitted to Sarah Andreotti at Sarah.Andreotti@midstatehealthnetwork.org.



FY25 Opioid Settlement Funds: MDHHS Guidance

Allowable

- ▶ Harm reduction supplies and materials
 - ▶ Includes DeTerra bags & lock boxes
- ▶ Harm reduction vending machines
 - ▶ Includes wall mounted boxes, or newspaper boxes
- ▶ Provider technology needs or upgrades
- ▶ Workforce Development Trainings:
 - ▶ CCS Development Training



Not Allowable

- ▶ OEND trainings for communities
- ▶ Room & Board: Recovery Housing & Residential
- ▶ Peer Recovery Coaching Services
- ▶ Provider Stabilization
- ▶ Hiring & retention incentives for staff
- ▶ Jail-Based MAT SUD Services
- ▶ DEI Activities/Reducing health disparities
- ▶ Continuing Ed for Recovery Coaches
- ▶ Purchase of gas cards/taxi fare for getting to/from treatment
- ▶ Continuing ed/renewal of MCBAP licenses
- ▶ Hotel/Travel cost for trainings
- ▶ Purchasing group curriculum books for facilitators

Questions?

Treatment Breakout

- Welcome **NEW** Treatment Specialists
- Access Updates
- SUD Data Updates
- RFP for Recovery Housing
- Recovery Incentives Pilot Update
- MDHHS Updates for FY25
 - Opioid Settlement RFPs
 - ASAM Workgroup
 - ASAM Criteria 4 Trainings
 - Gambling Disorder Summit
- Lunch & Learn Schedule for FY25
- MSHN hosted ASAM Criteria 4th Edition Trainings for FY25

Welcome Jodie Smith
&
Elizabeth LaFleche

Kate Flavin
Treatment Administrator

Access Updates

Cammie Myers
UM Administrator

&

Rusmira Bektas
Access Administrator

Access Updates

- Access Staff introduction
- REMI Updates & Training Links
- Staffing Updates
- Phone System Updates
- Recovery Housing
- Contact Information & Feedback from Providers

Access Updates: Staff

➤ Access Staff introduction:

- Rasmira Bektas, *Access Administrator*
 - Contact Information: 517.853.1235, rusmira.bektas@midstatehealthnetwork.org
- Marc Irish, *Access Specialist*
 - Contact Information: 517.853.5614, marc.irish@midstatehealthnetwork.org
- Eric Turner, *Access Specialist*
 - Contact Information: 517.246.5359, eric.turner@midstatehealthnetwork.org
- Sarah Winchell-Gurski, *Access Specialist*
 - Contact Information: 517.489.3295, sarah.winchellgurski@midstatehealthnetwork.org
- Tacara Pitchford, *Access Specialist*
 - Contact Information: 517-599-0645, tacara.pitchford@midstatehealthnetwork.org
- Elise Parker, *Access Assistant*
 - Contact Information: 517-237-0927, elise.parker@midstatehealthnetwork.org

Access Updates: REMI

- All REMI trainings are completed now
- *How to Access Trainings:*
 - The FY25 SUD Access REMI Training video has been uploaded to the REMI system.
 - You can find it under the REMI Help section, within the How-To Videos tab.
 - Look for the video titled: **00. FY25 SUD Access REMI Training Video.**

Access Updates: Staffing

- MSHN is increasing the level of staffing support to accommodate the volume of calls being received and reconfiguring the number of available phone lines in our system for callers to reach a live person.
- We currently have numerous staff screening our inbound calls and we are in process of hiring 3 more clinicians.

Access Updates: Phone System

- MSHN is collaborating with our phone provider to enhance the Access phone system. These improvements will be implemented in mid-December, and we hope they will address some of the ongoing challenges. This improvement pertains to our current phone system.
- Once we implement the phone changes, the network will be notified of these changes and how to navigate the new system. This update should be expected in the beginning of January with additional information on our new process for after hour services.

Access Updates: Phone System

- For any issues related to REMI or the *phone system*, please direct your inquiries to our IT department at: inquiries@midstatehealthnetwork.org

Access Updates: Recovery Housing

As of 11/1/2024 the screening for recovery housing services was to move to MSHN Access. In order to assist people in a more efficient manor, MSHN is asking recovery housing providers to continue screening people seeking that service as you have done previously.

Access Updates: How to request Recovery Housing from MSHN?

You can send a REMI Message to Access that includes the following:

1. Person's Name
2. Date of Birth
3. Any recent treatment reported by the person
4. Typical use pattern
5. Last date of use
6. Proposed admission date (we cannot complete the referral without this information)

Access Updates: Recovery Housing

MSHN staff will review and create a treatment episode with authorization for the date the person is expected to be admitted. REMI messages are secure and protected, so health information can be sent.

Click the envelope next to your 'Home' button in REMI which will open a new window. Select 'Compose a New Message' which will open another new window. Select the icon of 2 people and it will give you a drop down for distribution lists. Select Access and send the requested information. You will get a response from MSHN when/if your treatment episode and authorization are created.

Access Updates: Contact Information & Feedback

- Please continue to address questions, feedback, and concerns to access@midstatehealthnetwork.org
- REMI or the *phone system*, please direct your inquiries to our IT department at: inquiries@midstatehealthnetwork.org
- For any questions related to REMI authorizations, please email um@midstatehealthnetwork.org

Questions?

MSHN SUD Data Updates

Joseph Wager, MSW

Information Technology Project Manager

Where to find reports

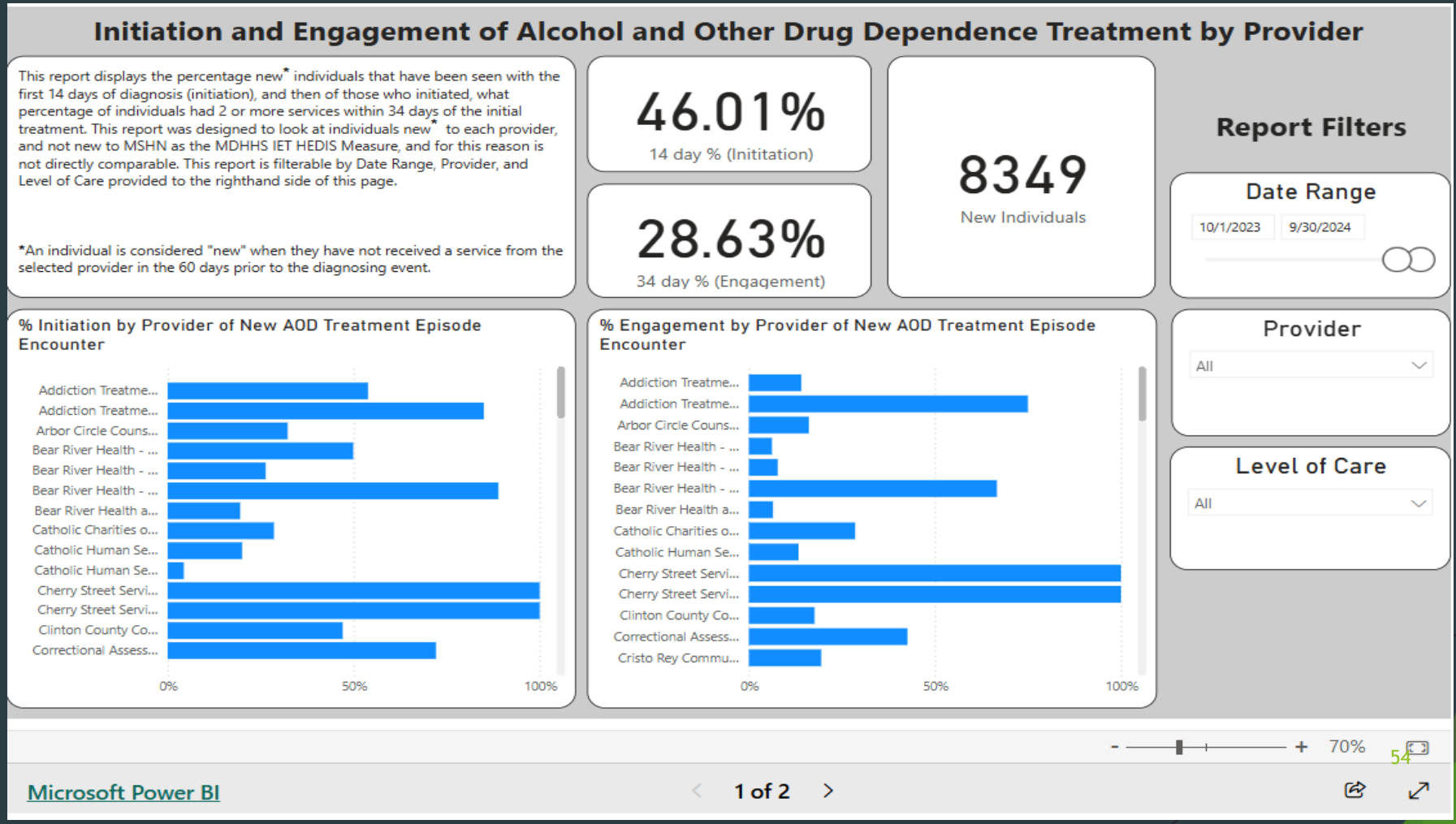
- ▶ <https://midstatehealthnetwork.org>
 - ▶ Stakeholders
 - ▶ MSHN Data

<https://midstatehealthnetwork.org/stakeholders-resources/about-us/dashboard-information>

Available Reports

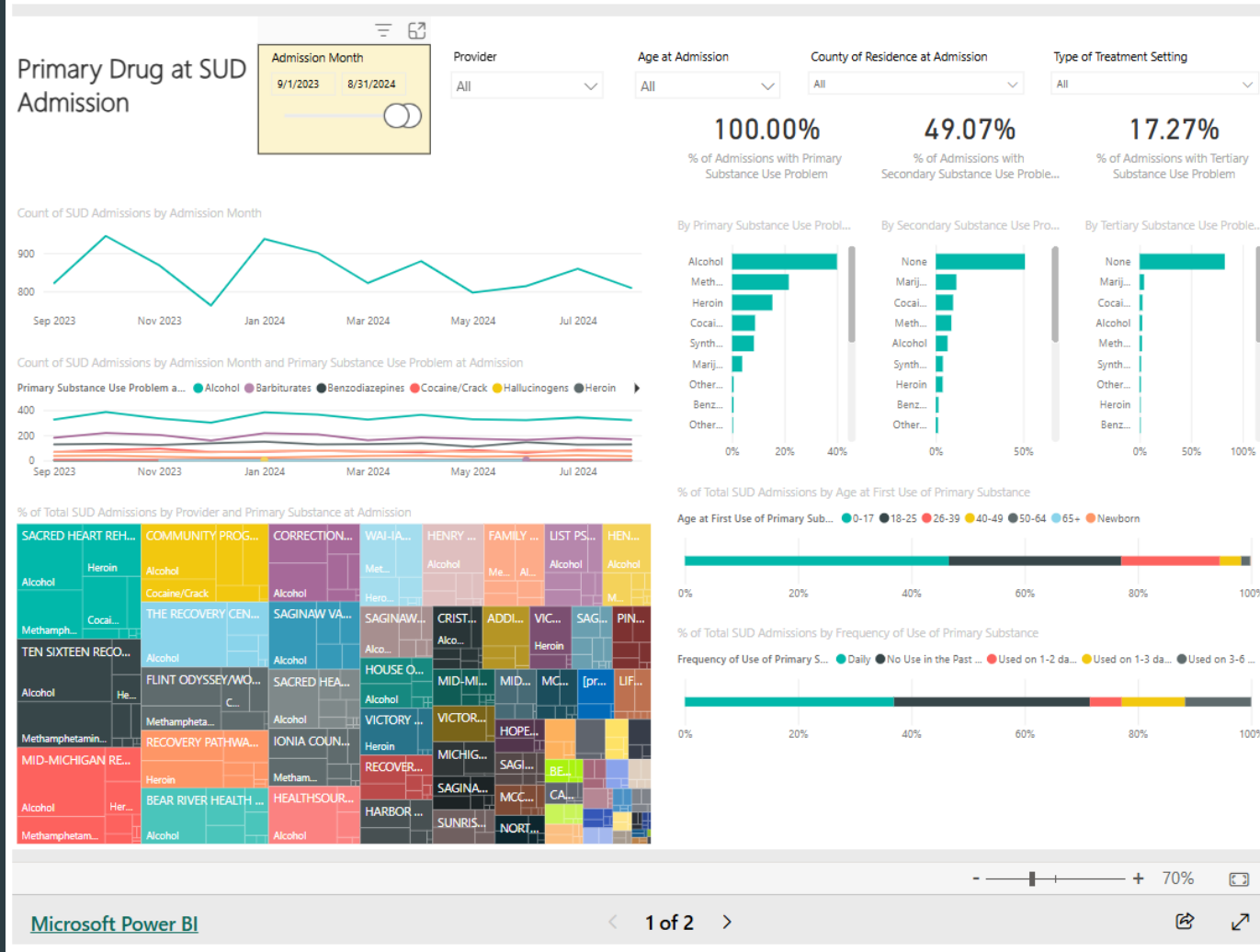
- ▶ Initiation and Engagement of Alcohol and Other Drug Dependence
- ▶ Primary Drug at SUD Admission
- ▶ SUD Withdrawal Management Readmission
- ▶ SUD Delegated Managed Care Review
- ▶ SUD Residential Readmission and Follow Up
- ▶ SUD MMBPIS Indicator 4b

Initiation and Engagement of AOD by Treatment Provider

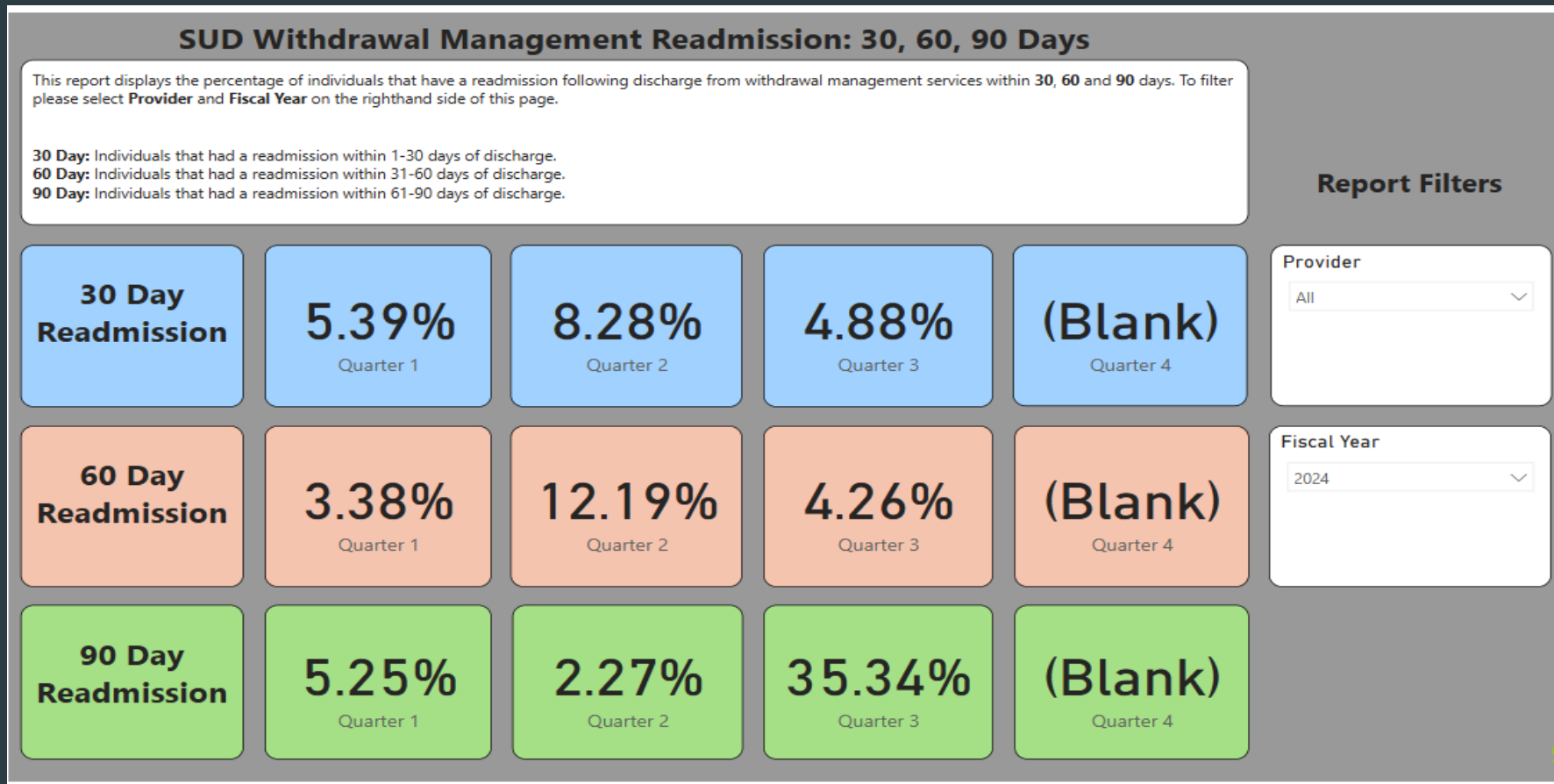


Primary Drug at SUD Admission

Primary Drug at SUD Admission



SUD Withdrawal Management Readmission



MSHN SUD Data Update

Questions?

Email further questions:

joseph.wager@midstatehealthnetwork.org

Recovery Housing RFP

Sherrie Donnelly

Treatment & Recovery Specialist

Recovery Incentives Pilot Update

Sherrie Donnelly

Treatment & Recovery Specialist

Recovery Incentives Pilot Update

- ▶ 5 providers at 8 locations have previously expressed interest to participate in the pilot.
- ▶ The pilot was originally scheduled to begin October 2024.
- ▶ Updated start date for the pilot will be early January 2025 and will continue as a slow rollout as providers complete their cohort trainings.
- ▶ **Cohort 1 Provider: Lifeways**
- ▶ Cohort 2 trainings are set to begin in February.
- ▶ If interested in participating in the pilot, please reach out to your treatment lead to express interest.

MDHHS Updates for FY 25

Trisha Thrush

Director of SUD Services & Operations

MDHHS Updates: Opioid Settlement RFPs

- ▶ MDHHS Opioid Settlement webpage: [Opioid Settlements](#)
 - ▶ Initiatives include:
 - ▶ SUD Treatment and Recovery Transportation: \$1.2 million
 - ▶ \$2.7 million in FY24
 - ▶ Recovery Support Services: \$3.8 million
 - ▶ Recovery Incentive Pilot: \$6 million
 - ▶ Recovery Housing Investment Program (RHIP): \$2.5 million
 - ▶ Expand hospital supports for substance-exposed babies & their families: \$1.3 million
 - ▶ Harm Reduction: \$10 million

MDHHS Updates: ASAM Workgroup

- ▶ In March 2024, MDHHS implemented an ASAM Workgroup made up of SUD Treatment Providers and PIHPs to support reviewing and revising the MDHHS SUD Treatment Policies to reflect ASAM Criteria 4th Edition changes.
- ▶ This will include revisions to the following policies:
 - ▶ Treatment Policy #9: Outpatient Treatment Continuum of Services
 - ▶ Treatment Policy #10: Residential Treatment Continuum of Services
 - ▶ Treatment Policy #13: Withdrawal Management Continuum of Services

MDHHS Updates: ASAM Workgroup

- ▶ Other changes being considered:
 - ▶ Emphasis on availability and accessibility to MAT at all levels of care
 - ▶ Early Intervention - No longer a separate LOC
 - ▶ Assessment at WM - Having a level of care assessment versus a treatment planning assessment.
 - ▶ Eliminates LOCs for: Residential 3.3 & WM 3.2

MDHHS Updates: ASAM Workgroup

- ▶ Additional ASAM Criteria 4th Edition Volumes Coming for:
 - ▶ *Adolescent and Transition Age Youth*
 - ▶ Anticipated early 2026
 - ▶ *Correctional Settings and Reentry*
 - ▶ Anticipated 2027
 - ▶ *Behavioral Addictions* (i.e., gambling, internet and gaming addiction, sex addiction)
 - ▶ Anticipated 2028

MDHHS Updates: ASAM Workgroup

- ▶ Public Comment for Adolescent and Transition Aged Youth Standards - ended November 15th, 2024
 - ▶ The draft standards include the following:
 - ▶ Assessment and Treatment Planning Standards
 - ▶ The Adolescent Continuum of Care
 - ▶ Adolescent Level of Care Standards
 - ▶ [View Draft Standards>>>](#)

MDHHS Updates: ASAM Criteria 4 Trainings

- ▶ MDHHS is offering 10 ASAM Criteria 4th Edition Trainings in FY25.
- ▶ All attendees will receive an ASAM Criteria 4th Edition manual as part of the training.
- ▶ Cost is a \$50 registration fee per person.
- ▶ Training information and registration is available at the CMHAM website:
 - ▶ [Conferences & Training - CMHAM - Community Mental Health Association of Michigan](#)

MDHHS Updates: ASAM Criteria 4 Trainings

▶ ASAM Criteria 4th Edition Skill Building Trainings for FY25

▶ IN-PERSON:

- ▶ March 3-4, 2025 - *Embassy Suites, Grand Rapids*
- ▶ July 10-11, 2025 - *Great Wolf Lodge, Traverse City*

▶ VIRTUAL

- ▶ Nov. 25-26, 2024
- ▶ Jan. 7-8, 2025
- ▶ Feb. 18-19, 2025
- ▶ April 8-9, 2025
- ▶ May 12-13, 2025
- ▶ June 10-11, 2025
- ▶ Aug. 11-12, 2025
- ▶ Sept. 9-10, 2025

MDHHS Update: Gambling Disorder Summitt (Save the Date)

▶ Michigan's 17th Annual Gambling Disorder Symposium

▶ March 6, 2025 at
Suburban
Collection
Showplace, Novi,
MI

SAVE THE DATE!

The Michigan Department of Health and Human Services Presents:

MICHIGAN'S 17TH ANNUAL GAMBLING DISORDER SYMPOSIUM

March 6, 2025

Suburban Collection Showplace, Novi, Michigan

In recognition of Problem Gambling Awareness Month, the Michigan Department of Health and Human Services is hosting the 17th Annual Gambling Disorder Symposium. The symposium is a forum that provides continuing education credits to professional members of the Gambling Disorder (GD) community, and access to Gambling Disorder trainings, treatment, prevention resources and personal recovery stories. Anyone affected by or interested in GD, is welcome to attend.

Who Should Attend?

CEOs, COOs, CFOs, medical directors, clinical directors, case workers, prevention specialists, supports coordinators, other practitioners at all levels of practice (beginning, intermediate and/or advanced), and all individuals affected by Gambling Disorder.

Format

The Symposium will be in-person only – no virtual option will be available.

Hotel Reservations

Room Rate: \$95 plus taxes

Reservations must be received on or before Feb. 5, 2025.

To make your reservations at the Hyatt Place at the Suburban Collection Showplace: [Click the online booking link](#) or call 1-800-233-1234 and use the group code G-GMS3 to receive your discounted group rate.

Brochure, exhibitor, and registration information will be coming soon!
[Visit our website](#) for the most up-to-date information on this event.

This event is sponsored by the Michigan Department of Health and Human Services and facilitated by the Community Mental Health Association of Michigan.

MSHIN

Mid-State Health Network

FY25 Lunch & Learn Series

Trisha Thrush

Director of SUD Services & Operations

FY25 Lunch & Learn Series

- ▶ In FY24, MSHN implemented a monthly Lunch & Learn training opportunity for providers. Occurred every month on the second Thursday, from 12-1pm.
 - ▶ Lunch & Learn recorded trainings can be found on the MSHN website: [Provider Network - Provider Trainings - Lunch & Learn Series](#)
 - ▶ [Provider Trainings - Mid-State Health Network](#)
- ▶ For FY25, MSHN plans to continue the Lunch & Learn series, but would like provider feedback on needed topics.
 - ▶ Please unmute and share your thoughts or type them in the chat box for MSHN specific training topics that would be helpful for your agency and team moving forward in FY25.

FY25 Lunch & Learn Series



MSHN SUD Lunch and Learn Series 2025 2nd Thursday of the month; 12-1PM

Month	Department	Topic	Facilitator
January 9, 2025	SUD Clinical	Individualized Treatment & Recovery Planning	Kate Flavin Sherrie Donnelly Beth LaFleche Jodie Smith
February 6, 2025	SUD Clinical	Coordination of Care Training	Treatment Team Utilization Management Team Access Team
March 6, 2025	SUD Clinical	Health Disparities	Dr. Dani Meier

Join Zoom Meeting: <https://us02web.zoom.us/j/3125295892>
Meeting ID: 312 529 5892



FY24 Lunch & Learn Series Videos - Available on the MSHN Website!

► Provider Trainings - Mid-State Health Network

Lunch and Learn Training Series

Follow the links below for recordings of each training:

- February 8th -- Coordination of Care
- April 11th: Compliance -- QAPI MSHN Monitoring and Oversight Review Process
- May 9th: Quality Consumer Satisfaction Surveys
- June 6th: Individualized Treatment and Recovery Planning
 - MDHHS Guide to IPOS Goals and Objectives
- July 11th: Quality Sentinel Events
- August 8th: Adverse Benefit Determination
- September 12th: MSHN Monitoring and Oversight Review Process -- New Statewide Tools

MSHN Hosted ASAM Criteria 4th Edition Trainings for FY25

Trisha Thrush

Director of SUD Services & Operations

MSHN - ASAM Criteria 4th Edition Trainings

- ▶ MSHN is currently in the process of planning 10 ASAM Criteria 4th Edition Trainings for contracted SUD Treatment providers.
- ▶ Trainings will be held from May-September 2025.
- ▶ Coordinated by CMHAM with a nominal registration fee (undetermined at present).
- ▶ Everyone who registers and completes the training will receive an ASAM Criteria 4th edition manual.
- ▶ CMHAM will be releasing the registration information for all 10 trainings at one time. Anticipating info will be ready to distribute in January 2025.
 - ▶ **Note:** MSHN will be evaluating the need to add additional trainings based on registration for the planned 10. So please have your team members register early when the information is provided to the network.

MSHN - ASAM Criteria 4th Edition Trainings

- ▶ 7 Trainings will be VIRTUAL
- ▶ 3 Trainings will be IN-PERSON
 - ▶ In-Person trainings will be held around the region.
Currently looking in the following locations:
 - ▶ Saginaw/Bay
 - ▶ Ingham/Jackson
 - ▶ Isabella/Montcalm

MSHN - ASAM Criteria 4th Edition Trainings

In-Person Training Dates

- ▶ June 16-17
- ▶ July 22-23
- ▶ August 12-13

****NOTE:** Locations still being determined for each date.

Virtual Training Dates

- ▶ May 1-2
- ▶ May 6-7
- ▶ June 4-5
- ▶ June 23-24
- ▶ July 7-8
- ▶ July 15-16
- ▶ August 5-6

Questions?

Upcoming Quarterly SUD Provider Meetings for FY25

March 20, 2025

June 26, 2025

September 18, 2025

December 18, 2025

Quarterly SUD Provider Meeting Prevention Breakout

December 19, 2024

- MPDS Update
- MPDS Tips
- FY25 Desk Audit Calendar
- Tobacco Prevention Legislation Update

MPDS Update

- A "soft launch" will be happening with NorthCare Region 1 PIHP
- Training expected to be scheduled for providers soon
 - This will be virtual with multiple dates to choose from
 - Anyone who is an MPDS User will be required to attend
- For now, we will still plan to track data on spreadsheets for January

MPDS Tips -Avoiding Common Errors

- YTA - When to use it
 - Michigan has in place the Youth Tobacco Act (YTA) which is relevant to tobacco prevention, cessation, enforcement and community mobilization efforts help support the Act.
 - You should only choose Yes for the YTA field if you are a DYTUR doing Synar activities, including Synar and Non-Synar checks, Vendor Education, and decoy/chaperone training. Tobacco Education activity is not applicable to YTA in MPDS.
- Selecting a Group Type
 - One Time Events **MUST** be entered as such and are not to be entered under Ongoing Other for they all must be entered as unique and individual One-Time groups.
 - Ongoing Sequential is a program consisting of delivery of a curriculum consisting of multiple sessions in a planned sequence.

MPDS Tips - Avoiding Common Errors

- Estimated Reach

- This category is only to be used when entering activities for Media Coverage, Volunteer coordination, and Presentations to large groups. It should never be used when an official count of ‘Attendees’ is available. Please note that Estimated Reach is not an arbitrary count but must be an estimate based on the guidelines on page 34 in the MPDS User Manual. Therefore, whenever possible and appropriate, capture and enter ‘New Attendees’ instead.

- Selecting an Evidence Based Service Type

- Other Federal Registry | Peer Reviewed Journal | Local PIHP Region Evidence | CBP Best Practice | Youth Tobacco Act/Synar | NREPP | None of the Above
- “None of the Above” will almost NEVER be appropriate to use. Less than 5% of entries will have that designation. The MPDS manual has links to resources and offers guidance on selecting the appropriate EBP for your group.

To Avoid MPDS Errors...

1. Run an Activity Data Report at regular intervals can help you stay on top of entries and correct errors before they grow throughout the year.
2. Be sure to check data that looks 'off' such as unusually high unit quantities, as this usually means an error in the time/day entry.
3. Use context clues; do your groups have more Completed Attendees than New Attendees? More New Attendees than Total Attendees? Making these corrections now saves a lot of time at the end of the year.
4. When in doubt, just reach out. Ask your MSHN Prevention Specialist for clarification on questions as they come up. This will significantly reduce repeating the same error and then carrying it over multiple groups/months.
5. Print the MPDS Manual to keep on hand for reference when setting up groups. Or have the PDF open on another screen for quick reference while inputting entries.

FY25 Desk Audit

- New Desk Audit Process at MSHN
 - At least 30 days prior to review a review prep email will be sent from QAPI which includes a link to Box and guidance for completing tool and uploading documents
 - Within 30 days after the review, they will receive the final report and guidance for submitting any necessary corrective action plan (CAP)
- You can find your Desk Audit dates on the MSHN web calendar [here](#) highlighted in pink, and a listing will be sent out after this meeting
- Please name file uploads to clearly identify to which standard they correspond

Tobacco Prevention Legislation Update

- Protect MI Kids bill packages have passed both the House and the Senate
 - Tobacco Retail Licensure - Requiring tobacco retailers to be licensed, just like liquor and cannabis retailers, so the state can enforce laws prohibiting the sale of tobacco to minors (TRL). (SBs 651 and 652, sponsored by Sen. Sam Singh, and HBs 6002 and 6003, sponsored by Reps. Kristian Grant and Abraham Aiyash, respectively).
 - PUP repeal- Repealing ineffective penalties that punish kids for tobacco purchase, use and possession (PUP repeal). (SBs 654 and 653, sponsored by Sens. Paul Wojno and Mary Cavanagh, respectively, and HBs 6004 and 6005, sponsored by Rep. Stephanie Young).
- The House and Senate versions need to be reconciled before the legislation can go to the Governor
- Sign up for updates from [Keep MI Kids Tobacco Free Alliance](#)

MCBAP Questions

- Jennifer Mitchell from MCBAP will be joining us at our February Provider Supervision Meeting
 - Friday, February 21 at 9:00
- All are welcome to attend- let us know if you are interested
- She will share a bit about MCBAP and the credentialing process
- If you have any questions for MCBAP about the process, certifications, etc., please email them to Cari Patrick

Questions?

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