

Mid-State Health Network

Board of Directors Meeting ~ January 9, 2024 ~ 5:00 p.m.

Board Meeting Agenda

Comfort Inn & Suites Hotel and Conference Center
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: 3797965720

1. Call to Order
2. Roll Call
3. **ACTION ITEM:** Approval of the Agenda
Motion to Approve the Agenda of the January 9, 2024 Meeting of the MSHN Board of Directors
4. Public Comment (3 minutes per speaker)
5. **ACTION ITEM:** FY2024 Quality Assessment and Performance Improvement Program (QAPIP) and the FY2023 Annual Effectiveness Evaluation (Page 6)
Motion to approve the Quality Assessment and Performance Improvement Program (QAPIP) for October 1, 2023 to September 30, 2024 and the Annual Effectiveness and Evaluation Report for October 1, 2022 to September 30, 2023
6. Chief Executive Officer's Report (Page 15)
7. Deputy Director's Report (Page 33)
8. Chief Financial Officer's Report
 - A. Financial Statements Review for Period Ended September 30, 2023 (Page 75)
ACTION ITEM: Receive and File the Preliminary Statement of Net Position and Preliminary Statement of Activities for the Period ended September 30, 2023, as presented
 - B. Financial Statements Review for Period Ended November 30, 2023 (Page 86)
ACTION ITEM: Receive and File the Preliminary Statement of Net Position and Statement of Activities for the Period ended November 30, 2023, as presented
9. **ACTION ITEM:** Contracts for Consideration/Approval (Page 95)
The MSHN Board of Directors Approve and Authorizes the Chief Executive Officer to Sign and Fully Execute the FY 2024 Contracts, as Presented on the FY 2024 Contract Listing
10. Executive Committee Report
11. Chairperson's Report



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.

Board of Directors Meeting Materials:

Click [HERE](#)

or visit MSHN's website at:
[HTTPS://MIDSTATEHEALTHNETWORK.ORG/STAKEHOLDERS-RESOURCES/BOARD-COUNCILS/BOARD-OF-DIRECTORS/FY2024-MEETINGS](https://midstatehealthnetwork.org/stakeholders-resources/board-councils/board-of-directors/fy2024-meetings)

Upcoming FY24 Board Meetings (Tentative until Board Approval)

Board Meetings convene at 5:00pm unless otherwise noted

March 5, 2024

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

May 7, 2024

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

July 2, 2024

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

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 11/07/23 (Page 99)
- 12.2 Receive SUD Oversight Policy Board Meeting Minutes 10/18/2023 (Page 103)
- 12.3 Receive Board Executive Committee Minutes 12/15/23 (Page 107)
- 12.4 Receive Operations Council Key Decisions 11/20/23 (Page 109) and 12/18/23 (Page 112)

13. Other Business

14. Public Comment (3 minutes per speaker)

15. **ACTION ITEM:** CEO Performance Evaluation Results (Page 114)

Motion to receive and file the 2023 Performance Review of the MSHN Chief Executive Officer

16. **ACTION ITEM:** Chief Executive Officer Employment Contract (Page 115)

Motion to renew, extend, and approve the terms of the Employment Contract of the Chief Executive Officer through January 31, 2027

17. Adjourn

FY24 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
Brodeur	Greg	brodeurgreg@gmail.com		989.413.0621		Shia Health & Wellness	2024
DeLaat	Ken	kend@nearnorthnow.com		231.414.4173		Newaygo County MH	2026
Griesing	David	davidgriesing@yahoo.com		989.823.2687		TBHS	2024
Grimshaw	Dan	midstatetitlesvcs@mstsinc.com		989.823.3391	989.823.2653	TBHS	2026
Hicks	Tina	tmhicksmshn64@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	2026
McPeek-McFadden	Deb	deb2mcmail@yahoo.com		616.794.0752	616.343.9096	The Right Door	2024
Nyland	Gretchen	gretchen7080@gmail.com		616.761.3572		The Right Door	2025
O'Boyle	Irene	irene.oboyle@cmich.edu		989.763.2880		GIHN	2026
Palmer	Paul	ppalmer471@ymail.com		517.256.7944		CEI	2025
Pawlak	Bob	bopav@aol.com		989.233.7320		BABHA	2025
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	2026
Raquepaw	Tracey	tl.raquepaw@icloud.com	raquepawt@michigan.gov	989.737.0971		Saginaw County CMH	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	2026
Twing	Susan	set352@hotmail.com		231.335.9590		Newaygo County MH	2025
Vacant						HBH	2026
Williams	Joanie	jkwms1@gmail.com		989.860.6230		Saginaw County CMH	2026
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			

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

ACA: Affordable Care Act	CON: Certificate of Need (Commission) – State	GF/GP: General Fund/General Purpose (state funding)
ACT: Assertive Community Treatment	CPA: Certified Public Accountant	HB: House Bill
ARPA: American Rescue Plan Act (COVID-Related)	CQS: – Comprehensive Quality Strategy	HCBS: Home and Community Based Services
ASAM: American Society of Addiction Medicine	CRU: Crisis Residential Unit	HIPAA: Health Insurance Portability and Accountability Act
ASAM CONTINUUM: Standardized assessment for adults with SUD needs	CS: Customer Service	HITECH: Health Information Technology for Economic and Clinical Health Act
ASD: Autism Spectrum Disorder	CSAP: Center for Substance Abuse Prevention (federal agency/SAMHSA)	HMP: Healthy Michigan Program
BBA: Balanced Budget Act	CSAT: Center for Substance Abuse Treatment (federal agency/SAMHSA)	HMO: Health Maintenance Organization
BH: Behavioral Health	CW: Children’s Waiver	HRA: Hospital Rate Adjuster
BHH: Behavioral Health Home	DAB: Disabled and Blind	HSAG: Health Services Advisory Group (contracted by state to conduct External Quality Review)
BPHASA – Behavioral and Physical Health and Aging Services Administration	DEA: Drug Enforcement Agency	HSW: Habilitation Supports Waiver
BH-TEDS: Behavioral Health – Treatment Episode Data Set	DMC: Delegated Managed Care (site visits/reviews)	ICD-10: International Classification of Diseases – 10 th Edition
CC360: CareConnect 360	DRM: Disability Rights Michigan	ICO: Integrated Care Organization (a health plan contracted under the Medicaid/Medicare Dual eligible pilot project)
CCBHC: Certified Community Behavioral Health Center	DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5 th Edition	I/DD: Intellectual/Developmental Disabilities
CAC: Certified Addictions Counselor Consumer Advisory Council	D-SNP: Dual Eligible Special Needs Plan	IDDT: Integrated Dual Diagnosis Treatment
CEO: Chief Executive Officer	EBP: Evidence-Based Practices	IOP: Intensive Outpatient Treatment
CFO: Chief Financial Officer	EEO: Equal Employment Opportunity	ISF: Internal Service Fund
CIO: Chief Information Officer	EMDR: Eye Movement & Desensitization Reprocessing therapy	IT/IS: Information Technology/Information Systems
CCO: Chief Compliance Officer Chief Clinical Officer	EPSDT: Early and Periodic Screening, Diagnosis and Treatment	KPI: Key Performance Indicator
CFR: Code of Federal Regulations	EQI: Encounter Quality Initiative	LBSW: Licensed Baccalaureate Social Worker
CFAP: Conflict Free Access and Planning (Replacing CFCM)	EQR: External Quality Review (federally mandated review of PIHPs to ensure compliance with BBA standards)	LEP: Limited English Proficiency
CFCM: Conflict Free Case Management	FC: Finance Council	LLMSW: Limited Licensed Masters Social Worker
CLS: Community Living Services	FI: Fiscal Intermediary	LMSW: Licensed Masters Social Worker
CMH or CMHSP: Community Mental Health Service Program	FOIA: Freedom of Information Act	LLPC: Limited Licensed Professional Counselor
CMHA: Community Mental Health Authority	FSR: Financial Status Report	LPC: Licensed Professional Counselor
CMHAM: Community Mental Health Association of Michigan	FTE: Full-time Equivalent	LOCUS: Level of Care Utilization System
CMS: Centers for Medicare and Medicaid Services (federal)	FQHC: Federally Qualified Health Centers	LTSS: Long Term Supports and Services
COC: Continuum of Care	FY: Fiscal Year (for MDHHS/CMHSP runs from October 1 through September 30)	MAHP: Michigan Association of Health Plans (Trade association for Michigan Medicaid Health Plans)
COD: Co-occurring Disorder	GAIN: Global Appraisal of Individual Needs assessment for adolescents with SUD needs.	MAT: Medication Assisted Treatment (see MOUD)

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MCBAP: Michigan Certification Board for Addiction Professionals	OP: Outpatient	RFQ: Request for Quote
MCO: Managed Care Organization	OTP: Opioid Treatment Provider (formerly methadone clinic)	RR: Recipient Rights
MDHHS: Michigan Department of Health and Human Services	PA: Public Act	RRA: Recipient Rights Advisor
MDOC: Michigan Department of Corrections	PA2: Liquor Tax act (funding source for some MSHN funded services)	RRO: Recipient Rights Office/Recipient Rights Officer
MEV: Medicaid Event Verification	PAC: Political Action Committee	SAMHSA: Substance Abuse and Mental Health Services Administration (federal)
MHP: Medicaid Health Plan	PASARR: Pre-Admission Screening and Resident Review	SAPT: Substance Abuse Prevention and Treatment (when it includes an “R”, means “Recovery”)
MI: Mental Illness	PCP: Person-Centered Planning	SARF: Screening, Assessment, Referral and Follow-up
Motivational Interviewing	Primary Care Physician	SCA: Standard Cost Allocation
MiHIA: Michigan Health Improvement Alliance	PEP: Performance Enhancement Plan	SDA: State Disability Assistance
MiHIN: Michigan Health Information Network	PFS: Partnership for Success	SED: Serious Emotional Disturbance
MLR: Medical Loss Ratio	PEO: Professional Employer Organization	SB: Senate Bill
MMBPIS: Michigan Mission Based Performance Indicator System	PEPM: Per Eligible Per Month (Medicaid funding formula)	SIM: State Innovation Model
MOUD: Medication for Opioid Use Disorder (a sub-set of MAT)	PI: Performance Indicator	SIS: Supports Intensity Scale
MP&A (MPAS): Michigan Protection and Advocacy Service	PIP: Performance Improvement Project	SMI: Serious Mental Illness
MPCA: Michigan Primary Care Association (Trade association for FQHC’s)	PIHP: Prepaid Inpatient Health Plan	SPMI: Severe & Persistent Mental Illness
MPHI: Michigan Public Health Institute	PMV: Performance Measure Validation	SSDI: Social Security Disability Insurance
MRS: Michigan Rehabilitation Services	PN: Prevention Network	SSI: Supplemental Security Income (Social Security)
NACBHDD: National Association of County Behavioral Health and Developmental Disabilities Directors	Project ASSERT: Alcohol and Substance abuse Services and Educating providers to Refer patients to Treatment	SSN: Social Security Number
NAMI: National Association of Mental Illness	PS: Protective Services	SUD: Substance Use Disorder
NASMHPD: National Association of State Mental Health Program Directors	PTSD: Post-Traumatic Stress Disorder	SUD OPB: Substance Use Disorder Regional Oversight Policy Board
NCQA: National Committee for Quality Assurance	QAPIP: Quality Assessment and Performance Improvement Program	SUGE: Bureau of Substance Use, Gambling and Epidemiology
NCMW: National Council for Mental Wellbeing	QAPI: - Quality Assessment Performance Improvement	TANF: Temporary Assistance to Needy Families
NMRE: Northern Michigan Regional Entity (PIHP Region 2)	QHP: Qualified Health Plan	UR/UM: Utilization Review or Utilization Management
OC: Operations Council	QM/QA/QI: Quality Management/Assurance/Improvement	VA: Veterans Administration
OHCA: Organized Health Care Arrangement	QRT: Quick Response Team	VBP: Value Based Purchasing
OIG: Office of Inspector General	RCAC: Regional Consumer Advisory Council	WM: Withdrawal Management (formerly “detox”)
OMT: Opioid Maintenance Treatment - Methadone	REMI: MSHN’s Regional Electronic Medical Information software	WSA: Waiver Support Application
	RES: Residential Treatment Services	WSS: Women’s Specialty Services
	RFI: Request for Information	YTD: Year to Date
	RFP: Request for Proposal	ZTS: Zenith Technology Systems (MSHN Analytics and Risk Management Software)

Background:

FY 2024 Quality Assessment and Performance Improvement Program (QAPIP) Plan and FY2023 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 [FY23-24 QAPIP Plan Executive Summary](#) for an overview and highlights from the full [FY2024 QAPIP Plan](#) and the [FY2023 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, 2023–September 30, 2024, and the Annual Effectiveness and Evaluation Report for the period of October 1, 2022 - September 30, 2023.



Mid-State Health Network

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 the following year. The QAPIP is reviewed and approved by the Quality Improvement Council (QIC), Leadership, Operations Council and MSHN’s Board of Directors. 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, 2022 through September 30, 2023.

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 and 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 (page 18-25). Upon MSHN review at the close of FY23, MSHN demonstrated continued compliance with all the required components of the plan.

Annual Review of Performance Measures: Through an evaluation of the effectiveness, the performance measures were reviewed to determine if the action steps identified in the work plan were effective in producing the desired outcome. MSHN has recommended goals and action steps (workplan) for those areas that did not meet the standard or require action to enhance or further develop the process to ensure effectiveness for FY24.

Performance Measurement

MDHHS Performance Indicators

Goals:

- MSHN will meet or exceed the MMBPIS standards for Indicators as required by MDHHS.

Status:

- MSHN met or exceeded the standard for 7/7 performance indicators that included standards.

Recommendations:

- Discontinue primary source verification during DMC reviews. Complete primary source during external review and prior to quarterly submission to MDHHS.

- Beginning in FY24 the following standards were applied to Indicator 2, 2e and 3, based on MSHN's performance.
Indicator 2. a. The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service (by four sub-populations: MI-adults, MI-children, IDD-adults, IDD-children. Standard: 62%
Indicator 2. E. The percentage of new persons during the quarter receiving a face-to-face service for treatment or support within 14 calendar days of a non-emergency request for service for persons with substance use disorder. Standard: 75.3%
Indicator 3: The percentage of new persons during the quarter starting any needed on-going service within 14 days of completing a non-emergent biopsychosocial assessment (by four sub-populations: MI-adults, MI-children, IDD-adults, and IDD-children). Standard: 72.9%
- MSHN has implemented a performance improvement project to address the performance of Indicator 3.

Goal:

- MSHN will demonstrate an increase in compliance with access standards for the priority populations.

Status:

- MSHN did not meet the performance standard.

Recommendations:

- Monitor performance and review progress (including barriers, improvement efforts, recommendations, and status of recommendations).
- Develop/identify regional improvement strategies used to identify barriers and interventions.

Performance Improvement Projects

Goals:

- 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.
- The racial or ethnic disparities between the black/African American penetration rate and the index (white) penetration rate will be reduced or eliminated.

Status:

- Interventions to address the barriers have been identified and are in development. As of FY23Q3 the rates have decreased for both groups. Effectiveness will be determined following the review of CY23 data, which will be available in March of 2024.

Recommendations:

- Collaborate with PIP Team members and relevant committee.
- Utilize quality tools to identify barriers and root causes.
- Implement interventions.
- Evaluate the effectiveness of interventions.
- Submit PIP 1 to HSAG as required for validation as applicable.
- Submit to MDHHS with QAPIP Evaluation.

Adverse Event Monitoring and Reporting

Goal:

- The rate of critical incidents/non-suicide deaths/suicide deaths/sentinel events per 1000 served will demonstrate a decrease from previous year.

- 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:

- MSHN met the standard for four out of four performance monitoring measures. Due to the newly developed process for submission and remediation of events, improvement is needed for the timeliness of remediation and submissions.

Recommendations:

- Develop dashboard for tracking and monitoring timeliness.
- Develop training documents, including policies/procedures based on the new requirements and process for reporting.
- Complete the CIRS Performance Reports (including standards, trends, barriers, improvement efforts, recommendations, and status of recommendations to prevent reoccurrence) quarterly.
- Complete CIRS Process Improvement Report.
- Validate / reconcile reported data through the CRM.
- Implement the use of the Root Cause Analysis template with standardized elements.
- Establish electronic process for submission of sentinel events/ immediate notification, remediation documentations, and written analysis for those deaths that occurred within one year of discharge from state operated service.

Behavior Treatment

Goals:

- MSHN will demonstrate an increase in compliance with the Behavioral Treatment Standards for all IPOS reviewed during the reporting period. (Standard-95%)
- The percentage of emergency physical interventions per person served during the reporting period will decrease from the previous year.

Status: MSHN did not meet the standard for the performance measures, however, there was improvement and no statistically significant negative change.

Recommendations:

- MSHN quality manager will work with IT/PCE to coordinate a more streamlined approach to data submission in REMI.
- MSHN will reach out to the State Workgroup about training opportunities (including Direct Care Workers) and work with BTPR Workgroup provide/offer training opportunities for those working in direct care roles.
- CMHSPs will collaborate on the following through the BTPR workgroup: share details of their training platforms, documentation and processes for consistent monitoring and tracking purposes, and EMR development with others.
- MSHN will continue to review BTP charts through the DMC Review and the MDHHS 2024 Site Review.

Stakeholder Feedback

Goals:

- 80% of consumers will indicate satisfaction with SUD services/ children and adult mental health service/ long term supports and services.

Status:

- MSHN met the standard by obtaining an 80% or higher on four out of four performance measures. MSHN in collaboration with the NCI Advisory Council will identify focus areas for FY24.

Recommendations:

- Implement the MHSIP Survey for SUD Services, consistent with other programs and as required by CCBHC.
- Develop proposal for the administration of qualitative and quantitative assessment of member experience, and provider satisfaction for the region.
- Complete member experience annual report with causal factors, interventions, and feedback provided from relevant committees/councils. CMHSPs to document action steps on QIC action plan.
- Establish a QI Team to streamline surveys and processes. Identify sources of feedback to include in the regional assessment of member experiences. Complete performance summaries, reviewing progress (including barriers, improvement efforts, recommendations, and status of recommendations).

Member Appeals and Grievance

Goal:

- The percentage (rate per 100) of Medicaid consumers who are denied overall eligibility were resolved with a written notice letter within 14 calendar days for a standard request of service. (Standard 95%)
- The percentage (rate per 100) of Medicaid appeals which are resolved in compliance with state and federal timeliness standards including the written disposition letter (30 calendar days) of a standard request for appeal. (Standard 95%)
- The percentage (rate per 100) of Medicaid grievances are resolved with a written disposition sent to the consumer within 90 calendar days of the request for a grievance. (Standard 95%)

Status:

- MSHN met the performance standard for three of the three performance measures.

Recommendations:

- Implement a corrective action plan process for FY24 reporting when CMHSPs do not meet the 95% timeliness standard for Appeal and Grievance reporting.

Clinical Practice Guidelines

Goal:

- MSHN will demonstrate full compliance with the use of MDHHS required practice guideline. (PM) Inclusion, Consumerism, Personal Care in Non-Specialized Residential Settings, Family Driven and Youth Guided, Employment Works Policy and Practice Guidelines. (Met)
- MSHN will demonstrate an increase in the implementation of Person-Centered Planning and Documentation in the IPOS. (MDHHS Waiver Review FY22) (Not Met)
- 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. (Not Met)

Status:

- MSHN did not meet the standard for one of three performance measures.

Recommendations:

- Monitor ACT utilization summary of the average minutes for consumer per week.
- Recommend improvement strategies where adverse ACT utilization trends are detected.
- Establish a Person-Centered Planning QI Team to review process steps to identify efficiencies.
- Develop report to monitor, analyze, and improve the amount/scope and duration of services received by individuals enrolled in waivers and those not enrolled in waiver programs/services.

Provider Qualifications/Credentialing/Recredentialing

Goal:

- Licensed providers will demonstrate an increase in compliance with staff qualifications, credentialing and recredentialing requirements. Status: In Progress/Continue

- Non-licensed providers will demonstrate an increase in compliance with staff qualifications, and training requirements.

Status:

- MSHN met the standard for two out of two performance measures for staff qualifications. Staff qualifications are reviewed during the MDHHS Site Review and internally through the Delegated Managed Care Review. Based on the DMC review in FY23, improvement has been made.

Recommendations:

- Will evaluate the MDHHS credentialing report for CMHSP timeliness in decision making and credentialing activities, completing additional monitoring for those CMHSP who demonstrate a compliance rate of $\leq 90\%$ based on the credentialing report.
- Will complete primary source verification and review of the credentialing/recredentialing policy and procedure during the DMC review.
- Will complete primary source verification for professionals that have/require the designation of Qualified Intellectual Disability Professional (QIDP).

Verification of Services -Medicaid Event Verification

Goal:

- MSHN will address and verify whether services reimbursed by Medicaid were furnished to enrollees by affiliates, providers, and subcontractors.

Status:

- MSHN did not meet the performance standard for SUD.

Recommendations:

- Complete Medicaid Event verification reviews in accordance with MSHN policy and procedure.
- Complete The MEV Annual Methodology Report identifying trends, patterns, strengths and opportunities for improvement.

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

Goals:

- Reduction in number of visits to the emergency room for individuals in care coordination plans between the PIHP and MHP (Target 100%)
- Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines. (Target 100%)
- Percentage of individuals served who are receiving services consistent with the amount, scope, and duration authorized in their person-centered plan. (Standard 100%)
- Service utilization remains consistent or increases over previous year due to improved access to services through the use of telehealth. (Standard 0% decrease over previous FY)
- Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages (Standard $\leq 5\%$)
- MSHN will be in full compliance with the Adverse Benefit Determination notice requirements.
- MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization
- Percent of individuals eligible for autism benefit enrolled within 90 days with a current active IPOS. (Standard 95%)
- MSHN will demonstrate improvement from previous reporting period of the percentage of patients 8-64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Diabetes Screening

Report (Data Source-ICDP) Michigan 2020-84.43%

- MSHN will demonstrate an increase from previous measurement period in the percentage of individuals 25 to 64 years of age with schizophrenia or bipolar who were prescribed any antipsychotic medication and who received cardiovascular health screening during the measurement year. Cardiovascular Screening (Data Source-ICDP)
- The percentage of members 6–12 years of age as of the IPSD 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 with a practitioner within 270 days (9 months) after the Initiation Phase ended. (Data Source-ICDP) Michigan 2020 54.65%
- Plan All-Cause Readmissions-The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. (<=15%) (Data Source-ICDP) Michigan 2020 9.09%
- The percentage of members 20 years and older who had an ambulatory or preventative care visit. Adult Access to Care (>=75%) (Data Source – ICDP) Michigan 2020 82.49%
- The percentage of members 12 months-19 years of age who had a visit with a PCP. Children Access to Care (>=75%) (Data Source-ICDP) Michigan 2020 89.64%
- The percentage of discharges for adults (18 years or older) who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge. FUH Report (Standard-58%) Data Source CC360
- The percentage of discharges for children (6-17 years) who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge. Follow-Up After Hospitalization Mental Illness Children (Standard-70%) Data Source CC360
- Racial/ethnic group disparities will be reduced. (*Disparities will be calculated using the scoring methodology developed by MDHHS to detect statistically significant differences) Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following a psychiatric hospitalization (adults and children)
- Reduce the disparity BSC Measures for FUA. Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following an emergency department visit for alcohol or drug use.

Status:

- MSHN met the standard for twelve of the twenty performance measures. Four were discontinued or did not have information available at the time of this report. The QAPIP was partially effective.

Recommendations:

- MSHN to complete performance summary quarterly reviewing under / over utilization, medical necessity criteria, and the process used to review and approve provision of medical services. Identify CMHSPs/SUDPs requiring improvement and present/provide to relevant committees.
- Continued analysis of differences in amount/ duration of services received by individuals enrolled in waivers and non-waiver individuals.
- Develop and monitor reports and identify any areas where improvement is needed.
- Integrate standard assessment tools into REMI- MichiCANS implementation.
- Review tools for determining medical necessity for community living supports; recommend regional best practice.
- Develop process and identify report to monitor aggregate data on the quality and appropriateness of care for those receiving LTSS.

- Establish process and identify report to monitor aggregate data for assessment of care between care settings.
- Analyze performance reports (including barriers, improvement efforts, recommendations, and status of recommendations) for community integration and assessment of care between settings.
- Include information in the QAPIP description, workplan, evaluation.
- MSHN clinical team will review community integration during regional site reviews, implementing quality improvement when evidence of community integration is not found, and monitor for effectiveness to ensure community integration is occurring.

Provider Monitoring/External Review

Goal:

- MSHN will monitor the provider network including affiliates or subcontractors to which it has delegated managed care functions, including service and support provision, following up to ensure adherence to the required functions.
- Provider surveys demonstrate satisfaction with REMI enhancements - Provider Portal (SUD Network) (Standard ≥ 3.50)
- SUD providers satisfaction demonstrates 80% or above with the effectiveness and efficiency of MSHN's processes and communications (SUD Network) (Standard ≥ 3.50)
- MSHN will demonstrate an increase in compliance with the External Quality Review-Compliance Review. Comprehensive Score for FY21 and FY22. (Next measurement is FY25).

Status:

- MSHN partially met the performance standards. The MDHHS 1915 review has not occurred yet for standards. The findings and recommendations will be incorporated into the QAPIP Performance Measures and Work Plan for FY24.
- MSHN will demonstrate full compliance with the EQR-Performance Measure Validation Review.

Recommendations:

- Conduct delegated managed care reviews to ensure adequate oversight of delegated functions for CMHSP, and subcontracted functions for the SUDP.
- Coordinate quality improvement plan development, incorporating goals and objectives for specific growth areas based on the site reviews, and submission of evidence for the follow up reviews.
- Implement corrective action plans for areas that were not in full compliance, and quality improvement plans for recommendations. See CAP for specific action steps.
- Verify Medicaid Eligibility and data accuracy through primary source verification.
- Validate data collection process, both administrative and manual.
- Develop / modify ongoing training documents.
- Provide technical assistance to CMHSPs related to standards.
- Develop and monitor systematic remediation for effectiveness through delegated managed care reviews and performance monitoring through data.

Annual QAPIP Plan- Summary of Changes

General Changes: Updated the dates and references to reflect current MDHHS contract requirements and MSHN policy/procedures updates. Minor changes to improve flow of information. Removed areas that were no longer applicable or were redundant.

- I. **Overview/Mission Statement:** No changes
- II. **Scope of Plan-**Added CCHC and Health Homes
- III. **Definitions/Acronyms-** Added CCBHC and Health Homes
- IV. **Philosophical Framework:** No changes.
- V. **Organizational Structure and Leadership:** No substantive changes
- VI. **Performance Management:** No changes
- VII. **Stakeholder Experience/Engagement:** Removed the Supports Intensity Scale as it was discontinued.
- VIII. **Adverse Events:** Added language to include the QAPIP requirement for reporting deaths within 12 months of a discharge from a State operated service.
- IX. **Clinical Quality Standards:** Added b) Integrated Care which includes CCBHC and Health Homes. Included required language for Long Term Supports and Services including community integration, assessment of care between transition, and specific services identified as LTSS.
- X. **Provider Standards:** Added d) Value Based Purchasing
- XI. **QAPIP Priorities FY2024:**
The QAPIP Priorities and Work Plan Updated the work plan based on the QAPIP Evaluation of Effectiveness.

**REPORT OF THE MSHN CHIEF EXECUTIVE OFFICER
TO THE MSHN BOARD OF DIRECTORS
November/December 2023**

**Community Mental Health
Member Authorities**

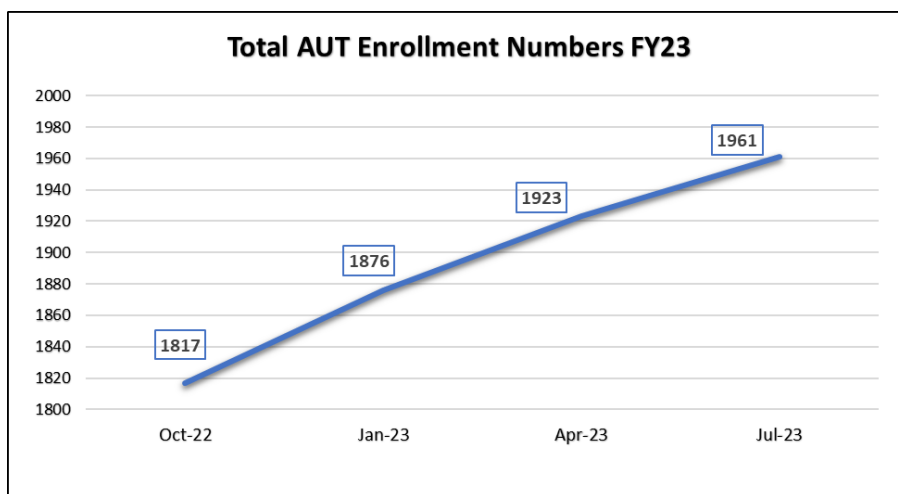
- Bay Arenac Behavioral Health
- CMH of Clinton.Eaton.Ingham Counties
- CMH for Central Michigan
- Gratiot Integrated Health Network
- Huron Behavioral Health
- The Right Door for Hope, Recovery and Wellness (Ionia County)
- LifeWays CMH
- Montcalm Care Center
- Newaygo County Mental Health Center
- Saginaw County CMH
- Shiawassee Health and Wellness
- Tuscola Behavioral Health Systems
- FY 2024 Board Officers
 - Ed Woods
Chairperson
 - Irene O'Boyle
Vice-Chairperson
 - Deb McPeck-McFadden
Secretary

HAPPY HOLIDAYS TO OBSERVERS OF ALL TRADITIONS!

PIHP/REGIONAL MATTERS

1. Autism Enrollment – Regional Growth (Excerpted from FY 23 Q2 Behavioral Health Department Report)

Growth in enrollment of beneficiaries in the Autism benefit has continued steady increases. While not included in the chart below (which is only through June 2023), the region had a total of 2,085 individuals enrolled in the autism benefit at the end of September 2023.



2. Conflict Free Access and Planning (CFAP) Update:

The Michigan Department of Health and Human Services (MDHHS)-Sponsored Conflict Free Access and Planning (CFAP) workgroup met for the last time near the end of November. Dr. Todd Lewicki, MSHN Chief Behavioral Health Officer, has served on the workgroup for the two years of its existence (a previous iteration of this workgroup met throughout 2016). The workgroup was not asked to make a recommendation among the four previously released models. The original timeline called for a MDHHS decision by October 2023. Delays are associated with MDHHS-led efforts to gather additional information from beneficiaries, providers, and other stakeholders. MDHHS has recently announced to PIHPs that a decision is forthcoming in January/February 2024.

MDHHS has determined the following four foundational assumptions:

- 1) Systems use Existing Structures: MSHN interprets this to mean that the existing Prepaid Inpatient Health Plan (PIHP) managed care structures and Community Mental

- Health Service Provider (CMHSP) service delivery structures will be maintained, and that new structures may not be needed to meet compliance.
- 2) Structural mitigation is required. Long relied upon and advocated for as appropriate safeguards, MDHHS has determined procedural safeguards (such as separation of duties, independent facilitation, and similar policy safeguards) are insufficient to meet the federal rule requirements. Structural mitigation in this context, in our view, means identifying roles/responsibilities that must be shifted between PIHPs and CMHSPs to meet rule requirements. This may result in role delineation by MDHHS, may result in modified (including prohibited/allowed delegation arrangements), contractual requirements to implement some additional safeguards in self-determination/independent facilitation, access, denials, grievances/appeals, and other impacts.
 - 3) Statewide Approaches Reduce Disparity: MDHHS has stated that it is ideal to implement statewide approaches whenever possible.
 - 4) Exceptions must be carefully considered: MDHHS must define and consider exceptions to the statewide structural mitigation approach for regions with limited willing/able providers.

The forthcoming changes to be announced by MDHHS may have significant impact on this region, how we have organized responsibilities, roles, and functions to be performed (and by whom), our operating agreements, operating contracts, and more. MSHN anticipates a planning period, that is hopefully phased, following the announcement(s) by MDHHS. Whatever changes are forthcoming, achieving a satisfactory regional plan will be a heavy lift. My office will keep our leadership, staff, regional partners, and board aware of developments. MDHHS has set a compliance date of 10/01/2024.

3. **Bylaws Review:**

[General Management Policy, MSHN Bylaws Review](#) stipulates that the MSHN Bylaws be reviewed every five years. It has been five years since that policy was established. Note that the MSHN Bylaws are subject to change only if the Boards of Directors of eight of the twelve MSHN CMHSP Participants pass resolutions approving any change. The MSHN Board does not have a vote in these matters.

Current Article 4.12 (Quorum and Voting) is out of date with changes to the Open Meetings Act (OMA) over the course of the pandemic. The current OMA permits remote participation only for military duty. There is a legislative effort underway to allow for remote participation of members of a public body under certain conditions (which was in place before and during much of the pandemic). SB 641 was introduced 11/07/2023. The draft senate bill proposes to differentiate between three different types of public bodies, with different rules for each. It is unclear whether the legislation will pass, whether it will pass in its current form, etc. Whatever the case, our attorney has proposed several options for updating the bylaws to comply with the Open Meetings Act.

The MSHN Operations Council will appoint three or four members to discuss the bylaws and bring any recommended edits forward to the full Operations Council in the coming months. Major changes are not anticipated. My office will keep the MSHN Board fully informed of developments. Intended to monitor movement of SB 641 and incorporate any changes enacted into law into the MSHN Bylaws, I have established a target completion goal in the fall of 2024.

4. **Follow-Up After Hospitalization for Mental Illness:** (Excerpted from FY 23 Q3 Integrated Health Report)

The level of performance detailed below is a testimonial to the whole region, including all CMHSPs, working to support individuals after hospitalization for a mental illness. Skye Pletcher, Chief Population Health Officer, reported that:

- The MSHN region had a rate of 69.9% follow-up for adults, exceeding the 58% required performance benchmark;
- The MSHN region had a rate of 97.8% follow-up for children, exceeding the 70% required performance benchmark.

5. **MDHHS/MSHN Contract – Office of Inspector General (OIG)-Related Expansion:**

Forthcoming Amendment #2 of the FY 24 MDHHS/MSHN will include a dozen or so new program integrity requirements. MDHHS' Office of the Inspector General is expanding the roles/responsibilities of PIHP compliance functions to address new requirements in fraud, waste, and abuse detection, investigation, and reporting. In significant part, these updated requirements were written for "health plans" (referred to as "managed care organizations" in many places). Over the course of several months, PIHPs raised questions and concerns about some of the new requirements indicating (for example) that they do not "fit" with PIHP operations as currently structured or require new resources (that have not been funded) to implement, among dozens of other concerns. Over PIHP objections, MDHHS will include these "non-negotiable" elements in the next contract change order. I am aware this statement isn't very detailed. The intention is for the MSHN Board to be alerted that MSHN will have to change some of our policies, elements of our compliance plan, and internal operations to comply with the new requirements.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

6. **Medicaid Health Plan Rebid:**

MDHHS has released its competitive request for proposals under the title "Mi Healthy Life: for Medicaid Health Plans (MHPs). There are five strategic pillars around which the re-procurement is structured:

- Serve the Whole Person, Coordinating Health and Health-Related Needs.
- Give All Kids a Healthy Start.
- Promote Health Equity and Reduce Racial and Ethnic Disparities.
- Drive Innovation and Operational Excellence.
- Engage Members, Families and Communities.

MSHN has reviewed the details of the Request For Proposal (RFP). In large measure, the RFP strengthens the relationships between PIHPs and MHPs.

A 15-minute MDHHS video outlining the key elements of the competitive bidding requirements is [available at this link](#).

7. **COVID Un-Wind Update:**

A public-facing dashboard of statewide Medicaid re-enrollment and disenrollment is [available at this link](#). One of the key metrics to observe over time is the number/percentage of "Ex Parte" (Passive) renewals.

These renewals occur when MDHHS attempts to renew a Medicaid beneficiary using data already available without needing to request additional information from the beneficiary.

Regional: Total disenrollments for the MSHN region in July were 2.3%, August, 1.7%, September, 2.6%, October 2.4%, and November 2.3%. The percentage denominator is all enrollees in the region and is obviously getting lower. A total of about 49,000 individuals have been disenrolled in the region over this period. Please see the following chart for a CMHSP-by-CMHSP breakdown for our region.

CMH	Assets	Income	Admin	Other	Total	Enrollees	November % disenrolled	October % disenrolled	September % disenrolled	August % disenrolled	July % disenrolled
BABH	1	57	634	24	716	34,478	2.1%	2.4%	2.5%	1.4%	2.3%
CEI	4	165	2660	71	2900	115,752	2.5%	2.3%	2.6%	1.7%	2.4%
CMCMH	2	79	1637	51	1769	75,676	2.3%	2.4%	2.7%	1.6%	2.3%
GIHN	0	20	218	10	248	11,662	2.1%	1.7%	2.6%	1.9%	2.5%
Huron	0	11	133	5	149	7,788	1.9%	2.3%	2.2%	1.7%	2.5%
Lifeways	2	51	1333	22	1408	59,125	2.4%	2.5%	3.0%	1.8%	2.4%
MCN	0	40	379	9	428	19,011	2.3%	2.2%	2.6%	1.8%	2.1%
Newaygo	1	30	283	16	330	16,189	2.0%	2.2%	2.9%	1.8%	2.7%
SCCMH	3	129	1202	50	1384	65,342	2.1%	2.1%	2.2%	1.5%	1.8%
Shiawassee	2	42	450	10	504	19,060	2.6%	2.7%	2.7%	1.7%	2.6%
TBH	0	14	298	4	316	16,715	1.9%	2.1%	2.6%	1.5%	2.5%
TRD	0	28	306	6	340	15,042	2.3%	2.8%	2.5%	1.8%	2.5%
Not in region	0	20	166	10	196						
Total November	15	686	9699	288	10688	455,840	2.3%				
Total October	14	715	10072	374	11175	472,737		2.4%			
Total September	13	816	11249	522	12600	477,567			2.6%		
Total August	20	549	7208	476	8253	494,113				1.7%	
Total July	89	1251	9872	539	11751	504,867					2.3%
Reduction since July						49,027	9.7%				

8. Legislature: (Excerpted from CMH Association materials)

The first Democratic-majority Legislature in 40 years wrapped up their legislative activity on Thursday, November 9, 2023, but officially will not end its work until Tuesday, November 14, 2023 – no additional votes will be taken on November 14, 2023. This year is the first time the House and Senate has adjourned before Thanksgiving since 1968.

Both chambers passed resolutions today setting November 14 as its “sine die” session, in which the Legislature adjourns without date, meaning that, barring an unexpected special session called by the Governor, lawmakers won’t return until January 10, 2024.

The early adjournment stems from a constitutional requirement that a bill cannot become law until 90 days after the session adjourns unless it receives support from two-thirds of the members of each chamber to give it “immediate effect.” Items not receiving immediate effect include legislation to move up Michigan’s presidential primary to February 27, 2024, various tax changes that include eliminating the state’s retirement tax and changes to EITC (there is a desire to have them go into effect before tax season), gun reform legislation and Proposal 2 implementation reform bills, which will need to go into effect by February 27, 2024.

On a VERY IMPORTANT side note, on Tuesday, November 7, 2023, Representatives Lori Stone (D-Warren) and Kevin Coleman (D-Westland) won their respective elections for mayor. They are expected to submit their resignation to the Speaker of the House and be sworn into their new offices early next week. Once the vacancies are official, Governor Gretchen Whitmer will be able to call a special election for those two House seats to be filled. At this time, we reasonably expect to see special general elections to be completed by early

May. The vacancies left by Stone and Coleman leave the House with a 54-54 split between Democrats and Republicans. With two members missing the House need 55 votes to pass any piece of legislation, any bills considered before the House would require at least 1 Republican to vote in favor of the legislation should they convene and vote on bills. Committees will be able to operate as normal and the budget process will consume much of the early activity (which is done in the committee process), we expect very limited action on the House floor while there is a two-seat vacancy in the House.

9. Keep Kids Safe Action Agenda:

[The Keep Kids Safe Action Agenda](#) includes dozens of protocols and policies to improve the safety and well-being of Michigan children.

The action agenda incorporates updates to the department's work to keep Michigan kids safe. Developed over the course of more than four years, the agenda relies on best practices in child welfare and commits the department to the nation's highest standards. The action agenda will evolve as new research and data is released to keep kids safe from harm.

The action agenda highlights the steps MDHHS has taken and will continue to take that can be separated into five categories – prevention, intervention, stability, wellness and workforce. Actions include:

- **Prevention**

- Investing millions of dollars to create more Family Resource Centers, allowing Michigan to become one of only five states to receive the Child Safety Forward grant from the federal Office of Victims of Crime. This project focuses on reducing and preventing child deaths that result from crime. The number of family resource centers recently expanded by five for a total of 11 in local communities.
 - Family Resource Centers work with families that are at-risk of abuse and neglect to meet their needs sooner and strengthen their protective factors.
- Improving the process for handling reports of suspected child abuse and neglect to the state's toll-free hotline – 855-444-3911 – by creating a structured decision-making tool that better guides hotline staff.
- Developing firearm safety protocols to provide guidance for child welfare staff to talk with families about firearm safety.
 - That includes creating a website with information about where families can get free trigger locks and appropriating \$2 million to support initiatives related to misuse of guns, including trigger locks and other available options.
- Expanding home visits by nurses and other professionals to proactively identify and help families who may benefit from better parenting strategies and coping skills.
- Piloting a vulnerable children protocol in various counties that provides additional safety reviews of cases in which the child has bruises and is too young to fully speak for himself or herself.
- Analyzing data in partnership with Chapin Hall at the University of Chicago to determine which families are most at risk so the department can provide services sooner for the well-being of children.
- Securing approximately \$50 million in prevention services annually to better serve at-risk families.

- Working with the State Legislature to make it easier for caregivers to determine whether another caregiver for their child is on the state’s Central Registry for child abuse and neglect. A new law, referred to as Wyatt’s Law, was signed by Gov. Gretchen Whitmer in May 2022.
- **Intervention**
 - Developing an intervention tool that requires regular communication with caseworkers and their supervisors during key points of an investigation.
 - Working with stakeholders and partners in the Legislature in supporting the child welfare system. MDHHS continues to identify policy changes to increase child safety. Some of these changes may include improved data sharing between behavioral health, substance use disorder service providers, domestic violence providers, and the child welfare system.
 - Learning more from child deaths by participating in multi-disciplinary child death review teams that involve MDHHS, prosecutors, law enforcement, medical professionals and others.
- **Stability**
 - Establishing regional placement units that help identify appropriate living arrangements for youth to ensure they are in the most family-like settings or settings that can best meet their treatment needs.
 - Creating the Bureau of Children's Coordinated Health Policy & Supports within MDHHS to improve and build upon coordination and oversight of children's behavioral health services and placement of children with complex needs.
 - Creating an executive committee that provides support and accountability to service providers in the child welfare system that are not meeting expectations. This committee provides an opportunity for leaders in various administrations within MDHHS to holistically review the work of agencies and recommend interventions to ensure child safety.
 - Holding child-caring facilities accountable and limiting the use of dangerous restraints across Michigan following the death of 16-year-old Cornelius Fredrick in a Kalamazoo facility after he was wrongfully restrained.
 - Launching ChildStat, a quality improvement process to make systemic changes to the state’s child welfare system. ChildStat strategies include providing support for relatives so children can be placed with them instead of in group residential facilities.
 - Developing a pilot program to embed one of our eligibility specialists with our child welfare team to more easily provide immediate support to families, including access to Medicaid enrollment, food assistance, childcare subsidies, and other resources.
- **Wellness**
 - Increasing funding for stronger basic needs to ensure families have access to adequate food, housing and utilities.
 - Increasing access to quality mental health services to help families meet their needs.
 - Implementing a pilot project to work with local Community Mental Health agencies to connect families with mental health services as soon as children enter foster care.
 - Implementing a standard behavioral health assessment for children across the state entering the mental health system or the child welfare system by December 31, 2023. Children too often wait days or weeks for an assessment to identify what treatments they need, if any. MDHHS is developing a customized statewide version of the assessment tool Child and Adolescent Needs and Strengths (CANS) so children can be seen, wherever they are, by clinicians who specialize in working with children.

- Adopting a goal of ultimately expanding mobile crisis care across the state for all populations. \$3.5 million in grants were recently given to local community mental health service providers to expand intensive crisis stabilization services for young people who are experiencing emotional symptoms, behaviors, or traumatic circumstances that have affected their ability to function.
 - Working with partners to pass PA 402 of 2020, creating Crisis Stabilization Units to provide an alternative to ER and psychiatric inpatient admission for people who can be stabilized through treatment and recovery coaching within 72 hours. \$32 million was included in the last state budget, for 11 pilot units launching this summer.
 - Creating 13 new Certified Community Behavioral Health Clinics (CCBHCs) through a federal program to bring CCBHCs – offering comprehensive and coordinated behavioral health services – to all Michiganders, regardless of their insurance, ability to pay, place of residence, or age. These clinics offer 24/7 mobile crisis response and medication- assisted treatment for substance use disorders.
- **Workforce**
 - Implementing proven training practices known as motivational interviewing that provide all child welfare staff with enhanced engagement and assessment skills. Motivational Interviewing is a new technique to encourage more engaging questions and allow for enhanced information sharing with the family, which can help identify the appropriate services and support for the family. Forty-nine counties have been trained so far.
 - Improving the quality of ongoing safety planning training for Children’s Protective Services (CPS) workers and supervisors. Safety plans include actions that families and people who support them are willing to take to prevent or respond to child safety or risk issues.
 - Developing an ongoing quality assurance unit focused on providing independent feedback to investigators to improve investigation quality.
 - Improving safety in group residential facilities by:
 - Developing the Residential Collaboration and Technical Assistance Unit.
 - Partnering with the nationally recognized Building Bridges Initiative to provide training and technical assistance to congregate care providers to improve safety; and
 - Implementing weekly reviews of group residential facilities to assess safety and risk using data.
 - Completing multiple real-time reviews of physical abuse cases to evaluate safety planning and ensure decision-making was appropriate.
 - Making a policy change to document details about what is discussed during case conferences between a CPS worker and supervisor.

FEDERAL/NATIONAL ACTIVITIES

10. Veterans Administration (VA):

The VA has released its 2022 [National Veteran Suicide Prevention Annual Report](#) noting that 6,392 veterans died of suicide in 2021, an increase of 114 over the previous year. In that year, suicide was the second leading cause of death for veterans under age 45; overall, it was the 13th leading cause of death for veterans of all ages.

- “The VA found that groups who were more vulnerable going into the pandemic experienced higher rates of suicide. This includes women, the homeless, and justice-connected individuals. The report

states that the highest increases of distress caused by the pandemic occurred among veterans aged 18-44 years and among women veterans. These groups reported higher socioeconomic concerns, greater problematic alcohol use, and decreased community integration.

- Overall, firearms continue to be the most common means of suicide among veterans. In 2021, 72% of these deaths were firearm-related, compared to 52% in the general population. Since 2001, the rate of deaths involving firearms has increased by 58% for the veteran population.
- A third of veteran firearm owners store at least one firearm unlocked and loaded. Veterans Health Administration (VHA) users do this more frequently than other veterans (38% versus 31.9%).
- Rates were higher among recent users of VA health care services than for other veterans for all-cause mortality and for leading causes of death, including heart disease, cancer, COVID-19, unintentional injury, and suicide. The VA notes that is consistent with the higher-complexity medical and psychosocial needs among veterans who seek care from the VHA.
- Over 60% of veterans who died by suicide in 2021 were not seen in the VHA the previous two years. Over half had not received services from either VHA or the Veterans Benefit Administration.
- From 2001 to 2021, suicide rates among recent VHA users with mental health or substance use disorder (SUD) diagnoses fell. An Under Secretary stressed the importance of hiring more peer-to-peer specialists in the VHA, saying they know these specialists are often the only type of staff in a health care setting who can convince a veteran to pursue and follow up with treatment.

The report lists out seven “themes” in its “Call to Action:”

- o Promote firearm secure storage for veteran suicide prevention;
- o Implement and sustain community collaborations focused upon community-specific veteran suicide prevention plans;
- o Continue expansion of readily accessible crisis intervention services;
- o Improve tailoring of prevention and intervention services to the needs, issues, and resources unique to veteran subpopulations;
- o Advance suicide prevention meaningfully into non-clinical support and intervention services, including financial, occupational, legal, and social domains;
- o Increase access to and utilization of mental health across a full continuum of care; and
- o Integrate suicide prevention within medical settings to reach all veterans.”

11. New Federal Investments in Behavioral Health:

The U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), announced notices of funding opportunities this week for grant programs that address behavioral health challenges in local communities by preventing substance use initiation, reducing the progression of substance use, and addressing other related concerns. The grant opportunities total about \$74.4 million and are part of the Biden-Harris Administration’s priorities to beat the overdose epidemic and tackle the mental health crisis – two key pillars of the President’s Unity Agenda for the nation.

“By supporting the development and delivery of community-based behavioral health services, we promote positive outcomes and advance health equity,” said HHS Secretary Xavier Becerra. “This funding emphasizes the Biden-Harris Administration’s commitment to providing the resources our local communities need.”

“SAMHSA is committed to improving access to behavioral health care services in America’s communities,” said Miriam E. Delphin-Rittmon, Ph.D., HHS Assistant Secretary for Mental Health and Substance Use and the leader of SAMHSA. “This funding is a critical investment to help organizations in those communities to implement comprehensive, evidence-based strategies to prevent and address substance misuse and promote mental health.”

12. Centers for Medicare and Medicaid Services (CMS):

CMS has “released a Centers for Medicaid and Children’s Health Insurance Program (CHIP) Services (CMCS) [informational bulletin](#) to provide additional tools for States and CMS to improve the monitoring and oversight of managed care in Medicaid and CHIP. This bulletin provides additional updates and reminders on the web-based reporting portal and the reporting requirements for managed care programs, announces the release of several new technical assistance toolkits, and provides an update on CMS’ process for review and approval of managed care contracts, rate certifications, and State directed payments.”

Separately, CMS has “released the CMCS Informational Bulletin entitled [Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and the Children’s Health Insurance Program \(CHIP\)](#). This guidance outlines a framework of services and supports to address health-related social needs (HRSN) that CMS considers allowable under specific Medicaid and CHIP authorities. These flexibilities, and accompanying safeguards to protect program and fiscal integrity, provide opportunities for states to improve consistent access to needed care, health outcomes, and health equity among Medicaid and CHIP enrollees by addressing HRSN in a manner that complements but does not supplant existing housing and social services.”

13. Workforce:

Centers for Disease Control and Prevention (CDC) has again distributed a feed entitled [Vital Signs: Health Worker–Perceived Working Conditions and Symptoms of Poor Mental Health — Quality of Worklife Survey, United States, 2018–2022](#). “Work in health occupations (which include clinicians as well as those in mental health, public health, long-term care, and other support roles) is stressful owing to demanding working conditions including taxing work; exposure to infectious diseases; long hours; and challenging interactions with coworkers, patients, and their families. Chronic exposure to stressful working conditions, including not participating in decision-making and lack of supportive supervision, can lead to mental strain, and during the COVID-19 pandemic, contributed to health worker turnover. Depressive disorders are a leading cause of disability, and for workers, are associated with higher rates of absenteeism and presenteeism (working when physically ill). In 2021, one in four U.S. essential workers (including health workers) had received a mental disorder diagnosis since the pandemic onset.

- U.S. health workers experienced a 249% increase in rates of work-related injury and illness between 2019 and 2020. The pandemic intensified existing risks and workloads because of staff member shortages, high patient loads, supply shortages, fatigue, and grief, exacerbating preexisting crisis levels of burnout (e.g., feeling emotionally exhausted and detached and experiencing a low sense of personal accomplishment at work).
- Health workers experienced increased harassment (i.e., threats, bullying, verbal abuse, or other actions from patients and coworkers that create a hostile work environment) and violence, which can increase the risk for symptoms of depression, anxiety, posttraumatic stress, and suicidal ideation.

The purpose of this analysis was to ascertain whether U.S. health workers experienced more mental health declines than did other workers during the COVID-19 pandemic. This report describes and compares self-reported well-being and working conditions for health workers, other essential workers, and all other workers in 2018 and 2022 using cross-sectional data from the Quality of Worklife (QWL) module of the nationally representative General Social Survey (GSS). To identify potential prevention strategies, working conditions associated with frequency of symptoms of anxiety, depression, and burnout for health workers in 2022 were examined.”

14. Social Determinants of Health:

SAMHSA has written on [Addressing Social Determinants of Health Among Individuals Experiencing Homelessness](#). “Over 582,000 individuals across the country were experiencing homelessness on a single night in 2022. The Point-in-Time (PIT) census is a count of sheltered and unsheltered individuals experiencing homelessness on a single night in January. The PIT count is valuable in quantifying homelessness, identifying year-over-year trends, and supporting policy development. Key additional findings from the *2022 Annual Homelessness Assessment Report to Congress and Continuum of Care Homeless Populations and Subpopulations Report* include:

- 21 percent of individuals experiencing homelessness reported having a serious mental illness, and 16 percent reported having a substance use disorder.
- A 16 percent increase among individuals experiencing chronic homelessness between 2020 and 2022.
- The homeless population comprised 37 percent of individuals who identified as Black and 24 percent identifying as Hispanic.

Homelessness is associated with a higher prevalence of mental and substance use disorders when compared to stably housed individuals. Individuals experiencing homelessness continue to face health disparities, including increased mortality due to suicide. Homelessness is a complex problem, and the social determinants of health serve as a key factor in addressing and developing comprehensive solutions to prevent and end homelessness.”

Separately, The Biden/Harris Administration has released a [US Playbook to Address Social Determinants of Health](#), and noted that “our vision is to enable every American to lead a full and healthy life within their community. The frequent organizational separation of health care from services such as housing or nutrition programs complicates efforts to address interconnected health needs. This Playbook lays out an initial set of structural actions federal agencies are undertaking to break down these silos and to support equitable health outcomes by improving the social circumstances of individuals and communities. The Playbook sets the stage for agencies and organizations to re-imagine new policies and actions around SDOH, both inside and outside of government. While the Playbook is a point of departure, it does not represent a final, comprehensive strategy for addressing SDOH. Initial efforts are focused on individual and community-centered interventions with actions grouped into three pillars.

- Pillar 1: Expand data gathering and sharing
- Pillar 2: Support flexible funding to address social needs
- Pillar 3: Support backbone organizations

The Administration is advancing several initiatives to bolster backbone organizations. To strengthen their infrastructure, the Administration will provide community care hubs (a type of backbone organization) with educational assistance, technical resources, data security training, and support in payment operations, including through a National Learning Community. The Administration will distribute new grants to support emerging and existing backbone organizations that serve communities facing infrastructure challenges. Improving data collection is critical, so the Administration will support backbone organizations in identifying best practices for equitable data collection, protection, and sharing. Additionally, the Administration will continue ongoing programs that bolster organizations providing housing assistance, food access, free or low-cost legal resources, and more.” See this [link for a call to action](#).

15. Federal Legislation to Address the Opioid Epidemic:

The Senate Committee on Health, Education, Labor and Pensions (HELP) will consider a sweeping bill meant to combat the opioid epidemic...the proposal would reauthorize a number of programs first created by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment Act (SUPPORT Act), an addiction-focused bill that Congress first passed in 2018. Many of those programs' authorizations expired earlier this year.

- If passed, the legislation would mark Capitol Hill's first major action this year on the addiction crisis.
- Still, Congress in recent years has done little to address the crisis. In one notable exception late last year, lawmakers did pass a bill that allowed doctors, nurse practitioners, and physician assistants to prescribe buprenorphine, a common medication used to treat opioid use disorder, directly to patients without undergoing special training. The new law, however, doesn't appear to have driven a meaningful increase in the number of prescribers.
- The refreshed SUPPORT Act would reauthorize programs that provide funding to community-based organizations working to address the addiction crisis, make permanent certain provisions that expanded access to addiction medications, and expand access to treatment for pregnant women and, separately, incarcerated people.
- The legislation is a catch-all proposal that is likely to wrap in a number of addiction bills that have already been introduced, but haven't yet gained traction in the House or Senate. While it is likely to include a number of priorities that the American Society of Addiction Medicine (ASAM) outlined in a recent open letter to Congress, it's unclear whether it will include others.

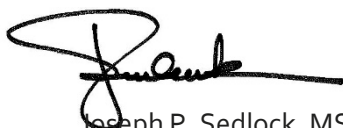
On November 21, the American Society for Addiction Medicine (ASAM) sent letter to the HELP leadership urging strong policymaking to tackle America's substance use challenges. Outlining five policy solutions that interlock for an exponentially stronger approach to the U.S.' addiction and overdose crisis, ASAM urged the Committee's leadership to include the following provisions in the bill:

- S.3200 – the *Substance Use Disorder Treatment and Recovery Loan Repayment Program Reauthorization Act (STAR-LRP)*, legislation that would double this loan repayment program for individuals with student loans that have pursued full-time substance use disorder (SUD) treatment jobs in high-need areas and grant the program federal tax exempt status, ultimately helping to address severe SUD workforce shortages in areas where it is most needed;
- S. 644 - the *Modernizing Opioid Treatment Access Act*, legislation that would authorize the DEA to issue a special registration for opioid treatment program prescribing clinicians and addiction specialist physicians to use their clinical expertise in prescribing methadone for opioid use disorder (OUD) treatment that could be picked up at pharmacies, subject to SAMHSA rules or guidance on the supply of methadone for unsupervised use, and responsibly expand access to methadone treatment for OUD across the U.S.;
- S. 3193 - the *TREATS Act*, legislation that would establish a new, audio-video or audio-only, telehealth evaluation exception to the Ryan Haight Act's in-person exam requirement for the purposes of prescribing Schedule III-V controlled medications approved for the treatment of SUD, and continue to enhance the reach of the nation's addiction specialist workforce via telemedicine;
- S. 3145 - the *Improving Access to Addiction Medicine Providers Act*, legislation that would finally modernize the SAMHSA's Minority Fellowship Program (MFP) by amending the Public Health Service Act to include the field of addiction medicine in MFP, to address disparities in and strengthen and diversify the behavioral health workforce and improve mental health and substance use outcomes;

Federal legislation directing SAMHSA to develop model standards for SUD treatment program licensure to establish consistency in states' organization and oversight of addiction treatment programs, and thus, consistency in the quality of addiction care such programs deliver.

- The legislation is likely to exclude another major piece of legislation that the American Society of Addiction Medicine is aggressively pushing, according to lobbyists: the Modernizing Opioid Treatment Access Act (MOTAA). MOTAA would allow addiction doctors to prescribe methadone directly to patients. Studies show that methadone is highly effective at preventing opioid overdose and death, and it is widely accessible in much of the Western world, including in Australia and a number of European countries. In the U.S., however, patients can receive it only by attending a specialized clinic that usually requires them to appear in person every morning to receive a dose.
- Even if the bill passes the HELP Committee and the full Senate, its fate remains unclear. Earlier this year, two House committees passed a similar version of a SUPPORT Act reauthorization bill, though the full chamber hasn't yet approved the legislation, and it's unclear where the addiction crisis ranks on the priority list of the Speaker of the House.

Submitted by:



Joseph P. Sedlock, MSA
Chief Executive Officer
Finalized: 12/19/2023

Attachments:

- MSHN Michigan Legislative Tracking Summary



Compiled and tracked by Sherry Kletke

Below is a list of Legislative Bills MSHN is currently tracking and their status as of December 18, 2023:

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 4003	ELCRA (Hoskins) Includes sexual orientation and gender identity or expression as categories protected under the Elliott-Larsen civil rights act.	Received in Senate (3/9/2023; To Civil Rights, Judiciary and Public Safety Committee)
HB 4131	Health Insurers (Liberati) Modifies coverage for health care services provided through telemedicine.	Received in Senate (11/14/2023; To Health Policy Committee)
HB 4169	Occupational Therapists (Rogers) Enacts occupational therapy licensure compact.	Reported in House (10/12/2023; With substitute H-1; By Health Policy Committee)
HB 4170	Occupational Therapists (Wozniak) Modifies licensure process for occupational therapists to incorporate occupational therapy licensure compact.	Reported in House (10/12/2023; With substitute H-1; By Health Policy Committee)
HB 4201	Liquor Licenses (Grant) Eliminates sunset of carryout sales and delivery of alcoholic liquor by an on-premises licensee.	Received in Senate (5/3/2023; To Regulatory Affairs Committee)
HB 4213	Telemedicine (Morse) Provides definition of distant site for a telemedicine visit.	Received in Senate (11/14/2023; To Health Policy Committee)
HB 4498	Disabilities Discrimination (Bierlein) Requires pre-suit notice of civil actions under the persons with disabilities civil rights act and provides an opportunity to comply.	Introduced (5/2/2023; To Judiciary Committee)
HB 4523	Mental Health Court (Hope) Modifies violent offender eligibility for mental health court.	Received in Senate (11/1/2023; To Civil Rights, Judiciary and Public Safety Committee)
HB 4524	Drug Treatment Courts (Andrews) Modifies termination procedure for drug treatment courts.	Received in Senate (11/1/2023; To Civil Rights, Judiciary and Public Safety Committee)
HB 4525	Drug Treatment Court (Filler) Modifies violent offender eligibility for drug treatment court.	Received in Senate (11/1/2023; To Civil Rights, Judiciary and Public Safety Committee)
HB 4576	Behavioral Health Services (VanderWall) Provides specialty integrated plan for in behavioral health services.	Introduced (5/16/2023; To Health Policy Committee)
HB 4577	Mental Health (VanderWall) Provides updates regarding the transition from specialty prepaid inpatient health plans to specialty integration plans.	Introduced (5/16/2023; To Health Policy Committee)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 4690	Substance Abuse (Coffia) Modifies notice of a defendant's right to secular substance abuse disorder treatment.	Committee Hearing in House Judiciary Committee (6/21/2023)
HB 4693	Open Meetings (Fitzgerald) Allows nonelected and noncompensated public bodies to meet remotely.	Introduced (5/30/2023; To Local Government and Municipal Finance Committee)
HB 4707	Health Insurers (Brabec) Modifies coverage for intermediate and outpatient care for substance use disorder.	Advanced to Third Reading in House (10/24/2023)
HB 4745	Mental Health (BeGole) Expands petition for access to assisted outpatient treatment to additional health providers.	Introduced (6/14/2023; To Health Policy Committee)
HB 4746	Mental Health (Steele) Provides outpatient treatment for misdemeanor offenders with mental health issues.	Introduced (6/14/2023; To Health Policy Committee)
HB 4747	Mental Health (Kuhn) Expands hospital evaluations for assisted outpatient treatment.	Introduced (6/14/2023; To Health Policy Committee)
HB 4748	Mental Health (Tisdell) Allows use of mediation as a first step in dispute resolution.	Introduced (6/14/2023; To Health Policy Committee)
HB 4749	Community Mental Health (Harris) Provides community mental health oversight of competency exams for defendants charged with misdemeanors.	Introduced (6/14/2023; To Health Policy Committee)
HB 4769	Gender Neutral References (Coffia) Makes certain references in the mental health code gender neutral.	Introduced (6/15/2023; To Government Operations Committee)
HB 4817	Open Meetings (Carter, B.) Modifies procedures for electronic meetings of public bodies.	Introduced (6/15/2023; To Local Government and Municipal Finance Committee)
HB 4841	Adult Foster Care (Young) Provides for enhanced standards on adult foster care facilities.	Committee Hearing in House Families, Children and Seniors Committee (9/19/2023)
HB 5077	Naloxone (VanderWall) Provides distribution of naloxone under the administration of opioid antagonist act to any individual.	Committee Hearing in House Health Policy Behavioral Health Subcommittee (10/26/2023)
HB 5078	Controlled Substances (Rheingans) Provides distribution of opioid antagonists by employees and agents of agencies under the administration of opioid antagonists act.	Committee Hearing in House Health Policy Behavioral Health Subcommittee (10/26/2023)
HB 5087	Liquor Licenses (Markkanen) Provides on-premises liquor license for certain	Introduced (10/4/2023; To Regulatory Reform Committee)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
	veteran-based community organizations and eliminates local population restrictions.	
HB 5114	Mental Health Professionals (Rheingans) Expands definition of mental health professional to include physician assistants, certified nurse practitioners, and clinical nurse specialists-certified, and allows them to perform certain examinations.	Introduced (10/10/2023; To Health Policy Committee)
HB 5128	Controlled Substances (Skaggs) Modifies crime of manufacturing, delivering, or possession of with intent to deliver heroin or fentanyl to reflect changes in sentencing guidelines.	Introduced (10/12/2023; To Criminal Justice Committee)
HB 5129	Controlled Substances (Wilson) Allows probation for certain major controlled substances offenses.	Introduced (10/12/2023; To Criminal Justice Committee)
HB 5130	Controlled Substances (Filler) Amends sentencing guidelines for delivering, manufacturing, or possessing with intent to deliver heroin or fentanyl.	Introduced (10/12/2023; To Criminal Justice Committee)
HB 5184	Social Workers (Brabec) Modifies social work licensure requirements and includes licensure for licensed clinical social workers.	Committee Hearing in House Health Policy Behavioral Health Subcommittee (11/9/2023)
HB 5185	Social Workers (Edwards) Modifies social work licensure requirements and includes licensure for licensed clinical social workers.	Committee Hearing in House Health Policy Behavioral Health Subcommittee (11/9/2023)
HB 5276	Mental Health (Conlin) Establishes office of mental health within the Michigan department of military and veterans affairs.	Introduced (10/26/2023; To Military, Veterans and Homeland Security Committee)
HB 5277	Mental Health (Morse) Establishes office of mental health within the Michigan veterans affairs agency.	Introduced (10/26/2023; To Military, Veterans and Homeland Security Committee)
HB 5278	Mental Health (Bezotte) Establishes veteran service officer mental health training program.	Introduced (10/26/2023; To Military, Veterans and Homeland Security Committee)
HB 5279	Mental Health (Brabec) Establishes office of mental health peer mentorship program within the Michigan department of military and veterans affairs.	Introduced (10/26/2023; To Military, Veterans and Homeland Security Committee)
HB 5280	Mental Health (Bruck) Establishes Michigan azimuth bridge program for transitioning military service members' mental health.	Introduced (10/26/2023; To Military, Veterans and Homeland Security Committee)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 5343	Mental Health Professionals (Arbit) Requires insurance providers to panel a mental health provider within a certain time period of application process.	Introduced (11/14/2023; To Health Policy Committee)
HB 5344	Health Benefits (Brabec) Requires nonprofit health care corporation to panel a mental health provider within a certain time period of the application process.	Introduced (11/14/2023; To Health Policy Committee)
HB 5345	Mental Health Parity (Arbit) Provides mental health parity and addiction equity compliance.	Introduced (11/14/2023; To Health Policy Committee)
HB 5346	Mental Health Parity (Coffia) Requires certain annual reports of health insurers relating to mental health parity.	Introduced (11/14/2023; To Health Policy Committee)
HB 5347	Health Insurers (Mentzer) Requires certain annual reports of nonprofit health care corporations.	Introduced (11/14/2023; To Health Policy Committee)
HB 5371	Behavioral Health Clinics (Brabec) Provides certification and funding for certified community behavioral health clinics.	Introduced (11/14/2023; To Health Policy Committee)
HB 5372	Behavioral Health Clinics (Green) Provides certification for certified community behavioral health clinics.	Introduced (11/14/2023; To Health Policy Committee)
SB 27	Health Insurance (Anthony) Provides equitable coverage for behavioral health and substance use disorder treatment.	Committee Hearing in House Insurance and Financial Services Committee (11/9/2023-- Canceled)
SB 28	Mental Health (Anthony) Expands definition of restraint.	Introduced (1/18/2023; To Health Policy Committee)
SB 57	Drug Paraphernalia (Chang) Prohibits sale of nitrous oxide devices.	Received in House (10/18/2023; To Health Policy Committee) Passed in Senate (10/18/2023; 37-1)
SB 58	Drug Paraphernalia (Bellino) Prohibits sale of nitrous oxide devices.	Received in House (10/18/2023; To Health Policy Committee) Passed in Senate (10/18/2023; 37-1)
SB 133 (PA 313)	Controlled Substances (McCann) Creates overdose fatality review act.	Signed by the Governor (12/14/2023; Signed: December 14, 2023, Effective: February 13, 2024)
SB 227	Child Protection (Lauwers) Modifies emergency safety intervention in a children's therapeutic group home.	Enrolled in Senate (11/9/2023)
SB 382 (PA 241)	Language Access Plan (Chang) Requires state agencies to create language	Signed by the Governor (11/30/2023; Signed: November

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
	access plan and implements for individuals with limited English proficiency.	29, 2023, Effective: February 13, 2024)
SB 399	Mental Health (Bellino) Modifies competitive grant program.	Introduced (6/21/2023; To Appropriations Committee)
SB 499	Controlled Substances (Irwin) Exempts conduct associated with entheogenic plants and fungi from criminal penalties in certain circumstances.	Introduced (9/14/2023; To Regulatory Affairs Committee)
SB 540	Veterans (Hertel, K.) Creates Michigan veterans coalition grant program.	Introduced (10/3/2023; To Veterans and Emergency Services Committee)
SB 541	Veterans (Hauck) Creates Michigan veterans coalition fund.	Introduced (10/3/2023; To Veterans and Emergency Services Committee)
SB 542	Controlled Substances (Hertel, K.) Allows choice of formulation, dosage, and route of administration for opioid antagonists by certain persons and governmental entities if department of health and human services distributes opioid antagonists free of charge.	Introduced (10/3/2023; To Health Policy Committee)
SB 546	Liquor Licenses (Hauck) Modifies license to sell alcoholic liquor for consumption on the premises of a certain conference centers.	Introduced (10/3/2023; To Regulatory Affairs Committee)
SB 574	Veteran Benefits (Singh) Creates Tricare premium reimbursement program.	Introduced (10/10/2023; To Appropriations Committee)
SB 641	Open Meetings (McBroom) Revises provisions of open meetings act relating to virtual attendance and participation of members of public bodies at public meetings.	Introduced (11/7/2023; To Oversight Committee)
SB 647	Tobacco Products (Shink) Eliminates preemption of local ordinances pertaining to the sale of tobacco products or the licensure of distributors.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 648	Tobacco Products (Chang) Creates excise tax on e-cigarettes and certain other tobacco products.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 649	Tobacco Products (Cherry) Prohibits advertising for sale, displaying for sale, marketing, or selling a nicotine or tobacco product that has characterizing flavor.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 650	Tobacco (Cherry) Revises reference to 1915 PA 31 in the age of majority act of 1971.	Introduced (11/9/2023; To Regulatory Affairs Committee)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
SB 651	Tobacco Products (Singh) Requires license to sell a nicotine or tobacco product at retail.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 652	Tobacco (Singh) Revises reference to 1915 PA 31 in the age of majority act of 1971.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 653	Tobacco (Cavanagh) Revises reference to 1915 PA 31 in the age of majority act of 1971.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 654	Youth Tobacco Act (Wojno) Sunsets criminal penalties and civil sanctions for minors that purchase, possess, or use tobacco products, vapor products, or alternative nicotine products.	Introduced (11/9/2023; To Regulatory Affairs Committee)
HCR 5	Psychological Trauma (Conlin) A concurrent resolution to urge the United States Congress, Department of Defense, and Department of Veterans Affairs to prioritize research and investment in non-technology treatment options for servicemembers and veterans who have psychological trauma as a result of military service.	Passed in Senate (9/7/2023; Voice Vote)

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

Board Officers

Ed Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Deb McPeck-McFadden
Secretary

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

Performance Bonus Incentive Report FY23

Per MDHHS requirements, MSHN must submit an annual report on the joint metrics and activities related to integration of behavioral health and physical health. Prepaid 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, 2023. 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 again this year, estimated at \$5million, that will be distributed to our Community Mental Health Service Providers (CMHSPs) as earned local funds. Highlights from the report include:

- Developed and hosted the [Equity Upstream Virtual Lecture Series & Learning Collaborative](#) to reduce racial & ethnic disparities in opioid overdose deaths with national experts to illuminate different perspectives on the landscape of Substance Use Disorder (SUD) health disparities with an overview of epidemiological trends in the overdose epidemic, as well as what's known about why disparities exist (systemic racism, implicit bias, access issues, mistrust of the medical system, cultural issues specific to communities of color, etc.).
- MSHN and its regional partners launched the Behavioral Health Home (BHH) initiative on 5/1/2023 and served 336 individuals during the first 6 months of the initiative.
- MSHN launched the Opioid Health Home (OHH) initiative with Victory Clinical Services on 10/1/2022 and served 234 individuals during the first year of the initiative.
- 89% of adults and 96% of children who received CMHSP services in the MSHN region during FY23 also had at least one visit with a primary care provider.
- 75% of individuals experienced a reduction in Emergency Department (ED) utilization as compared to the 12-month period prior to being opened for care coordination.
- 728 individuals received screening and follow-up support from Project ASSERT (Alcohol and Substance Use Services, Education, and Referral to Treatment) coaches in response to a substance-related hospital ED visit during FY 2023.

For the full report, see the report attached: ***Performance Bonus Incentive Report FY23.***

Balanced Scorecard FY23

MSHN departments along with CMHSP and SUD providers have been working to close out the fiscal year and review and report final figures to the Board of Directors. The Balanced Scorecard metrics report for FY23 preliminary results are ready for Board review and included as an update on the agency's strategic plan. I'd like to congratulate the region on outstanding performance for fiscal year end September 2023 and the ongoing commitment to quality services, monitoring performance through identified metrics and continuous improvement demonstrated through positive outcomes. While I only highlighted a few metrics below, I encourage all board members to review the full report and join me in recognizing what was and continues to be a challenging year for all, yet our staff and partners continue to support quality services.

Key Performance Areas	Key Performance Indicators	Previous Years Results as Applicable	Actual Value (%) as of September 2023	Target Value	Performance Level			
BETTER CARE	The percentage of discharges for adults who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	60.99%	68%	58%		>=58%	0	<58%
	The percentage of discharges for children who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	74.06%	76%	70%		>=70%	0%	<70%
	Behavior Treatment Plan standards met vs. standards assessed from the delegated managed care reviews. (Quarterly)	72.20%	95%	95% or greater		95-100%	90-94%	<90%

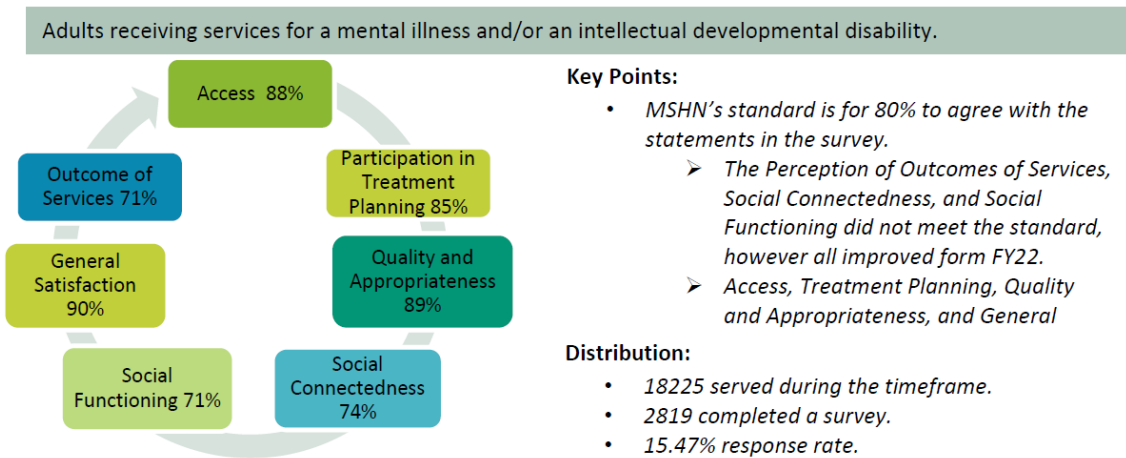
For the full report, see the report attached: **Balanced Scorecard Report FY23** or visit MSHN’s website at: <https://midstatehealthnetwork.org/stakeholders-resources/about-us/dashboard-information>

Population Health Priority 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 - \(midstatehealthnetwork.org\)](https://midstatehealthnetwork.org/priority-measures). The FY23 year-end report is now available and attached, see the report attached: **FY23 Priority Measures**.

2023 Annual Member Perception of Care Report

Mid-State Health Network (MSHN) in collaboration with the Community Mental Health Services Program (CMHSP) and their contracted providers along with MSHN’s Substance Use Disorder (SUD) Treatment Providers conduct annual member perception of care surveys. The surveys obtain feedback related to the perception of care for a representative sample of all served within the MSHN region. A summary provided below includes Adults, Children and SUD specific.



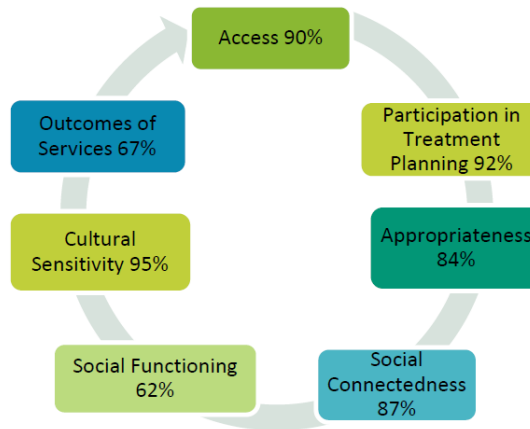
Youth receiving services for a serious emotional disorder and/or an intellectual developmental disability.

Key Points:

- MSHN’s standard is for 80% to agree with the statements in the survey.
- The Perception of Outcomes of Services and Social Functioning did not meet the standard.
- Outcomes of Services increased from FY22.
- Appropriateness decreased by 8 percentage points.
- Access decreased by 6 percentage points.

Distribution:

- 6881 served during the timeframe.
- 1041 completed the survey.
- 15% response rate.



Adults and adolescents receiving services for a substance use disorder.

Key Points:

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

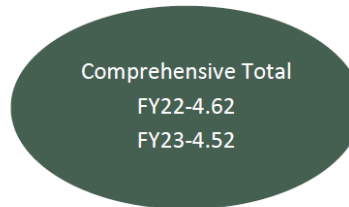
Distribution:

- 3916 served during the timeframe.
- 1866 completed a survey.
- 48% response rate.

Scale:

1-Strongly Disagree → 5-Strongly Agree

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



For the full report, see MSHN’s website that includes satisfaction surveys at:

<https://midstatehealthnetwork.org/consumers-resources/quality-compliance/satisfaction-surveys>

Submitted by:

Amanda L. Ittner

Finalized: 12.22.23

Links to Reports:

FY23 Performance Bonus Incentive Payment Report

FY23 Balanced Scorecard

FY23 Priority Measures

Performance Bonus Incentive Pool (PBIP) Joint Metrics for the Integration of Behavioral Health and Physical Health Services

PIHP – MDHHS Reporting Format - Contract Withholds: 8.D.2.P.4

Qualitative Narratives (October 1, 2022 – September 30, 2023)

Due to MDHHS by: 11/15/2023

Metric: Increased Participation in Patient-Centered Medical Homes Characteristics:

Ensuring member access and engagement to a primary care provider and promoting the characteristics of patient-centered medical homes continued to be targeted priorities for Mid-State Health Network (MSHN) during FY23. This narrative report will summarize the broad level population health activities and regional initiatives performed by MSHN in the areas of comprehensive care, patient-centered practices, coordination among multiple systems of care, accessible services, quality, and safety. Additionally, the 12 Community Mental Health Service Program (CMHSP) Participants in Region 5 continue to be engaged in extensive integrated health systems of care in their local communities. The table included at the end of this report provides a summary of the efforts and achievements of each CMHSP during FY23 related to the five Patient-Centered Medical Homes Characteristics.

1. Comprehensive Care

MSHN is committed to increasing its understanding of the comprehensive health needs of individuals within its 21-county service region and finding innovative ways to achieve the goals of better health, better care, better value, better provider systems, and better health equity (i.e. the Quintuple Aim) by utilizing informed population health and integrated care strategies. To support these goals, MSHN has a comprehensive [Population Health and Integrated Care Plan](#) which was developed with input from the region’s medical directors, councils and committees, and approved by the MSHN board of directors. Elements of comprehensive care which are addressed in the plan include:

- Epidemiological data for the population served by MSHN PIHP and its CMHSP Participants
- Identification of chronic co-morbid physical health conditions that contribute to poor health and drive health costs for individuals with behavioral health disorders
- Description of the concepts of population health, social determinants of health, health disparities, health equity, and identification of specific factors that impact the population in the MSHN region
- Strategic priorities related to improving health outcomes and reducing health disparities
- Recommendations for strategic planning, monitoring and oversight of integrated care and population health activities

Another way MSHN and its CMHSP participants are addressing comprehensive care is through implementation of Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs provide a comprehensive array of services to expand access, stabilize people in crisis, and provide necessary treatment for any individuals with a behavioral health or substance use disorder, regardless of insurance type or ability to pay. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and integration of physical and behavioral health. Three CMHSPs in the MSHN region participated in the State of Michigan Center for Medicare & Medicaid Services (CMS) CCBHC Demonstration Project during FY23- CEI CMHSP, Saginaw CMH, and The Right Door (Ionia County). Additionally, LifeWays CMH was approved to join the Demonstration Project

beginning in FY24. **13,501 Medicaid beneficiaries and 1,656 non-Medicaid beneficiaries received CCBHC services in the MSHN region during FY23.**

2. Patient-Centered

MSHN is engaged in a number of regional initiatives to enhance patient-centered care within its CMHSP and Substance Use Disorder Service Provider (SUDSP) networks. A key aspect to patient-centered care is ensuring all individuals have the resources and opportunities needed to be healthy, especially individuals belonging to groups that have been historically marginalized and socially disadvantaged. MSHN together with its CMHSP and SUDSP networks are committed to the goals of reducing health disparities for marginalized and vulnerable populations and continuous improvement in health equity. During FY 23 MSHN endeavored in a number of tasks toward understanding and reducing health disparities for persons served:

- Analyzed regional service penetration rate data by county and race/ethnicity to identify areas of the PIHP region where increased outreach and engagement efforts might be needed for minority group.
- Began to conduct focus groups and learn from people of color and other at-risk groups about their experiences with access to care and the healthcare system.
- Built additional data analysis capability into all existing population health reports in order to monitor outcomes relative to race/ethnicity.
- Began sharing health disparity data with CMH and SUD providers specific to their organizations in order to better inform patient-centered care for the individuals they serve.
- Continued implementation of the Regional Equity Advisory Committee for Health (REACH) comprised of stakeholders and community partners from historically marginalized populations.
- Developed and hosted the [Equity Upstream Virtual Lecture Series & Learning Collaborative](#) to reduce racial & ethnic disparities in opioid overdose deaths with national experts to illuminate different perspectives on the landscape of SUD health disparities with an overview of epidemiological trends in the overdose epidemic, as well as what's known about why disparities exist (systemic racism, implicit bias, access issues, mistrust of the medical system, cultural issues specific to communities of color, etc.).

3. Coordinated Care

MSHN engages in broad level activities to promote and improve coordination among multiple systems of care including payers, physical healthcare providers, behavioral healthcare providers, and substance use prevention and treatment providers. During FY23, MSHN engaged in the following activities and initiatives related to coordinated systems of care:

- Behavioral Health Homes (BHH) provide an integrated approach to treatment where health home enrollees receive comprehensive care coordination to manage all of their behavioral health and physical health needs. MSHN launched the BHH initiative on 5/1/2023 with 5 health home partners: Saginaw CMH, CMH for Central MI, Montcalm Care Network, Newaygo Community Mental Health, and Shiawassee Health & Wellness. **MSHN and its regional partners launched the BHH initiative on 5/1/2023 and served 336 individuals during the first 6 months of the initiative.**
- Opioid Health Homes (OHH) provide an integrated approach to substance use treatment where health home enrollees receive comprehensive care coordination to manage all of their substance use,

behavioral health, and physical health needs. **MSHN launched the OHH initiative with Victory Clinical Services on 10/1/2022 and served 234 individuals during the first year of the initiative.**

- **Use of health information technology (HIT) to facilitate data sharing and coordination of care-** Each of the 12 CMHSP participants utilize CC360 as well as an integrated care delivery platform (ICDP). ICDP users receive care alerts regarding their members including a primary care report which allows them to identify members who have not seen a PCP in the last 12 months. **As a result of these efforts, 89% of adults and 96% of children who received CMHSP services in the MSHN region during FY23 also had at least one visit with a primary care provider.** Additionally, all 12 CMHSPs in the MSHN region send behavioral health Admission, Discharge, Transfer (ADT) messages to Michigan Health Information Network (MiHIN). MSHN is also participating in a pilot project with MiHIN and MDHHS for electronic consent management and SUD data-sharing to enhance care coordination for individuals receiving substance use treatment.
- **Care Coordination with Medicaid Health Plans-** During FY23, MSHN had integrated care plans for 50 individuals in partnership with 8 Medicaid Health Plans (Blue Cross Complete, Meridian Health Plan, Molina, United Health Care, Aetna, Priority Health, HAP Empowered, and McLaren). **75% of individuals experienced a reduction in Emergency Department (ED) utilization as compared to the 12-month period prior to being opened for care coordination.**

4. Accessible Services

MSHN and its CMHSP and SUDSP networks are committed to reducing barriers and expanding access to behavioral health services, physical health services, substance use treatment, and other necessary resources for vulnerable individuals. All 12 CMHSP participants have on-site primary care clinics located at the CMHSP or CMHSP behavioral health staff are co-located in Federally Qualified Health Centers (FQHC) and primary care settings.

Additionally, MSHN-funded peer recovery coaches trained in Project ASSERT are embedded in hospital emergency departments in 13 counties in the region. Project ASSERT is a model of early intervention, screening, and referral to SUD treatment for individuals in hospital and primary care settings. Individuals who present to the hospital ED with substance-related concerns are offered the opportunity to speak with a Project ASSERT peer recovery coach who provides appropriate referrals and follow-up support. **728 individuals received screening and follow-up support from Project ASSERT coaches in response to a substance-related hospital ED visit during FY 2023.** MSHN is currently engaged in a value-based purchasing (VBP) pilot project with Project ASSERT providers to increase the overall number of Project ASSERT screenings as well as the rate of individuals who receive a follow-up visit within 30 days of an ED visit for substance-related concerns.

5. Quality & Safety

Throughout FY23, MSHN continued to monitor and perform quality improvement activities for a portfolio of HEDIS quality measures related to access/availability of care, effectiveness of care, and chronic disease management. As a region, MSHN performed above State and/or National performance benchmarks on 8 of 11 priority measures. Quality performance data is available to stakeholders and the public on the MSHN website: [MSHN Data Dashboard](#). Additionally, MSHN maintains a comprehensive Quality Assessment and Performance Improvement Program (QAPIP) which addresses a broad array of quality and safety items. Information about the MSHN QAPIP and an annual effectiveness review is available on the MSHN website: [MSHN Compliance and Quality Reports](#).

**Increased Participation in Patient-Centered Medical Homes Characteristics
Region 5 CMHSP Activities, Efforts & Achievements**

CMHSP	Comprehensive Care	Patient Centered	Coordinated Care	Accessible Services	Quality & Safety
Bay-Arenac Behavioral Health Authority (BABHA)	Clinical behavioral health assessment contains questions about typical chronic co-morbid conditions to identify individuals for referral to nursing staff for health assessment and enhanced coordination of care with primary care providers.	Provide wellness classes run by nursing staff. Development and implementation of Advanced Nursing/Health program for those individuals who are at a greater health risk. Deployment of strategies to ensure the diabetes and cardiovascular screenings and monitoring are occurring (i.e., the HEDIS measures).	Interface with multiple laboratories for the ordering and receipt of tests. Integrated ADT alerts in electronic health record. Use of CC360 to obtain service and provider history for new individuals and individuals with significant health issues. Assisting with design and are waiting for the deployment of the CC360 direct interface with our EHR. Engaged with MiHIN for use of VPR through their Gateway so we can access health care records provided by local health systems for coordination of care.	On-site laboratory testing in partnership with Quest Diagnostics. Telehealth services for all primary care services. Partnership with local pharmacy for medication delivery services.	Integrated Health Competency Checklist included in annual staff performance evaluation process with baseline competency requirements related to integrated health standards of care.
Community Mental Health Authority for Clinton, Eaton, Ingham (CMHA-CEI)	Certified Community Behavioral Health Clinic (CCBHC) offering comprehensive services for behavioral health, substance use disorders, and primary health care. On-site primary health clinic (Birch Health Center-FQHC) at main CMH location. Nursing Assessments are completed for those with chronic conditions and Nurse Care Managers enhance coordination with primary care and other providers. 447 referrals for services came from primary care physicians in the past year. Use of Peer Supports, Peer Recovery Coaches. Access to MAT is available. Implementation of Care Pathways, where behavioral health staff are collecting Blood Pressure reading and engaging in health education conversations with clients. Providing on-site housing support via Mental health workers and Peer Support Specialists, who are wellness coaches.	Through the CCBHC select staff are trained in Wellness Coaching to support individuals served. Currently developing a standard treatment plan training that can be implemented in every clinical program to ensure all clinicians are trained in person-centered planning and incorporate physical health goals as part of health care integration. WHAM and Writers Group offered by Peer Support Specialists. A consumer newsletter is sent out monthly with agency updates and wellness resources. Consumer Advisory Council linked to Board Committee. Charter House Club House offers many opportunities for consumer centered planning and activities.	CMHA-CEI with Michigan Child Collaborative Care (MC3) offers pediatricians and OB/GYNs psychiatric consultation with University of Michigan psychiatry staff. Over 300 local providers are enrolled into MC3. CMHA-CEI and Ingham Community Health Centers (IHC) implemented Primary Care Behavioral Health model at all IHC locations. CMHA-CEI also has a partnership with Care Free Medical and have a full time BHC that works with the medical staff and provides behavioral health services. CMHA-CEI has 8 Behavioral Health Consultants (BHC) embedded in Ingham County FQHC locations and provides clinical supervision to 12 behavioral health staff employed by the FQHC. This includes BHCs at 2 Lansing High Schools and 3 additional Lansing School District buildings. Participate in electronic health information exchange (HIE) with other local health systems to improve care coordination for shared patients. Continuity of Care Document is sent to primary care and other providers.	On-site laboratory testing in partnership with Sparrow Health System. On-site pharmacy at main CMH location; pharmacy also delivers medications to CMH residential facilities and Adult Foster Care homes. Provides flu and Covid vaccination clinics. Use of blended telehealth when requested and clinically appropriate. Use of same-day access for psychosocial intake assessments into Adult Mental Health Services and Youth SED. Meeting with Sparrow Emergency Department and medical units three times a week to improve process and communication with connecting to needed services. AFC and Housing Specialists on site with local homeless shelters. Chair of Coordinated Entry System Committee to access housing resources. Utilization of HIMS.	Implementation of Care Pathways for Hypertension, Asthma, and Hepatitis C, with review of data in the Healthcare Integration Workgroup. Development of an internal Data Group, which is utilized to review CCBHC quality measures and other CCBHC data requirements and then formulates suggestions for Quality Improvement that is brought to CCBHC Leadership. Healthcare Integration Workgroup meets monthly to review ongoing strategies for improving integration and coordination. Developing care pathways for suicide via zero suicide model.

**Increased Participation in Patient-Centered Medical Homes Characteristics
Region 5 CMHSP Activities, Efforts & Achievements**

CMHSP	Comprehensive Care	Patient Centered	Coordinated Care	Accessible Services	Quality & Safety
Community Mental Health for Central MI (CMHCM)	<p>On-site Federally Qualified Health Center (FQHC) and Medication-Assisted Treatment (MAT) for substance use disorders.</p> <p>Electronic health record (EHR) includes an integrated health dashboard containing information for each person served such as BMI, tobacco use status, blood pressure, and alerts for emergency visits and hospital admissions.</p> <p>Multi-disciplinary Clinical Review and Consultation Team provides comprehensive treatment planning and interventions for high-risk individuals with chronic medical conditions.</p> <p>Clinical service delivery with Team Based Care model to increase collaborative care efforts.</p>	<p>Electronic health record patient portal available to all individuals served.</p> <p>Persons served have access to a variety of activities/services to support their health & wellness goals such as healthy eating prep and cooking classes and exercise opportunities.</p> <p>Whole Health Action Management (WHAM) peer support program assists individuals with developing person-centered wellness goals.</p> <p>All Case Managers have been trained as health coaches to have more awareness on health goals and incorporating them into the Person-Centered Plan.</p>	<p>Participate in Great Lakes Health Connect HIE.</p> <p>Labs ordered by non-CMH healthcare providers are directly fed into CMH health record.</p> <p>RNs review ADTs daily and provide each team with updates and input on necessary actions.</p> <p>Behavior Health Home offered in two counties which includes close monitoring of physical and mental health conditions and close coordination of care with community providers.</p> <p>Psychiatric staff all assigned to and participate in team-based care for close coordination with case holders.</p>	<p>Open, same-day access for services available.</p> <p>Provide multiple options for reducing barriers to obtaining medication such as pharmacy delivery service.</p> <p>On-site primary care services in partnership with FQHC.</p> <p>Expansion of telehealth services available in all six counties.</p> <p>Increase in medical assistant (MA) support to give RN ability to complete comprehensive RN assessment, education, and collaboration.</p> <p>Crisis/hospital diversion clinic for consumers not yet in health services through CMHCM.</p>	<p>Use of nationally recognized quality health measures such as diabetes screening and monitoring.</p> <p>Medication reconciliation occurs at every appointment for individuals receiving health services.</p> <p>Psychiatric providers offer “lunch & learn” educational opportunities to promote health and medical training and knowledge for all CMH staff.</p> <p>Psychiatric residents program offered to enhance training and promotion of development of psychiatric staff.</p> <p>RN present Integrated health dashboard with a focus on cardiovascular risk factors and population health data.</p>
Gratiot Integrated Health Network (GIHN)	<p>Member of Live Well Gratiot, a county-wide health and wellness committee.</p> <p>Health assessment embedded within standard clinical workflow.</p> <p>CMH is host site for Medical Residents, Medical Interns, and Psychiatric Interns and RN students.</p>	<p>Nurse case manager attends medical appointments with consumers with high physical health needs.</p> <p>Health specific information is available in electronic health record for case holders to share with individuals served.</p>	<p>Integrated ADT feeds and process for follow-up by case holders.</p> <p>CMH Nurse Practitioner provides physical healthcare services to consumers and general public in St. Louis satellite office.</p> <p>Crisis therapist is co-located in emergency department of Mid-Michigan Medical Center.</p> <p>Weekly care coordination hour for all staff to allow time for coordination for individuals with complex health needs, those on the Zero Suicide Care Pathway, etc.</p>	<p>Eight Dimensions of Wellness Peer Led group provided twice annually.</p> <p>On-site integrated substance use treatment services including Medication Assisted Treatment (MAT) and SMART Recovery Group. SMART Recovery Group is also offered on site at local Homeless Shelter.</p>	<p>Registered Nurses provide health education to CMH staff for chronic conditions such as Hypertension, Diabetes, Cardiovascular disease, Respiratory disease/COPD/Asthma, and COVID-19.</p>
Huron Behavioral Health (HBH)	<p>On-site primary care in partnership with local FQHC, Great Lakes Bay Health Center.</p> <p>Approximate 25% increase in consumer utilization during FY23.</p> <p>Access to Medication-Assisted Treatment (MAT) for consumers with SUD concerns through on-site psychiatric clinic.</p>	<p>Patient portal allows individuals served to access their health data. Agency has coordinated annual initiatives to encourage consumer use of portal.</p> <p>Integrated health and wellness goals are included in individual plans of service as identified by the consumer.</p> <p>Expansion of “Healthy Steps” therapeutic group to support consumers with health</p>	<p>Integrated electronic health record with FQHC for ease of information sharing and coordination of care.</p> <p>Integrated ADT feeds and process for follow-up and documentation by case holders.</p> <p>Well established procedures for initial and ongoing coordination of care with primary care physicians and specialty providers.</p>	<p>Maintenance of expanded telehealth services to best support consumers in accessing medically necessary services.</p> <p>Innovative technology support project provides mobile hotspots to individuals without internet access to facilitate participation in telehealth services.</p> <p>Medication delivery services ensure individuals have access to needed</p>	<p>Integrated Health and Wellness Committee that meets at a minimum quarterly to explore ongoing strategies for improving integration and coordination within Huron County.</p> <p>HBH Medical Director provides ongoing consultation for both the county jail physician and other local primary care physicians to ensure safety in the prescribing and monitoring of psychotropic</p>

**Increased Participation in Patient-Centered Medical Homes Characteristics
Region 5 CMHSP Activities, Efforts & Achievements**

CMHSP	Comprehensive Care	Patient Centered	Coordinated Care	Accessible Services	Quality & Safety
	<p>Collaboration with Thumb Community Health Partnership (TCHP). Emphasizes county-wide health initiatives to address comorbid physical and mental health conditions.</p> <p>Expansion of Nurse Practitioner and Physician Assistant internships slots in CMH Psychiatry Department.</p>	<p>and wellness goals.</p>	<p>Initiative with McLaren Thumb Region hospital to share telepsychiatry services for individuals in crisis.</p> <p>Dedicated Hospital Liaison to provided coordinated care for individuals experiencing a psychiatric crisis.</p>	<p>medications even in the absence of reliable transportation.</p>	<p>medications.</p> <p>HBH psychiatry clinic provides cardiovascular health and diabetes screening as part of ongoing performance improvement projects.</p>
<p>LifeWays Community Mental Health</p>	<p>Ongoing partnership with Center for Family Health (FQHC) to provide on-site primary care services. Medical/primary care services are fully embedded at CMH main site location.</p> <p>Expanding to offer SUD services in addition to behavioral and physical health in both counties served (Hillsdale and Jackson.)</p> <p>LifeWays has an SUD Prevention Specialist working with schools and providers in the Hillsdale community. The Hillsdale building now has a NARCAN vending machine and will soon have a fentanyl testing strip option. Exploring MAT service expansion.</p> <p>LifeWays is now a CCBHC Demonstration site in the State of Michigan.</p> <p>Ongoing partnership with Jackson and Hillsdale County jails with expanded services to provide pre- and post-release services with the goal of reducing recidivism to incarcerated settings as well as improve the health and wellbeing of participants.</p>	<p>Two full-time health coaches provide patient education and health coaching in Jackson and Hillsdale counties.</p> <p>Community Health Workers (CHW) complete SDoH screenings at point of intake to ensure referral and connection to community resources.</p> <p>Wellness service area remodeled and includes exercise equipment and a teachable kitchen. Partnership with MSU Extension and qualified staff to provide nutritional programs including cooking demonstrations.</p> <p>Peer support specialists facilitate Whole Health Action Management (WHAM) and Wellness Recovery Action Plan (WRAP) groups which include individualized goal setting.</p> <p>Electronic health record includes a patient portal for communication between consumer and providers.</p> <p>Veteran-focused groups and coordination of care efforts by a Veteran Clinician and Veteran Peer Support Specialist.</p>	<p>LifeWays is a member of the Jackson Health Network and participates in MiHIN. Exploring options to increase active participation in the Jackson Health Network.</p> <p>Continuity of Care Document (CCD) electronic exchange with Henry Ford Health Systems which allows for better communication between providers.</p> <p>Six Community Health Workers hired to service Jackson and Hillsdale. This includes a variety of duties including care coordination with MH and healthcare providers.</p> <p>Partnership between Hillsdale County's Drug Treatment Court, Family Treatment Court, and (new) Domestic Violence Treatment Court to offer medically necessary services and enhance partnership between legal system and CCBHC.</p>	<p>Two full time Consumer Medication Coordinators on-site (one in Jackson and one in Hillsdale) to assist with medication delivery, prescription questions, coordination between the client, psychiatrist, and pharmacy, and prior authorizations.</p> <p>Partnership with the Refractory Schizophrenia Assistance Program in collaboration with Athelas. Program monitors patients using an FDA-cleared platform that generates WBC & Neutrophil counts from a finger prick of blood. Program uses specialty pharmacy access to manage patient prescriptions and software to document the Clozapine REMS patient registry with test results.</p> <p>Embedded CHWs into Access department to improve connection of individuals to SDoH resources.</p> <p>Engagement team comprised of clinicians and peer supports actively seek out individuals who are struggling to engage with specific emphasis on those coming in for intake assessments and/or post-hospital appointments.</p>	<p>Upgraded EMR to capture non-psychiatric medication information such as amount, route, and duration.</p> <p>Integrated the National Outcome Measurement System (NOMS) into EMR.</p> <p>Quality Improvement team has developed and continues to develop risk stratification dashboards and reports for analysis of high needs cases for intervention.</p> <p>Working to implement a psychiatric medical chart enhancement to improve the user experience and improve completion of required activities.</p>

**Increased Participation in Patient-Centered Medical Homes Characteristics
Region 5 CMHSP Activities, Efforts & Achievements**

CMHSP	Comprehensive Care	Patient Centered	Coordinated Care	Accessible Services	Quality & Safety
Montcalm Care Network (MCN)	<p>Launched Health360 Behavioral Health Home targeting individuals with SMI and chronic health conditions.</p> <p>Nursing staff embedded in various services who act as liaisons to local primary care providers and manage care pathways for chronic health conditions.</p> <p>Established Integrated Health Stratification System to identify persons with chronic health conditions.</p> <p>Genoa on-site pharmacy at our Stanton location.</p>	<p>Use of Patient Activation System (PAM) and Coaching for Activation (CFA) to enhance interventions toward self-management of health conditions.</p> <p>Peers are trained in models of health coaching and facilitate groups like WRAP and smoking cessation.</p> <p>MCN operates a community-based gym where InShape programming occurs and offers nutrition classes. Yoga is also offered for children and adults.</p> <p>Embedded Social Determinants of Health screening in initial and annual intake processes.</p>	<p>MCN uses VIPR a health information exchange (HIE) and ADTs are embedded in the electronic health record.</p> <p>Conduct daily on-line huddles with Spectrum Health to collaborate on the overlap between mental health care and emergency care.</p> <p>Established care coordination communication mechanisms with local primary care physicians.</p> <p>Participation in Healthy Montcalm community wide needs assessment in partnership with local Health Department and hospital systems.</p>	<p>Provide telehealth services.</p> <p>Onsite pharmacy.</p> <p>Onsite COVID testing, COVID and flu vaccination.</p> <p>Onsite HIV and Hep Testing with treatment referral protocols.</p> <p>Onsite lab services.</p> <p>Medication Assisted Treatment provided.</p>	<p>Track HEDIS quality measures and have a published dashboard for stakeholders that highlights a variety of health outcome measures.</p> <p>Medication Reconciliation protocols.</p> <p>Quality improvement project targeting Social Determinants of Health.</p> <p>Utilize ADTs embedded in the EHR with response protocols.</p>
Newaygo Community Mental Health (NCMH)	<p>2 Behavioral Health Clinicians embedded in primary physicians' offices through a contract with the local hospital. Provide direct treatment and referrals for primary health care patients.</p> <p>Use of Peer Supports, Peer Recovery Coaches.</p> <p>NCMH is a host site for medical residents, medical Interns, psychiatric Interns and RN students through Central Michigan University.</p> <p>NCMH nursing staff act as liaisons to local primary care providers, specialty doctors and help manage care pathways for chronic health conditions.</p> <p>Member of North Central MiThrive Committee and workgroups which focus on (countywide and beyond) health and wellness, accessibility of health care and mental health services.</p> <p>Health history/assessment embedded within standard clinical workflow/initial and annual intake assessments.</p>	<p>NCMH assists individuals with addressing SDOH needs such as resources and transportation.</p> <p>Integrated health and wellness goals are included in individual plans of service as identified by clients.</p> <p>NCMH provides health education to all persons served about the importance of primary and preventive care.</p> <p>Consumer Advisory Council is linked to The NCMH Board Committee.</p> <p>NCMH staff have written many articles on various mental health topics for a local community online news source/resource called Near North Now, which covers the greater Newaygo County area.</p> <p>NCMH case managers/Care Coordinators are available to attend doctor appointments with persons served for assistance with advocacy, support and to help increase health literacy.</p>	<p>Each inpatient pre-screen, psychiatric review, and/or medication review documentation is sent to the client's identified primary care provider, specialty provider and/or patient centered medical home.</p> <p>NCMH staff participate in on-site care coordination with local FQHC including information exchange and referrals.</p> <p>NCMH conducts regular meetings with local hospital staff (administrators, nursing supervisors, social work staff, etc.) to collaborate on the overlap between mental health care and emergency care.</p> <p>NCMH youth services team meets regularly with juvenile court judge and probation officers regarding joint clients/families served; The same process occurs with the local DHHS office and supervisors specific to CPS and foster care case coordination and services.</p>	<p>NCMH has continued to provide/offer telehealth services to clients as clinically appropriate along with face-to-face services following the COVID pandemic.</p> <p>NCMH has an agreement/contract with NCRESA/school districts within the county to provide therapist staff time/counseling services to students in the school setting who may not otherwise meet CMH criteria for services based on symptom severity and/or insurance coverage. Individual and group counseling services have been offered and provided.</p> <p>NCMH provides on-site integrated substance use treatment services including Medication Assisted Treatment (MAT).</p> <p>Ongoing community education and distribution of Narcan.</p> <p>NCMH offers outpatient counseling services in three locations within the county (White Cloud, Newaygo and Fremont offices) for easier access to clients who may live closer to one location over the other.</p> <p>NCMH offers extended service hours on Thursdays from 8 a.m.-7 p.m.</p>	<p>NCMH is implementing processes for monitoring Behavioral Health Home measures incorporating performance, quality and outcome data of those served.</p> <p>Utilize Integrated Care Delivery Platform (ICDP) to monitor Care Alerts in accordance with regional and local process improvement projects for priority measures such as Follow-up after hospitalization, Access to primary care, Plan all-cause readmission, Diabetes screening, Diabetes monitoring, Cardiovascular screening, and others.</p> <p>Active monitoring and oversight to ensure Individual plans of service address health and safety, including coordination with primary care providers.</p> <p>NCMH actively monitors the Michigan Mission Based Performance Indicator System (MMBPIS) and implements quality improvement efforts as needed for indicators that fall below the standard.</p>

**Increased Participation in Patient-Centered Medical Homes Characteristics
Region 5 CMHSP Activities, Efforts & Achievements**

CMHSP	Comprehensive Care	Patient Centered	Coordinated Care	Accessible Services	Quality & Safety
Saginaw County Community Mental Health Authority (SCCMHA)	<p>Great Lakes Bay Health Centers (GLBHC) co-located within SCCMHA psychiatric services clinic, onsite physical health care. Over 1,000 consumers have identified GLBHC as their primary care provider.</p> <p>PIPBHC (Promotion of Integration of Primary and Behavioral Health Care) grant prioritized reductions in high morbidity/mortality rates for adult SMI population. PIPBHC focused on improving primary care participation and improving screening and obesity rates for children with SED. Grant ended 10/31/2023.</p> <p>Certified Community Behavioral Health Clinic (CCBHC) offering comprehensive services for behavioral health, substance use disorders, and primary health care.</p> <p>SCCMHA identified as a Behavioral Health Home in 4/2023. This service emphasizes consumer connectivity with a primary care provider with services focused on providing complex care management, care coordination, health promotion, transition of care, consumer and family inclusion in planning, and referral to community supports.</p>	<p>Health promotion is occurring primarily in the adult medication review clinics with focus on addressing tobacco use among adults and youth and improving lifestyle choices.</p> <p>In conjunction with Great Lakes Bay Health Centers (GLBHC), regularly scheduled dental services are provided on site with the GLBHC Dental Bus.</p> <p>SCCMHA has been named a study and implementation site for DECIPHeR (Disparities Elimination through Coordinated Interventions to Prevent and Control Heart Disease Risk). This multi-year longitudinal study, supported by the University of Michigan, focuses on adult SMI at risk for cardiac metabolic syndrome. The study includes the application of two evidence-based practices: Life Goals and IDEAL goals.</p> <p>Telehealth is available based on consumer preference for medication reviews.</p>	<p>Continued implementation of joint project with GLBHC to create a platform where SCCMHA and GLBHC will update shared plans of care for SCCMHA consumers who have GLBHC as their primary care provider. This platform will advance care coordination for consumers that are patients of GLBHC.</p> <p>SCCMHA works to coordinate referrals and follow up services for individuals who present in the Covenant Health System ED, delivered through an “urgent psychiatric clinic” model that provides evaluation and support on an as-needed basis with follow up for ongoing treatment.</p> <p>SCCMHA provides Behavioral Health Consultants, co-located in GLBHC’s primary care setting for adults and another Consultant located at CMU’s Pediatric Clinic.</p> <p>Internal SCCMHA programs use interdisciplinary team-based care model to improve the coordination of care and delivery of services.</p> <p>Implementation and planning for the Behavioral Health Home will emphasize the establishment of consumer-specific treatment teams that will support improved health outcomes captured in the IPOS.</p>	<p>SCCMHA Mobile Response and Stabilization Services serving both children and adults are available to Saginaw County from 8:00am – 10:00pm, five days a week and 24 hours on Friday and Saturday</p> <p>SCCMHA continues to offer telehealth services providing iPads that can be delivered to consumers for limited time use.</p> <p>SCCMHA also offers video conferencing platform and room for consumers who are in need for probate court hearings.</p> <p>SCCMHA hosts co-located Quest lab drawing services in addition to an onsite pharmacy, Genoa.</p> <p>Genoa offers on-demand influenza and COVID 19 vaccines, curbside delivery, and prescription home delivery.</p>	<p>Key agency quality performance metrics reviewed bi-monthly by committee of medical and clinical leaders with focus on improving health outcomes & access to care.</p> <p>HbA1c and lipids levels captured at intake & periodic biometric screening to identify need for further lab tests or health education referral.</p> <p>Consumer Wellness Committee meets bi-monthly with participation of consumers. The committee focuses on improving overall health by developing health education initiatives with a focus on EBPs that support consumer health.</p>
Shiawassee Health & Wellness (SHW)	<p>Shiawassee Health & Wellness (SHW) has a strong partnership with Great Lakes Bay Health Center (GLBHC), a patient-centered medical home, who is co-located at the SHW building and provides primary care on-site to shared patients.</p> <p>Shiawassee Health and Wellness was a SAMSHA grantee for the Promoting Integrated Primary and Behavioral Health Care (PIPBHC) grant. This grant was successfully carried out and ended 9/30/2023.</p>	<p>SHW Peer Support Specialist is trained in solutions for wellness and has been working with interested individuals to implement strategies to improve their health outcomes.</p> <p>SHW has a Tobacco Treatment Specialist that supports individuals with tobacco reduction and reduction.</p> <p>SHW Health Outcomes Specialist provided nutritional education and physical activities through the PIPBHC grant at the agency drop-in center to interested and enrolled consumers, tracking health outcomes. This is continuing</p>	<p>SHW and GLBHC share information regularly about shared patient enrollment and coordinate care needs.</p> <p>SHW reviews and implements an active follow up process for all ADTs received from local health care offices and the hospital.</p> <p>SHW has been selected as the pilot site to use Azara for population health management.</p> <p>Transfer/upload capabilities for all laboratory and test results is currently in place with</p>	<p>Quest lab is co-located at SHW a partial day each week.</p> <p>GLBHC is co-located at SHW 1 day per week, exploring potential for a second day each week.</p> <p>During COVID -19 response operations, GLBHC provided tele-health services to the vast majority of patients served. Majority of the services are now delivered in person.</p> <p>SHW Psychiatrists are fully staffed and continue to provide telehealth</p>	<p>SHW tracks HEDIS measures.</p> <p>Registered Nurses provide education on chronic health conditions to individuals served, as well as clinicians. RN’s review health screenings through biopsychosocial assessments to capture individuals who may need further education or assistance with locating a primary care provider.</p> <p>Prescribers complete peer reviews and reviews together during their prescribers’ meetings.</p>

**Increased Participation in Patient-Centered Medical Homes Characteristics
Region 5 CMHSP Activities, Efforts & Achievements**

CMHSP	Comprehensive Care	Patient Centered	Coordinated Care	Accessible Services	Quality & Safety
	<p>SHW Psychiatrists provide ongoing psychiatric consultation with GLBHC (patient-centered medical home).</p> <p>SHW has been certified as a BHH and launched The Wellness Connection Behavioral Health Home in FY23.</p> <p>Medical Assistant or nurse performs a brief assessment (including vitals) for all newly enrolled consumers and those coming in for medication reviews.</p>	<p>with the addition of a community health worker through the BHH program.</p> <p>SHW updated the initial biopsychosocial and annual assessment to include thorough medical history and imbedding nursing recommendations prior to the person centered plan.</p>	<p>Quest Labs.</p> <p>SHW and GLBHC are collaborating to share access to one another's HER's for ongoing integrated care needs and improved communication.</p> <p>SHW is exploring the use of the PCE External Referrals and Follow up module to support consistent coordination of care.</p>	<p>appointments, encouraging individuals to participate in telehealth sessions from office and occasionally from their home to alleviate barriers.</p> <p>SHW Child Psychiatrist provides after work, after school appointments on Thursday evenings up to 7pm.</p>	<p>Improved response rate for MHSIP and YSS significantly. These surveys are completed by the individual/family served and will be utilized by the Quality team to improve programs and services provided by SHW.</p>
The Right Door for Hope, Recovery & Wellness (TRD)	<p>Certified Community Behavioral Health Clinic (CCBHC) offers comprehensive services for behavioral health, SUD, and primary care.</p> <p>Health Screens completed annually for all persons served & referral to primary or specialty care is provided by care coordinator or community clinician.</p> <p>Dedicated nurse as primary care liaison. Monthly primary care communication newsletter in English/Spanish.</p> <p>Dedicated referral process for one time case consults with primary care providers.</p> <p>Dedicated nurse for follow up on labs needed as well as onsite labs available.</p>	<p>Care Coordinators available to attend doctor appointments with persons served for advocacy, support, & to increase health literacy.</p> <p>Electronic health record patient portal available to all individuals served.</p> <p>Persons served have access to a variety of activities/services available to support health & wellness goals such as healthy eating prep and cooking classes.</p> <p>Whole Health Action Management (WHAM) peer support program assists individuals with developing person-centered wellness goals.</p>	<p>Day to day coordination with local hospital system and monthly administrative coordination.</p> <p>CMH psychiatrist, nurses and clinical leaders provide strategic physician outreach with local primary care providers to educate, provide consultation and address high utilizing patients. (limited d/t COVID-19).</p> <p>Formal coordination of care agreements with most all Rural Health Clinics in Ionia County.</p> <p>Medication reviews, evaluation notes, and lab values are sent to primary care providers for care coordination.</p> <p>ADTs used in the medical record for follow up post hospitalization.</p>	<p>TRD has capacity to do some lab tests on-site, including lab work related to Clozaril (WBC and ANC), A1c and lipids.</p> <p>TRD will be co-locating with Sparrow Medical Group in Portland during FY21.</p> <p>TRD provides telehealth services in addition to face-to-face services TRD has extended service hours from 5-7pm at night and Saturdays from 8am - 12pm.</p> <p>Health grant focused on connecting persons served to a primary care provider when they are without one.</p>	<p>Use of nationally recognized quality health measures such as diabetes screening and monitoring.</p> <p>Quarterly Peer reviews by nursing staff and prescribers. Quarterly pharmacy audits review of samples and AIM testing on psychotropic drugs used by providers.</p> <p>Medical Director provides ongoing consultation for county jail and local primary care physicians to ensure safety in the prescribing and monitoring of psychotropic medications.</p> <p>Nurse and Director of QI utilize ICDP (Zenith) to monitor Care Alerts for process improvement projects such as diabetes monitoring, cardiovascular screening, and access to care.</p>
Tuscola Behavioral Health Services (TBHS)	<p>TBHS continues to provide a full array of primary health care services through an onsite wellness clinic.</p> <p>Ongoing partnership with two different primary care physician offices, allowing primary care choice in providers in wellness clinic.</p> <p>Completion of annual healthcare assessments, health history questionnaires, health and other conditions assessment, and basic health screening measures.</p>	<p>All wellness clinic individuals are offered peer wellness coaching (PWC), by peer coaches who are certified in Wellness Recovery Action Planning (WRAP).</p> <p>Community Electronic Health Record (CEHR) portal access for all individuals served.</p> <p>Purchase and distribution of at-home COVID-19 test kits for individuals served.</p> <p>Offer myStrength, online wellness resource for</p>	<p>Utilization of ICDP data analytics for purposes of medication reconciliation, verification of access and engagement in primary and specialty care services, provider and diagnoses reconciliation.</p> <p>Participation in the Thumb Community Health Partnership with other human service organizations for maximization of resources.</p> <p>Coordination of Care correspondence disseminated to primary care providers</p>	<p>McLaren Family Practice offers onsite laboratory services on a weekly basis.</p> <p>Telehealth offered for both primary and psychiatric care services.</p> <p>Utilization of telehealth assessment equipment (tele otoscope and stethoscope).</p> <p>Ongoing community education and presentations related to mental health, Narcan distribution, Mental Health First Aid.</p>	<p>Consumer satisfaction surveys for wellness clinic and telepsychiatry services with results to drive QI process.</p> <p>Review of HEDIS results monthly for all key performance indicators.</p> <p>Review and monitoring of all controlled prescriptive practices annually to ensure consistency with state, federal, and APA guidelines.</p>

**Increased Participation in Patient-Centered Medical Homes Characteristics
Region 5 CMHSP Activities, Efforts & Achievements**

CMHSP	Comprehensive Care	Patient Centered	Coordinated Care	Accessible Services	Quality & Safety
	<p>Dedicated nursing staff as peer wellness coach for primary care services.</p> <p>CMH clinicians receive training related to predominant physical health diagnoses in order to best serve individuals.</p>	<p>all individuals served.</p> <p>Individualized health and wellness goals as part of the IPOS as directed by individuals served.</p> <p>Survey of individuals served regarding medication literacy with targeted education provided.</p> <p>Survey of individuals served regarding IPOS treatment outcomes and satisfaction.</p>	<p>annually, at minimum.</p> <p>Receive and send ADT alerts through the EHR.</p> <p>Review and use CC360 data related to immunization status for those served.</p> <p>Development of service coordination agreements to address and support issues related to mutually served individuals.</p> <p>Utilization of ICDP data analytics for medication and diagnosis reconciliation for those recently discharged from acute or psych admission(s).</p>	<p>Collaboration with local pharmacies for medication delivery services, including medication management and safety dose planners.</p> <p>On-site COVID-19 testing for individuals residing in specialized residential settings.</p> <p>Point of care testing for HbA1c, glucose, cholesterol, urinalysis, hCG, drug screening, and EKG.</p> <p>Genesight testing.</p>	<p>Monitoring of no-show and recovery appointment rates for psychiatric services and wellness clinic, use of data to drive QI process.</p> <p>Review of report for high utilization of ED services and those served who were sent to ED for purposes of physical injury and/or medication error.</p> <p>Quarterly infection control and medication management committee meetings for review of infection rates and medication errors of those served.</p> <p>Integration with qualified health plans regarding high utilizers of services, coordination and integration of services.</p>

MSHN FY23 - Board of Directors and Operations Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
BETTER HEALTH	Service utilization remains consistent or increases over previous year due to improved access to services through the use of telehealth	MSHN Strategic Plan FY19-FY20	10%	+10%	Not Available	Not Available	Not Available	0% Decrease over FY20	Green	1-10% Decrease	11-19% Decrease	20% or more Decrease
	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 screening during the measurement year. (Rolling 12 months)	Aligns with strategic plan goal to establish clear criteria and practices that demonstrate improved primary care coordination and with Performance Measure Portfolio	43%	53%	41%	56%	49%	78.5% (2017 National data)	Red	>=78.5%	54.4%-78.4%	<54.4%
	Expand SUD stigma reduction community activities.	MSHN WILL SUPPORT AND EXPAND SUD-RELATED STIGMA REDUCTION EFFORTS THROUGH COMMUNITY EDUCATION	239 activities	239 activities	283 activities	332 activities	367 activities	144	Green	>=144	<144 and >72	<=72
	Increase health information exchange/record sets	MSHN will improve and standardize processes for exchange of data between MSHN and MHPs; CMHSPs and MSHN. Using REMI, ICDP and CC360 as well as PCP, Hospitals, MHPs.	3	3	3	3	3	2	Green	3	2	1
	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following an emergency department visit for alcohol or drug use.	MDHHS/PIHP Contracted, Integrated Health Performance Bonus Requirements	2	1	1	Not Available	Not Available	0	Red	0	1	2
BETTER CARE	The percentage of discharges for adults who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	HEDIS-NCQA	60.99%	61%	61%	63%	68%	58%	Green	>=58%	0	<58%
	The percentage of discharges for children who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	HEDIS-NCQA	74.06%	74%	73%	79%	76%	70%	Green	>=70%	0%	<70%
	Behavior Treatment Plan standards met vs. standards assessed from the delegated managed care reviews. (Quarterly)	MDHHS Technical Requirement for Behavior Treatment Plans.	72.20%	78%	95%	81%	95%	95% or greater	Green	95-100%	90-94%	<90%
	Engagement of AOD Treatment-Percentage who initiated treatment and who had 2 or more additional AOD services or medication treatment within 34 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Engagement: 32.24% *** (11-1-2021 thru 10-31-2022)	Engagement: 32.24% (11-1-2021 thru 10-31-2022)	Engagement: 31.91% (1-1-2022 thru 12-31-2022)	Engagement: 30.52% (4-1-2022 thru 3-31-2023)	Engagement: 32.94% (8-1-2022 thru 7-31-2023)	Above Michigan 2020 levels; E: 12.5% (2016)	Green	Increase over National levels	No change from National levels	Drop below National levels
	Integrate standardized assessment tools into REMI	MSHN ensures a consistent service array (benefit) across the region and improves access to specialty behavioral health and substance use disorder services in the region	2	2	2	2	2	2	Yellow	3	2	1
	Percentage of individuals served who are receiving services consistent with the amount, scope, and duration authorized in their person centered plan	MSHN Strategic Plan FY19-FY20, MDHHS State Transition Plan; MDHHS Site Review Findings 2019-2020	85%	85%	74%	70%	68%	100%	Red	100%	90%-99%	<90%

MSHN FY23 - Board of Directors and Operations Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
BETTER VALUE	MSHN Administrative Budget Performance actual to budget (%)	MSHN's board approved budget	95.60%	89%	90%	88%	88%	≥ 90%	Yellow	≥ 90%	> 85% and < 90%	≤ 85% or >100%
	MSHN reserves (ISF)	MSHN WILL WORK WITH ITS CMHSPS AND BOARD OF DIRECTORS TO ESTABLISH A RESERVE'S TARGET SUFFICIENT TO MEET FISCAL RISK RELATED TO DELIVERY OF MEDICALLY NECESSARY SERVICES AND TO COVER ITS MDHHS CONTRACTUAL LIABILITY.	7.50%	7.5%	7.5%	7.5%	0.0%	7.5%	Green	> 6%	≥ 5% and 6%	< 5%
	Develop and implement Provider Incentives (VBP, ER FU, Integration)	MSHN will develop methodologies, within established rules, to incentivize providers to cooperate with the PIHP to improve health or other mutually agreeable outcomes.	0	4	4	4	4	2	Green	2	1	0
	MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization. (FYTD)	The MDHHS requirement of 95% slot utilization or greater.	93.50%	93.30%	92.70%	93.71%	94.00%	95% or greater	Yellow	95-100%	90-94%	<90%
	Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages	MSHN Strategic Plan FY21-22, Federal Parity Requirements	1%	1%	<1%	1%	1%	<= 5%	Green	<=5%	6%-10%	>=11%
	Continuum of Care - Consumers moving from inpatient psychiatric hospitalization will show in next LOC within 7 days, and 2 additional appts within 30 days of first step-down visit. (Quarterly)	Aligns with strategic plan goal that MSHN and its CMHSP participants will explore clinical process standardization, especially in the areas of access, emergency services, pre-admission screening, crisis response and inpatient stay	I: 37.24% E:18.88%	I: 38.18%; E: 20.27%	I: 38.98%; E: 21.02%	I: 39.59%; E: 21.87%	I: 37.44%; E: 19.97%	Increase over FY 2019 (I: 38.85%; E: 19.21%)	Yellow	increase over 2019	No change from 2019 levels	Below 2019 levels
	Reduction in number of visits to the emergency room for individuals in care coordination plans between the PIHP and MHP	MSHN Strategic Plan FY19-FY20, MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements	78%	78%	75%	77%	81%	100%	Green	>=75%	50%-74%	<50%
Better Provider Systems	Develop crisis residential unit within region	Network Adequacy Assessment Recommendations	In Process	In Process	100% Contract Fully Executed	100% Contract Fully Executed	100% Contract Fully Executed	CRU available to Region	Yellow	Complete	In Process	Not Started
	Managed Care Information Systems (REMI) Enhancements	Provider portal, Patient Portal, ASAM Continuum, CCBHC reporting, LOCUS data transfer, OHH process, etc.	3	5	5	6	6	4	Green	3	2	1
	SUD providers satisfaction demonstrates 80% or above with the effectiveness and efficiency of MSHN's processes and communications (SUD Network)	Deploy a survey tool to measure participating provider satisfaction and achieve 80% satisfaction with the effectiveness and efficiency of MSHN's processes and communications	79%	80%	80%	80%	0.8	80%	Green	>80%	70-79%	<70%
	Improve data availability	MSHN FY22-23 Strategic Plan - Staff, Consumers, Providers, and Stakeholders	85%	50%	72%	78%	88%	100%	Green	75%	50%	25%

MSHN FY23 - OHH Metrics - Balanced Scorecard

Target Ranges

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Actual Value (%) as of September 2023	Performance Level	Target Ranges		
<i>Please Note: * Indicates Pay for Performance Measure</i>												
CMS Core Measures for Health Homes	Initiation of Alcohol and Other Drug Dependence Treatment within 14 days (IET 14)*	CMS Health Home Core Set (2023)	N/A	VCS - 84.79%	VCS - 79.45%	VCS - 76.8%			TBD			
	Engagement of Alcohol and Other Drug Dependence Treatment within 34 days (IET 34)*	CMS Health Home Core Set (2023)	N/A	VCS - 75.67%	VCS - 72.6%	VCS - 70.22%			TBD			
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 7 days (FUA 7)*	CMS Health Home Core Set (2023)	N/A	VCS - 67.86%	VCS - 63.16%	VCS - 60.81%			TBD			
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 30 days (FUA 30)*	CMS Health Home Core Set (2023)	N/A	VCS - 81.70%	VCS - 80.97%	VCS - 80.07%			TBD			
	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries*	CMS	N/A	MEASURE NOT AVAILABLE IN CC360 FOR FY23					TBD			
	Controlling High Blood Pressure (CBP)	CMS Health Home Core Set (2023)	N/A	VCS - 25.38%	VCS - 29.55%	VCS - 27.35%			TBD			
	Screening for Depression and Follow-Up Plan (CDF)	CMS Health Home Core Set (2023)	N/A	MEASURE NOT AVAILABLE IN CC360 FOR FY23					TBD			
	Colorectal Cancer Screening (COL)	CMS Health Home Core Set (2023)	N/A	VCS - 38.26%	N/A	N/A			TBD			
	Follow-Up After Hospitalization for Mental Illness within 7 days (FUH 7)	CMS Health Home Core Set (2023)	N/A	VCS - 47.47%	VCS - 44.44%	VCS - 41.75%			TBD			
	Follow-Up After Hospitalization for Mental Illness within 30 days (FUH 30)	CMS Health Home Core Set (2023)	N/A	VCS - 71.72%	VCS - 67.68%	VCS - 69.9%			TBD			
	Follow-Up After Emergency Department Visit for Mental Illness within 7 days (FUM 7)	CMS Health Home Core Set (2023)	N/A	VCS - 28.92%	VCS - 25.81%	VCS - 24.47%			TBD			
	Follow-Up After Emergency Department Visit for Mental Illness within 30 days (FUM 30)	CMS Health Home Core Set (2023)	N/A	VCS - 42.17%	VCS - 39.78%	VCS - 38.3%			TBD			
	Use of Pharmacotherapy for Opioid Use Disorder (OUD)	CMS Health Home Core Set (2023)	N/A	MEASURE NOT AVAILABLE IN CC360 FOR FY23					TBD			
	Plan All-Cause Readmission Rate (PCR)	CMS Health Home Core Set (2023)	N/A	MEASURE NOT AVAILABLE IN CC360 FOR FY23					TBD			
	Prevention Quality Indicator: Chronic Conditions Composite (PQI 92)	CMS Health Home Core Set (2023)	N/A	MEASURE NOT AVAILABLE IN CC360 FOR FY23					TBD			
	Admission to a Facility from the Community (AIF)	CMS Health Home Core Set (2023)	N/A	MEASURE NOT AVAILABLE IN CC360 FOR FY23					TBD			
	Inpatient Utilization (IU)	CMS Health Home Core Set (2023)	N/A	MEASURE NOT AVAILABLE IN CC360 FOR FY23					TBD			

MSHN FY23 - CCBHC Metrics - Balanced Scorecard

										Target Ranges			
Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level				
CCBHC Quality Bonus Performance (QBP) Measures	Follow-Up After Hospitalization for Mental Illness (FUH -Adults) MSHN	CMS Adult Core Set (2021)	CEI: 68% Right Door: 91% SCCMHA: 79%	CEI: 71% Right Door: 65% SCCMHA: 71%	CEI: 64% Right Door: 49% SCCMHA: 71%	CEI: 62% Right Door: 61% SCCMHA: 70%		58.0%		all >58	48-57%	all <47%	
	Follow-Up After Hospitalization for Mental Illness (FUH-Child/Adolescents) MSHN	CMS Adult Core Set (2021)	CEI: 92% Right Door: 95% SCCMHA: 100%	CEI: 72% Right Door: 79% SCCMHA: 93%	CEI: 73% Right Door: 93% SCCMHA: 80%	CEI: 69% Right Door: 73% SCCMHA: 77%		70.0%		all >70	60-69%	all <59%	
	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) MSHN	CMS Adult Core Set (2021)	CEI: 552% Right Door: 73% SCCMHA: 71%	CEI: 56% Right Door: 88% SCCMHA: 67%	CEI: 58% Right Door: 86% SCCMHA: 58%	CEI: 59% Right Door: 95% SCCMHA: 57%		58.5%		all >58.5	48-57%	all <47%	
	Initiation of Alcohol and Other Drug Dependence Treatment MSHN	SAMHSA Metrics and Quality Measures (2016)	CEI: 41% Right Door: 28% SCCMHA: 45%	CEI: 47% Right Door: 32% SCCMHA: 29%	CEI: 49% Right Door: 37% SCCMHA: 50%	CEI: 52% Right Door: 33% SCCMHA: 49%		1-25%		all >25%		all <42.5%	
	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-Child) MSHN	SAMHSA Metrics and Quality Measures (2016)	CEI: 27% Right Door: 19% SCCMH: 10%	CEI: 97% Right Door: 27% SCCMH: 6%	CEI: 87% Right Door: 84% SCCMHA: 8%	CEI: 88% Right Door: 76% SCCMHA: 9%	CEI: 89% Right Door: 83% SCCMHA: 21%	12.5%		>12.5%		<12.5%	
	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-Adults) MSHN	SAMHSA Metrics and Quality Measures (2016)	CEI: 37% Right Door: 15% SCCMH: 31%	CEI: 81% Right Door: 13% SCCMH: 8%	CEI: 76% Right Door: 75% SCCMHA: 58%	CEI: 74% Right Door: 80% SCCMHA: 70%	CEI: 75% Right Door: 74% SCCMHA: 78%	23.9%		>23.9%		<23.9%	
	<i>Please note: the QBP is only pertinent to Medicaid CCBHC costs and beneficiaries</i>												
Other PIHP Reporting	Monitor, collect, and report grievance, appeal, and fair hearing information	CCBHC Handbook V1.2	N/A	N/A	N/A	N/A	N/A	N/A			Report Submitted Quarterly	Report Not Submitted Quarterly	Report Not Submitted Quarterly
	Develop a process to collect CCBHC "encounters" for the non-Medicaid population			In process/validating T1014									
<i>Note: State Reported Measures will be reported to the PIHP/CCBHC by MDHHS</i>													
CCBHC State Reported Measures	Housing Status (HOU)	SAMHSA Metrics and Quality Measures (2016)		MDHHS to provide in February 2023	Waiting for MDHHS			TBD					
	Follow-Up After Emergency Department Visit for Mental Illness (FUM-7) Initiation	SAMHSA Metrics and Quality Measures (2016)	CEI: 56% Right Door: 69% SCCMHA: 64%	CEI: 57% Right Door: 70% SCCMHA: 54%	CEI: 54% Right Door: 67% SCCMHA: 54%		54%						
	Follow-Up After Emergency Department Visit for Mental Illness (FUM-30) Engagement	SAMHSA Metrics and Quality Measures (2016)	CEI: 73% Right Door: 78% SCCMHA: 84%	CEI: 76% Right Door: 76% SCCMHA: 75%	CEI: 71% Right Door: 78% SCCMHA: 75%	CEI: 68% Right Door: 64% SCCMHA: 77%		54%					
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-7)	SAMHSA Metrics and Quality Measures (2016)	CEI: 20% Right Door: 17% SCCMHA: 46%	CEI: 37% Right Door: 42% SCCMHA: 66%	CEI: 35% Right Door: 55% SCCMHA: 54%			TBD					
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-30)	SAMHSA Metrics and Quality Measures (2016)	CEI: 30% Right Door: 26% SCCMHA: 14%	CEI: 57% Right Door: 74% SCCMHA: 83%	CEI: 58% Right Door: 82% SCCMHA: 71%								
	Plan All-Cause Readmission Rate (PCR-AD)^	CMS Adult Core Set (2021)		CEI: 12% Right Door: 7% SCCMHA: 10%	CEI: 11% Right Door: 12% SCCMHA: 13%	CEI: 11% Right Door: 15% SCCMHA: 16%		TBD					
	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD-AD)^	CMS Adult Core Set (2021)	CEI: 86% Right Door: 82% SCCMHA: 82%	CEI: 81% Right Door: 97% SCCMHA: 76%	CEI: 83% Right Door: 93% SCCMHA: 77%	CEI: 83% Right Door: 100% SCCMHA: 80%		TBD					

MSHN FY23 - CCBHC Metrics - Balanced Scorecard

Target Ranges

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level			
	Follow-up care for children prescribed ADHD medication. Initiation Phase (ADD-CH)^	CMS Child Core Set (2021)		CEI: 78% Right Door: 96% SCCMHS: 78%	CEI: 69% Right Door: 88% SCCMHS: 85%	CEI: * Right Door: * SCCMHS: 89%	*	TBD				
	Follow-up care for children prescribed ADHD medication. C & M Phase (ADD-CH)^	CMS Child Core Set (2021)		CEI: 94% Right Door: 100% SCCMHA: 100%	CEI: 9% Right Door: 100% SCCMHA: 96%	CEI: 92% Right Door: 100% SCCMHA: 94%		TBD				
	Antidepressant Medication Management Acute Phase (AMM-AD) ^	CMS Adult Core Set (2021)		CEI: 53% Right Door: 57% SCCMHA: 44%	CEI: 25% Right Door: 64% SCCMHA: 23%	CEI: 20% Right Door: 44% SCCMHA: 21%	CEI: 77% Right Door: 93% SCCMHA: 80%	TBD				
	Antidepressant Medication Management Cont. Phase (AMM-AD) ^	CMS Adult Core Set (2021)		CEI: 32% Right Door: 33% SCCMHA: 38%	CEI: 27% Right Door: 62% SCCMHA: 12%	CEI: 19% Right Door: 32% SCCMHA: 23%	CEI: 21% Right Door: 8% SCCMHA: 20%	TBD				
	Engagement of Alcohol and Other Drug Dependence Treatment MSHN	SAMHSA Metrics and Quality Measures (2016)		CEI: 11% Right Door: 10% SCCMHA: 19%	CEI: 40% Right Door: 27% SCCMHA: 35%	CEI: 41% Right Door: 35% SCCMHA: 42%	CEI: 41% Right Door: 23% SCCMHA: 44%	E-18.5%			all>18.5	
Note: CCBHC Reported Measures will be reported by the CCBHC to MDHHS												
CCBHC Reported Measures	Time to Initial Evaluation (I-EVAL): Percent of consumers with an initial evaluation within 10 Business Days. Total (all ages)	SAMHSA Metrics and Quality Measures (2016)		CEI: 64% Right Door: 78% SCCMHA: 57%	CEI: 60% Right Door: 59% SCCMHA: 8%	CEI: 61% Right Door: 49% SCCMHA: 16%	CEI: 66% Right Door: 66% SCCMHA: 21%	CEI: 67% Right Door: 81% SCCMHA: 34%	TBD			
	Time to Initial Evaluation (I-EVAL): Mean Number of Days until Initial Evaluaton	SAMHSA Metrics and Quality Measures (2016)		CEI: 13 Right Door: 15 SCCMHA: 19	CEI: 06 Right Door: 15 SCCMHA: 22	CEI: 9 Right Door: 14 SCCMHA: 24	CEI: 9 Right Door: 11 SCCMHA: 19	CEI: 11 Right Door: 7 SCCMHA: 17	>=10 days			
	Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)	SAMHSA Metrics and Quality Measures (2016)		CEI: 8% Right Door: 38% SCCMHA: 24%	CEI: 8% Right Door: 40% SCCMHA: 35%	CEI: 8% Right Door: 7% SCCMHA: 28%	CEI: 11% Right Door: 32% SCCMHA: 37%	CEI: 9% Right Door: 31% SCCMHA: 35%	TBD			
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)^ ages 3-11	CMS Child Core Set (2021)		CEI: 0% Right Door: 93% SCCMHA: 84%	CEI: 13% Right Door: 22% SCCMHA: 39%	CEI: 3% Right Door: 15% SCCMHA: 32%	CEI: 4% Right Door: 57% SCCMHA: 59%	CEI: 4% Right Door: 67% SCCMHA: 64%	TBD			
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)^ ages 12-17	CMS Child Core Set (2021)		CEI: 4% Right Door: 80% SCCMHA: 69%	CEI: 18% Right Door: 26% SCCMHA: 38%	CEI: 6.5% Right Door: 11% SCCMHA: 34%	CEI: 7% Right Door: 51% SCCMHA: 59%	CEI: 6% Right Door: 52% SCCMHA: 72%	TBD			
	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	SAMHSA Metrics and Quality Measures (2016)		CEI: 3.3% Right Door: 48% SCCMHA: 61%	CEI: 5% Right Door: 54% SCCMHA: 44%	CEI: 12% Right Door: 52% SCCMHA: 30%	CEI: 16% Right Door: 47% SCCMHA: 44%	CEI: 21% Right Door: 42% SCCMHA: 40%	TBD			
	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	SAMHSA Metrics and Quality Measures (2016)		CEI: 0% Right Door: 37% SCCMHA: 58%	CEI: 4% Right Door: 41% SCCMHA: 64%	CEI: 1% Right Door: 61% SCCMHA: 67%	CEI: 14% Right Door: 42% SCCMHA: 66%	CEI: 18% Right Door: 64% SCCMHA: 65%	TBD			
	Screening for Depression and Follow-Up Plan: Age 18 - 64 (CDF-AD)	CMS Adult Core Set (2021)		CEI: 1% Right Door: 41% SCCMH: 74%	CEI: 1% Right Door: 47% SCCMH: 25%	CEI: 2% Right Door: 48% SCCMHA: 25%	CEI: 3% Right Door: 42% SCCMHA: 46%	CEI: 4% Right Door: 37% SCCMHA: 39%	TBD			
	Screening for Depression and Follow-Up Plan: Age 65+ (CDF-AD)	CMS Adult Core Set (2021)		CEI: 1% Right Door: 44% SCCMH: *	CEI: 0% Right Door: 56% SCCMH: 16%	CEI: 1% Right Door: 29% SCCMHA: 13%	CEI: 2% Right Door: 27% SCCMHA: 23%	CEI: 4% Right Door: 31% SCCMHA: 25%	TBD			
	Depression Remission at Twelve Months (DEP-REM-12) The Right Door	SAMHSA Metrics and Quality Measures (2016)		CEI: 0% Right Door: 2.5% SCCMH: 0%	CEI: 0% Right Door: 1% SCCMH: 0%	CEI: 0% Right Door: 4% SCCMHA: 0%	CEI: 0% Right Door: 1% SCCMHA: 2%	CEI: 0% Right Door: 2% SCCMHA: 4%	TBD			

MSHN FY23 - BHH Metrics - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Actual Value (%) as of September 2023	Performance Level	Target Ranges		
									Green	Yellow	Red
<i>Please Note: * Indicates Pay for Performance Measure</i>											
CMS Core Measures for Health Homes	Controlling High Blood Pressure (CBP)*	CMS Health Home Core Set (2023)					TBD				
	Reduction in Ambulatory Care: Emergency Department (ED) Visits (AMB)*	CMS Health Home Core Set (2023)					TBD				
	Access to Preventive/Ambulatory Health Services (AAP)*	HEDIS NCOA					TBD				
	Screening for Depression and Follow-Up Plan (CDF)	CMS Health Home Core Set (2023)					TBD				
	Colorectal Cancer Screening (COL)	CMS Health Home Core Set (2023)					TBD				
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 7 days (FUA 7)	CMS Health Home Core Set (2023)					TBD				
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 30 days (FUA 30)	CMS Health Home Core Set (2023)					TBD				
	Follow-Up After Hospitalization for Mental Illness within 7 days (FUH 7)	CMS Health Home Core Set (2023)					TBD				
	Follow-Up After Hospitalization for Mental Illness within 30 days (FUH 30)	CMS Health Home Core Set (2023)					TBD				
	Follow-Up After Emergency Department Visit for Mental Illness within 7 days (FUM 7)	CMS Health Home Core Set (2023)					TBD				
	Follow-Up After Emergency Department Visit for Mental Illness within 30 days (FUM 30)	CMS Health Home Core Set (2023)					TBD				
	Initiation of Alcohol and Other Drug Dependence Treatment within 14 days (IET 14)	CMS Health Home Core Set (2023)					TBD				
	Engagement of Alcohol and Other Drug Dependence Treatment within 34 days (IET 34)	CMS Health Home Core Set (2023)					TBD				
	Use of Pharmacotherapy for Opioid Use Disorder (OUD)	CMS Health Home Core Set (2023)					TBD				
	Plan All-Cause Readmission Rate (PCR)	CMS Health Home Core Set (2023)					TBD				
	Prevention Quality Indicator: Chronic Conditions Composite (PQI 92)	CMS Health Home Core Set (2023)					TBD				
	Admission to a Facility from the Community (AIF)	CMS Health Home Core Set (2023)					TBD				
Inpatient Utilization (IU)	CMS Health Home Core Set (2023)					TBD					

MSHN FY23 - Quality Improvement/Customer Service - Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
Better Care	Percent of all Medicaid Children beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	97.75%	97.22%	99.32%	98.23%	97.69%	95%	Green	95%	94%	<94%
Better Care	Percent of all Medicaid Adult beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	98.90%	99.15%	99.42%	99.25%	99.70%	95%	Green	95%	94%	<94%
Better Care	Percent of child discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	97.36%	97.80%	97.24%	96.06%	98.74%	95%	Green	95%	94%	<94%
Better Care	Percent of adult discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	95.72%	97.25%	95.60%	96.81%	97.35%	95%	Green	95%	94%	<94%
Better Care	Percent of discharges from a substance abuse detox unit who are seen for follow up care within seven days.	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	97.34%	96.74%	97.82%	97.77%	98.01%	95%	Green	95%	94%	<94%
Better Care	Percent of MI and DD children readmitted to an inpatient psychiatric unit within 30 days of discharge	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	4.04%	10.45%	8.75%	9.18%	9.52%	<=15%	Green	<=15%	>=15.1%	>=16%
Better Care	Percent of MI and DD adults readmitted to an inpatient psychiatric unit within 30 days of discharge	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	10.24%	9.66%	13.01%	12.69%	12.33%	<=15%	Green	<=15%	>=15.1%	>=16%
Better Care	The percentage of discharges for children who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	HEDIS-NCQA	74.06%	74.06%	72.90%	78.53%	76.30%	70%	Green	>=70%		<70%
Better Care	The percentage of discharges for adults who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	HEDIS-NCQA	60.99%	60.99%	60.60%	62.99%	68.29%	58%	Green	>=58%		<58%
Better Equity	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following a psychiatric hospitalization (adults and children)		0.00	0.00	Not Available	Not Available	Not Available	0	Green	0	1	2
Better Care	Percentage of consumers indicating satisfaction with SUD services	MDHHS PIHP Contract: QAPIP	95%	95%	95%	95%	90%	80%	Green	80%	75%-80%	75%
Better Care	Percentage of consumers indicating satisfaction with mental health services	MHSIP/YSS	Adults 82% Children 87%	Adults 83% Children 87%	Adults 83% Children 87%	Adults 83% Children 87%	Adults 80% Children 81%	80%	Green	80%	75%-80%	75%
Better Care	PIP 1a - The rate of new persons in the white population group, who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment will be maintained or demonstrate an increase.	Strategic Plan	64.17%	NA	64.28%	63.86%	Not Available	(Baseline CY21) 69.94%	Red	>=69.94%		<69.49%
Better Equity	PIP 1b - The racial disparities between the black/African American population and the white population will be reduced or eliminated without a decline in performance for the white population. (Yes=The disparity is not statistically lower than the White population)	Strategic Plan	No	No	No	No	Not Available	Yes	Yellow	Yes	No change	No
Better Equity	PIP 2 - The racial or ethnic disparity between the black/African American minority penetration rate and the index (white) penetration rate will be reduced or eliminated. (Yes=The disparity is not statistically lower than the white population group)	Strategic Plan	No	No	No	No	Not Available	Yes	Yellow	Yes	No change	No

MSHN FY23 - Quality Improvement/Customer Service - Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
Better Health	The rate of critical incidents, per 1000 persons served, will demonstrate a decrease from previous year. (CMHSP) (excluding deaths)	MDHHS PIHP Contract: QAPIP	8.561		2.70	5.23	7.41	FY22 8.56%	Green	Increase	No change	Decrease
Better Health	The rate of critical incidents, per 1000 persons served, of Non-Suicide Deaths will demonstrate a decrease from previous year. (CMHSP) (Natural Cause, Accidental, Homicidal)	MDHHS PIHP Contract: QAPIP	6.405		2.96	3.68	5.77	FY 22 6.41%	Green	Increase	No change	Decrease
Better Health	The rate, per 1000 persons served, of Suicide Death will demonstrate a decrease from previous year. (CMHSP)	MDHHS PIHP Contract: QAPIP	0.384		0.098	0.107	0.116	FY22 0.38	Green	Increase	No change	Decrease
Better Health	The rate, per 1000 persons served, of reportable Sentinel Events will demonstrate a decrease from previous year. (SUDSP)	MDHHS PIHP Contract: QAPIP	1.535	0.00	0.00	0.001	0.00	FY22 1.535	Green	Increase	No change	Decrease
Better Health	The percent of emergency physical intervention per person served will demonstrate a decrease from previous year.	MDHHS PIHP Contract: QAPIP	0.91%		0.67%	0.55%	0.64%	FY22 0.91%	Green	Increase	No change	Decrease
Better Care	Medicaid Event Verification review demonstrates improvement of previous year results with the use of modifiers in accordance with the HCPCS guidelines. CMHSP/SUD	MDHHS PIHP Contract: Medicaid Services Verification Technical Requirement	CMHSP: 86.21%	N/A	N/A	N/A	CMHSP: 86.65% SUD: 75.68%	Increase over 2022	CMHSP	Increase	No change	Decrease
			SUD: 87.57%						SUD			
Better Care	The percentage (rate per 100) of Medicaid appeals which are resolved in compliance with state and federal timeliness standards including the written disposition letter (30 calendar days) of a standard request for appeal.	MDHHS PIHP Contract: Appeal and Grievance Resolution Processes Technical Requirement	96.71%	97.00%	94.59%	100%	98.85%	95%	Green	95%	91%-94%	90%
Better Care	The percentage (rate per 100) of Medicaid grievances are resolved with a written disposition sent to the consumer within 90 calendar days of the request for a grievance.	MDHHS PIHP Contract: Appeal and Grievance Resolution Processes Technical Requirement	95.12%	97.82%	100%	100%	100%	95%	Green	95%	91%-94%	90%

MSHN FY23 - Provider Network Management Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level	Target Ranges		
Better Provider Systems	Provider Directory will incorporate ADA, tag lines and cultural competency requirements by September 2022.	HSAG Recommendations	100%	100%	100%	100%	100%	100% of elements included		>95%	80-94%	<79%
	Implement and monitor recommendations from FY21 NAA	MDHHS Network Adequacy Requirements	75%	100%	100%	100%	100%	100% Recommendations Implemented		>95%	80-94%	<79%
	Determine feasibility of Independent Facilitation regional contract template and monitoring	Strategic Plan - Better Provider Systems	Complete	Complete	Regional contract development in Process	Regional contract development in Process	Regional contract development in Process	Feasibility Analysis Complete		Complete	In Process	Not Started
	Develop crisis residential unit within region	Network Adequacy Assessment Recommendations	In Process	In Process	100% Contract Fully Executed	100% Contract Fully Executed	100% Contract Fully Executed	CRU available to Region		Complete	In Process	Not Started
	SUD providers satisfaction demonstrates 80% or above with the effectiveness and efficiency of MSHN's processes and communications (SUD Network)	Deploy a survey tool to measure participating provider satisfaction and achieve 80% satisfaction with the effectiveness and efficiency of MSHN's processes and communications	79%	80%	80%	80%	80%	80%		>80%	70-79%	<70%

MSHN FY23- Clinical Leadership Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	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 screening during the measurement year. (Rolling 12 months)	Aligns with strategic plan goal to establish clear criteria and practices that demonstrate improved primary care coordination and with Performance Measure Portfolio	43.10%	52.8%	41.1%	55.9%	48.7%	78.5% (2017 National data)		>=78.5%	54.4%-78.4%	<54.4%
Better Care	The percentage of Intensive Crisis Stabilization Service calls deployed in a timely manner. (NEW)	Aligns with annual MDHHS reporting process and improving children/adolescent timely access to care.	New	88.00%	72.93%	70.08%	76.00%	>=95%		95-100%	90-94%	<90%
	MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization. (FYTD)	The MDHHS requirement of 95% slot utilization or greater.	93.50%	93.30%	92.70%	93.71%	94.00%	95% or greater		95-100%	90-94%	<90%
	Behavior Treatment Plan standards met vs. standards assessed from the delegated managed care reviews. (Quarterly)	MDHHS Technical Requirement for Behavior Treatment Plans.	72.20%	78.00%	95.20%	81.00%	95.00%	95% or greater		95-100%	90-94%	<90%
	Percent of individuals eligible for autism benefit enrolled within 90 days with a current active IPOS. (Quarterly)	Monthly autism benefit reporting on timeliness.	93.00%	93.00%	92.00%	86.00%	87.00%	95%		95-100%	90-94%	<90%
	Percent of individuals enrolled in the 1915(i) State Plan Amendment. (Quarterly) (NEW)	MDHHS enrollment of persons eligible for the 1915(i) SPA benefit and HCBS Rule.	New	11.27%	11.80%	28.00%	100.60%	>=95%		95-100%	90-94%	<90%
BETTER VALUE	Continuum of Care - Consumers moving from inpatient psychiatric hospitalization will show in next LOC within 7 days, and 2 additional appts within 30 days of first step-down visit. (Quarterly)	Aligns with strategic plan goal that MSHN and its CMHSP participants will explore clinical process standardization, especially in the areas of access, emergency services, pre-admission screening, crisis response and inpatient stay management and discharge planning.	I: 37.24% E:18.88%	I: 38.18%; E: 20.27%	I: 38.98%; E: 21.02%	I: 39.59%; E: 21.87%	I: 37.44%; E: 19.97%	Increase over FY 2019 (I: 38.85%; E: 19.21%)		increase over 2019	No change from 2019 levels	Below 2019 levels
BETTER PROVIDER SYSTEMS	MSHN Crisis Residential will be ready for full operation by 9/30/2023. (Cumulative Quarterly). (NEW)	Aligns with strategic plan to increase access to acute care. Also aligns with MDHHS requirements for network adequacy.	New	12.14%	25.00%	38.00%	58.00%	25% growth per quarter		25% or greater growth	15%-24% growth	<15% growth

MSHN FY23 - Clinical SUD - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	Expand SUD stigma reduction community activities.	MSHN WILL SUPPORT AND EXPAND SUD-RELATED STIGMA REDUCTION EFFORTS THROUGH COMMUNITY EDUCATION	239 activities	239 activities	283 activities	332 activities	367 activities	144		>=144	<144 and >72	<=72
	Increase network capacity for Medication Assisted Treatment	CONTINUE TO ADDRESS NETWORK CAPACITY FOR MEDICATION ASSISTED TREATMENT, INCLUDING AVAILABILITY OF METHADONE, VIVOTROL, AND SUBOXONE AT ALL MAT LOCATIONS. -	22 MAT sites	22 MAT sites	22 MAT sites	24 MAT sites	24 MAT sites	Increase contracted MAT locations by 5% over FY20 of 22 locations (ie. 1-2 additional locations)		>5%	No change	<5%
BETTER CARE	Increase percentage of individuals moving from residential level(s) of care who transition to a lower level of care within timeline of initiation (14 days) and engagement (2 or more services within 30 days subsequent to initiation).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 66.61% Engagement: 39.70% (11-1-2021 thru 10-31-2022)	Initiation: 66.61% Engagement: 39.70% (11-1-2021 thru 10-31-2022)	Initiation: 66.69% Engagement: 39.90% (1-1-2022 thru 12-31-2022)	Initiation: 68.04% Engagement: 40.26% (4-1-2022 thru 3-31-2023)	Initiation: 71.15% Engagement: 43.36% (8-1-2022 thru 7-31-2023)	Increase over MSHN 2020 levels Initiation: 36.81% ; Engagement: 22.30%		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
	Engagement of MAT Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of OUD within 30 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 87.63% Engagement: 51.69% (11-1-2021 thru 10-31-2022)	Initiation: 87.63% Engagement: 51.69% (11-1-2021 thru 10-31-2022)	Initiation: 86.26% Engagement: 49.72% (1-1-2022 thru 12-31-2022)	Initiation: 85.44% Engagement: 46.25% (4-1-2022 thru 3-31-2023)	Initiation: 86.61% Engagement: 48.06% (8-1-2022 thru 7-31-2023)	Increase over MSHN 2020 levels (I: 88.69%; E: 54.67%)		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
	Initiation of AOD Treatment. Percentage who initiated treatment within 14 days of the diagnosis. (Inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, medication treatment).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 49.15% *** (11-1-2021 thru 10-31-2022)	Initiation: 49.15% (11-1-2021 thru 10-31-2022)	Initiation: 48.78% (1-1-2022 thru 12-31-2022)	Initiation: 47.65% (4-1-2022 thru 3-31-2023)	Initiation: 49.56% (8-1-2022 thru 7-31-2023)	Above Michigan 2020 levels; I: 40.8%		Increase over National levels	No change from National levels	Drop below National levels
	Engagement of AOD Treatment-Percentage who initiated treatment and who had 2 or more additional AOD services or medication treatment within 34 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Engagement: 32.24% *** (11-1-2021 thru 10-31-2022)	Engagement: 32.24% (11-1-2021 thru 10-31-2022)	Engagement: 31.91% (1-1-2022 thru 12-31-2022)	Engagement: 30.52% (4-1-2022 thru 3-31-2023)	Engagement: 32.94% (8-1-2022 thru 7-31-2023)	Above Michigan 2020 levels; E: 12.5% (2016)		Increase over National levels	No change from National levels	Drop below National levels

MSHN FY23 Information Technology Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level	Target Ranges		
Better Value	Unique consumers submitted monthly	Contractual Reporting Oversight	96.50%	97.3%	94.5%	98.5%	97.8%	85%	Green	86.0%	85.0%	84.0%
	Encounters submitted monthly	Contractual Reporting Oversight	90.00%	95.0%	89.1%	95.4%	92.3%	85%	Green	86.0%	85.0%	84.0%
	BH-TEDS submitted monthly	Contractual Reporting Oversight	87.80%	92.9%	92.4%	87.2%	86.4%	85%	Green	86.0%	85.0%	84.0%
	Percentage of encounters with BH-TEDS	Contractual Reporting Oversight	99.20%	98.9%	98.9%	98.9%	99.3%	95%	Green	95.0%	94.0%	90.0%
Better Care	Integrate standardized assessment tools into REMI	MSHN ensures a consistent service array (benefit) across the region and improves access to specialty behavioral health and substance use disorder services in the region	2	2	2	2	2	2	Yellow	3	2	1
	Increase use cases with MIHIN	Health Information Exchange, including expanded number of use cases with MiHIN, occurs with other healthcare providers to assure appropriate	1	1	1	1	1	1	Yellow	2	1	0
Better Health	Increase health information exchange/record sets	MSHN will improve and standardize processes for exchange of data between MSHN and MHPs; CMHSPs and MSHN. Using REMI, ICDP and CC360 as well as PCP, Hospitals, MHPs.	3	3	3	3	3	2	Green	3	2	1
	Managed Care Information Systems (REMI) Enhancements	Provider portal, Patient Portal, ASAM Continuum, CCBHC reporting, LOCUS data transfer, OHH process, etc.	3	5	5	6	6	4	Green	3	2	1
Better Workforce	Improve data use and quality	MSHN FY22-23 Strategic Plan - Staff, Consumers, Providers, and Stakeholders and unenrolled population and Care Alerts.	92%	75%	82%	89%	94%	100%	Green	75%	50%	25%
	Improve data availability	MSHN FY22-23 Strategic Plan - Staff, Consumers, Providers, and Stakeholders	85%	50%	72%	78%	88%	100%	Green	75%	50%	25%

MSHN FY23 - Integrated Care - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	Percent of individuals who receive follow up care within 30 days after an emergency department visit for alcohol or drug use.	MSHN Strategic Plan FY19-20; MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements	25%	43%	44.26%	Not Available	Not Available	100%		>=28%	24%-27%	<=23%
	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following an emergency department visit for alcohol or drug use.	MDHHS/PIHP Contracted, Integrated Health Performance Bonus Requirements	2	1	1	Not Available	Not Available	0		0	1	2
BETTER CARE												
	Percent of care coordination cases that were closed due to successful coordination.	MSHN Strategic Plan FY19-FY20, MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements	93%	93%	100%	67%	100%	100%		>=50%	25%-49%	<25%
BETTER VALUE												
	Reduction in number of visits to the emergency room for individuals in care coordination plans between the PIHP and MHP	MSHN Strategic Plan FY19-FY20, MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements	78%	78%	75%	77%	81%	100.0%		>=75%	50%-74%	<50%

MSHN FY23 - Finance Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
BETTER VALUE	MSHN reserves (ISF)	MSHN WILL WORK WITH ITS CMHSPS AND BOARD OF DIRECTORS TO ESTABLISH A RESERVE'S TARGET SUFFICIENT TO MEET FISCAL RISK RELATED TO DELIVERY OF MEDICALLY NECESSARY SERVICES AND TO COVER ITS MDHHS CONTRACTUAL LIABILITY.	7.50%	7.5%	7.5%	7.5%		7.5%	Green	> 6%	≥ 5% and < 6%	< 5%
	Regional Financial Audits indicate unqualified opinion	MSHN WILL REVIEW CMHSP FINANCIAL AUDITS AND COMPLIANCE EXAMINATIONS TO IDENTIFY SIGNIFICANT DEFICIENCIES THAT IMPACT THE REGION.	100%	100.0%	100.0%	100.0%		100%	Green	> 92%	< 92% and > 85%	≤ 85%
	No noted significant findings related to regional Compliance Examinations	MSHN WILL REVIEW CMHSP FINANCIAL AUDITS AND COMPLIANCE EXAMINATIONS TO IDENTIFY SIGNIFICANT DEFICIENCIES THAT IMPACT THE REGION.	100%	100.0%	100.0%	100.0%		100%	Green	> 92%	< 92% and > 85%	≤ 85%
	MSHN Administrative Budget Performance actual to budget (%)	MSHN's board approved budget	95.60%	88.6%	89.6%	88.4%	87.8%	≥ 90%	Yellow	≥ 90%	> 85% and < 90%	≤ 85% or >100%
	Medical Loss Ratio is within CMS Guidelines	MSHN WILL MAINTAIN A FISCAL DASHBOARD TO REPORT FINANCE COUNCIL'S AGREED UPON METRICS.	94.50%	94.0%	94.0%	94.0%		85%	Green	≥ 90%	> 85% and < 90%	≤ 85%
	Regional revenue is sufficient to meet expenditures (Savings estimate report)	MSHN WILL MONITOR TRENDS IN RATE SETTING TO ENSURE ANTICIPATED REVENUE ARE SUFFICIENT TO MEET BUDGETED EXPENDITURES.	100%	100.0%	100.0%	100.0%		100%	Green	<100%	> 100% and <105%	>105%
	Develop and implement Provider Incentives (VBP, ER FU, Integration)	MSHN will develop methodologies, within established rules, to incentivize providers to cooperate with the PIHP to improve health or other mutually agreeable outcomes.	0	4	4	4	4	2	Green	2	1	0

MSHN FY23 - Utilization Management Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
BETTER CARE	Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines.	MSHN Strategic Plan FY19-FY20, MSHN UM Plan	100%	100.00%	100.00%	100.00%	100.00%	100%	Green	96-100%	94-95%	<93%
	Service utilization remains consistent or increases over previous year due to improved access to services through the use of telehealth	MSHN Strategic Plan FY19-FY20	10%	+10%	Not Available	Not Available	Not Available	0% Decrease over FY20	Green	1-10% Decrease	11-19% Decrease	20% or more Decrease
	Percentage of individuals served who are receiving services consistent with the amount, scope, and duration authorized in their person centered plan	MSHN Strategic Plan FY19-FY20, MDHHS State Transition Plan; MDHHS Site Review Findings 2019-2020	85%	85.0%	73.5%	69.6%	68.2%	100%	Red	100%	90%-99%	<90%
	The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. (Plan All Cause Readmissions)	MSHN Strategic Plan FY19-FY20, MSHN UM Plan; Measurement Portfolio NQF 1768	10.88%	10.88%	12.28%	11.39%	13.64%	<=15%	Green	<=15%	16-25%	>25%
BETTER VALUE	Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages	MSHN Strategic Plan FY21-22, Federal Parity Requirements	1.00%	1.0%	<1%	1.0%	1.0%	<= 5%	Green	<=5%	6%-10%	>=11%



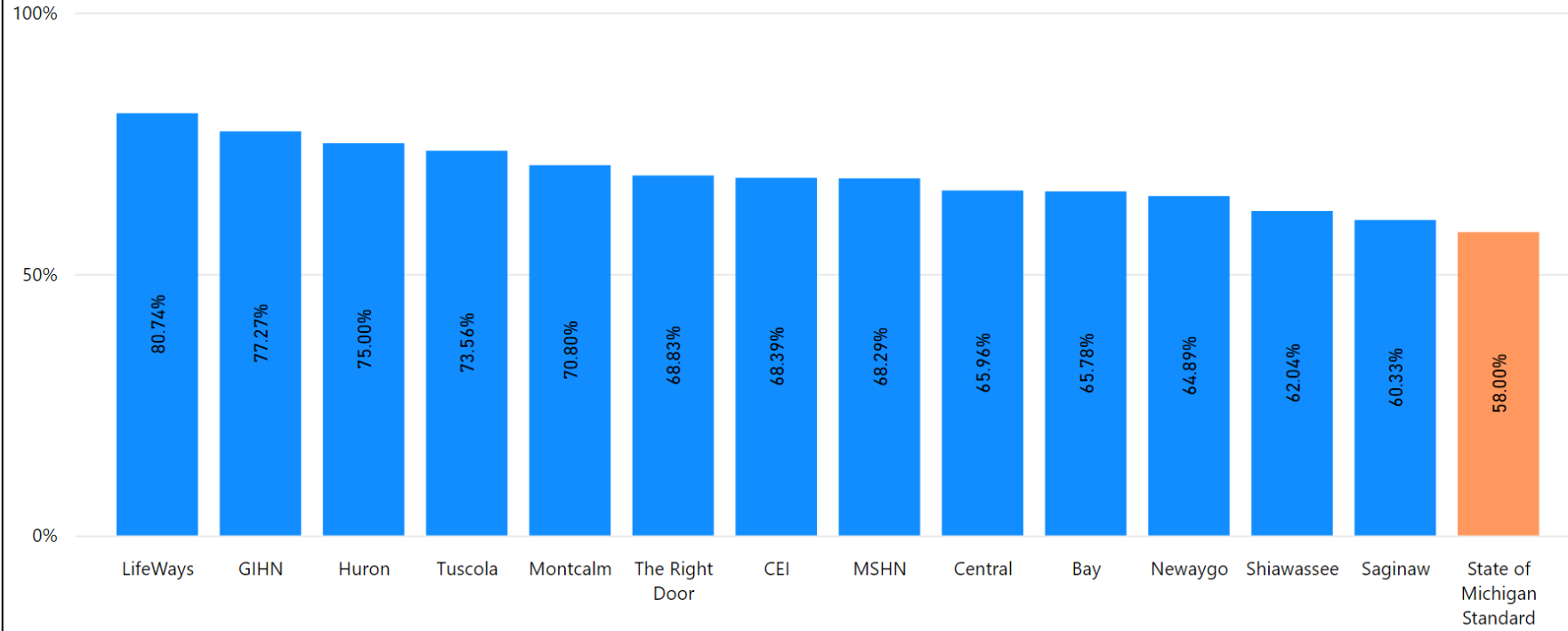
MSHN Priority Measures

FY23 Q4



Follow-Up After Hospitalization Adult

Report Date ● 12/31/16 ● 9/30/23



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.

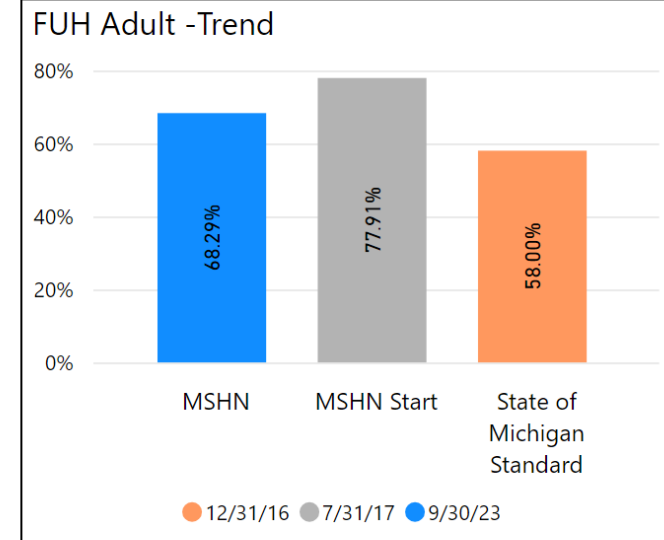
Rates Reported: The percentage of discharges for which the member received follow-up within 30 days of discharge.

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: 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; 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.*

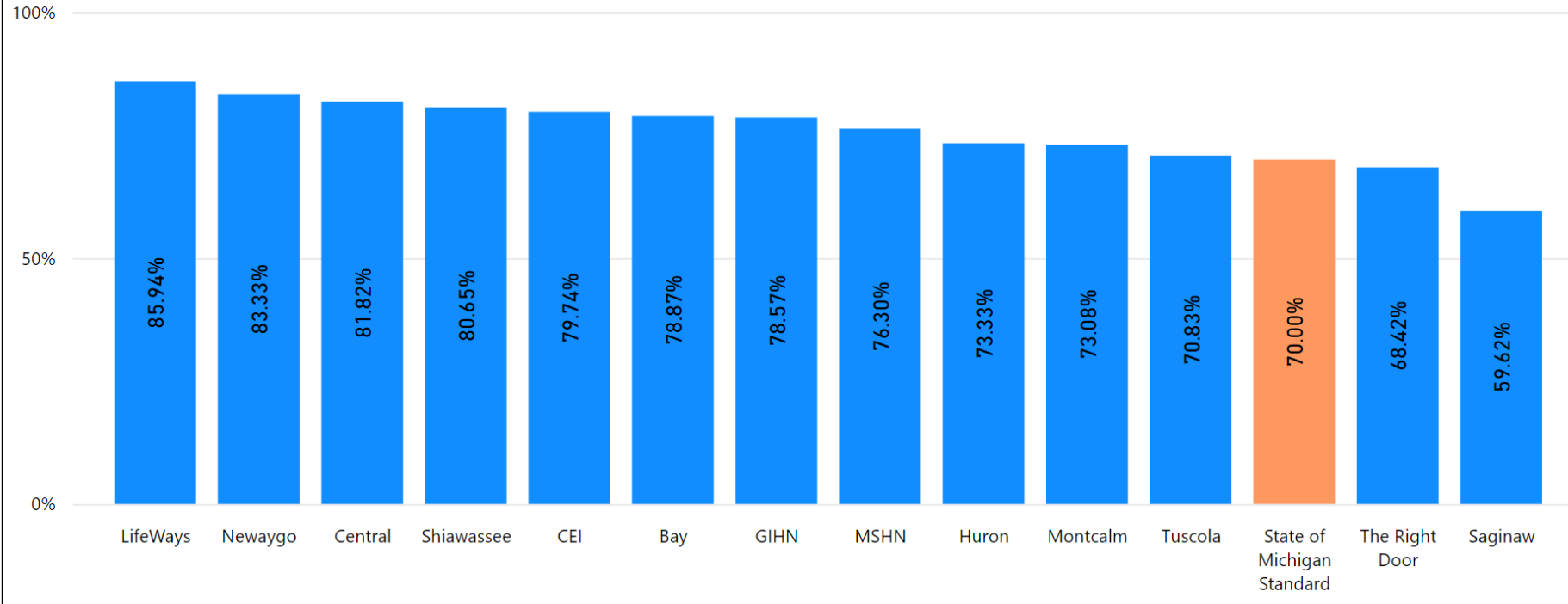
Organization	Yes	No	Percentage
Bay	223	116	65.78%
CEI	502	232	68.39%
Central	279	144	65.96%
GIHN	102	30	77.27%
Huron	30	10	75.00%
LifeWays	327	78	80.74%
Montcalm	97	40	70.80%
MSHN	2156	1001	68.29%
Newaygo	61	33	64.89%
Saginaw	333	219	60.33%
Shiawassee	85	52	62.04%
State of Michigan Standard			58.00%
The Right Door	53	24	68.83%
Tuscola	64	23	73.56%



Last updated: 11/20/2023
Steward: Quality Improvement Council
For consumer level detail, access the Integrated Care Delivery System (ICDP) by Zenith Technology Solutions

Follow-Up After Hospitalization Child

Report Date ● 12/31/16 ● 9/30/23



Organization	Yes	No	Percentage
Bay	56	15	78.87%
CEI	122	31	79.74%
Central	54	12	81.82%
GIHN	22	6	78.57%
Huron	11	4	73.33%
LifeWays	55	9	85.94%
Montcalm	19	7	73.08%
MSHN	486	151	76.30%
Newaygo	30	6	83.33%
Saginaw	62	42	59.62%
Shiawassee	25	6	80.65%
State of Michigan Standard			70.00%
The Right Door	13	6	68.42%
Tuscola	17	7	70.83%

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.

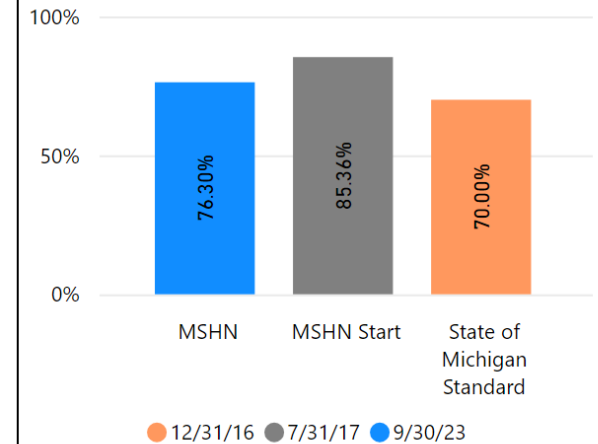
Rates Reported: The percentage of discharges for which the member received follow-up within 30 days of discharge.

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: 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; 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.*

FUH Child-Trend



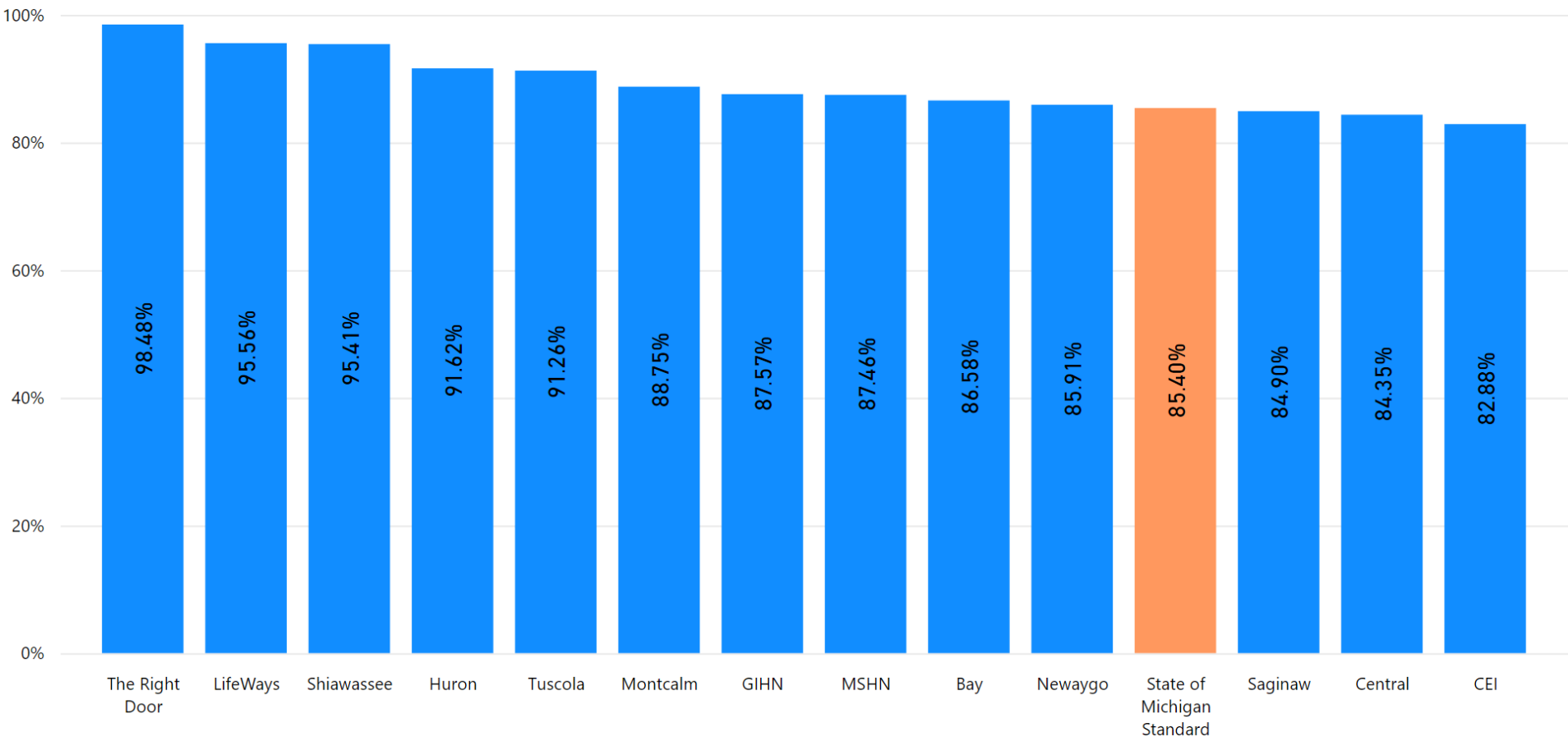
Last updated: 11/20/2023

Steward: Quality Improvement Council

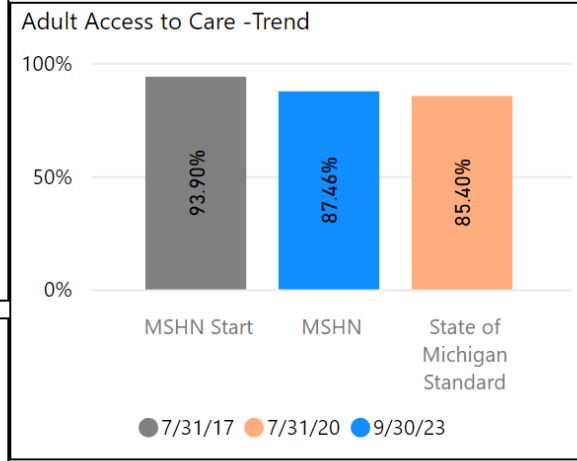
For consumer level detail, access the Integrated Care Delivery System (ICDP) by Zenith Technology Solutions

Adult Access to Primary Care

Report Date ● 7/31/20 ● 9/30/23



Organization	Yes	No	Percentage
Bay	262	1691	86.58%
CEI	725	3510	82.88%
Central	704	3794	84.35%
GIHN	107	754	87.57%
Huron	41	448	91.62%
LifeWays	118	2541	95.56%
Montcalm	131	1033	88.75%
MSHN	2747	19162	87.46%
Newaygo	134	817	85.91%
Saginaw	434	2441	84.90%
Shiawassee	30	624	95.41%
State of Michigan Standard			85.40%
The Right Door	16	1039	98.48%
Tuscola	45	470	91.26%



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.

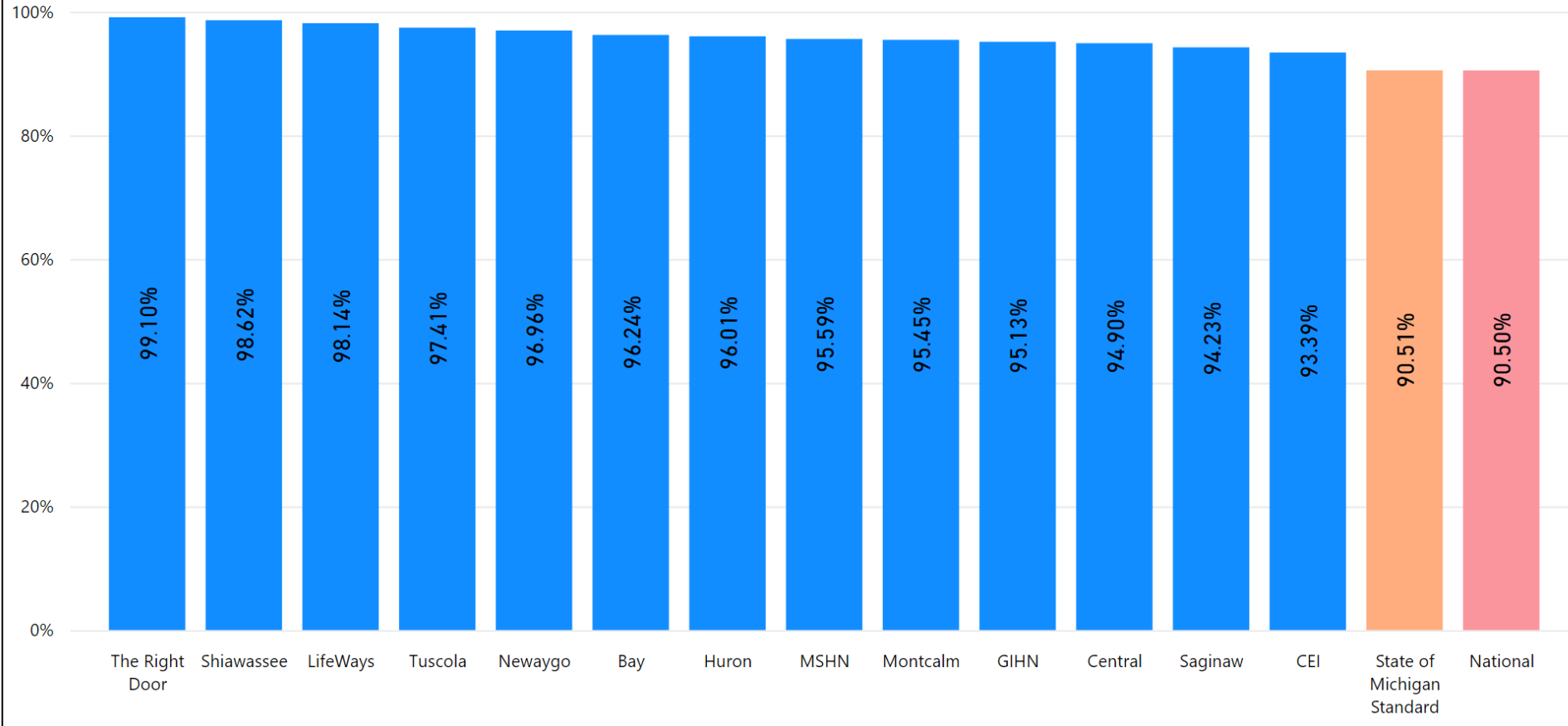
Numerator Statement: One or more ambulatory or preventive care visits during the measurement year or the two years prior to the measurement year.

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.

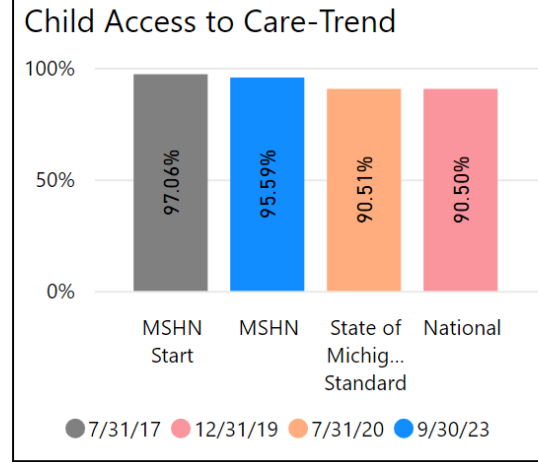
Last updated: 11/20/2023
Steward: Utilization Management Committee
For consumer level detail, access the Integrated Care Delivery System (ICDP) by Zenith Technology Solutions

Child Access to Primary Care

Report Date ● 12/31/19 ● 7/31/20 ● 9/30/23



Organization	Yes	No	Percentage
Bay	55	1407	96.24%
CEI	239	3377	93.39%
Central	145	2699	94.90%
GIHN	28	547	95.13%
Huron	11	265	96.01%
LifeWays	36	1896	98.14%
Montcalm	47	985	95.45%
MSHN	737	15962	95.59%
National			90.50%
Newaygo	23	733	96.96%
Saginaw	123	2008	94.23%
Shiawassee	10	713	98.62%
State of Michigan Standard			90.51%
The Right Door	8	880	99.10%



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.

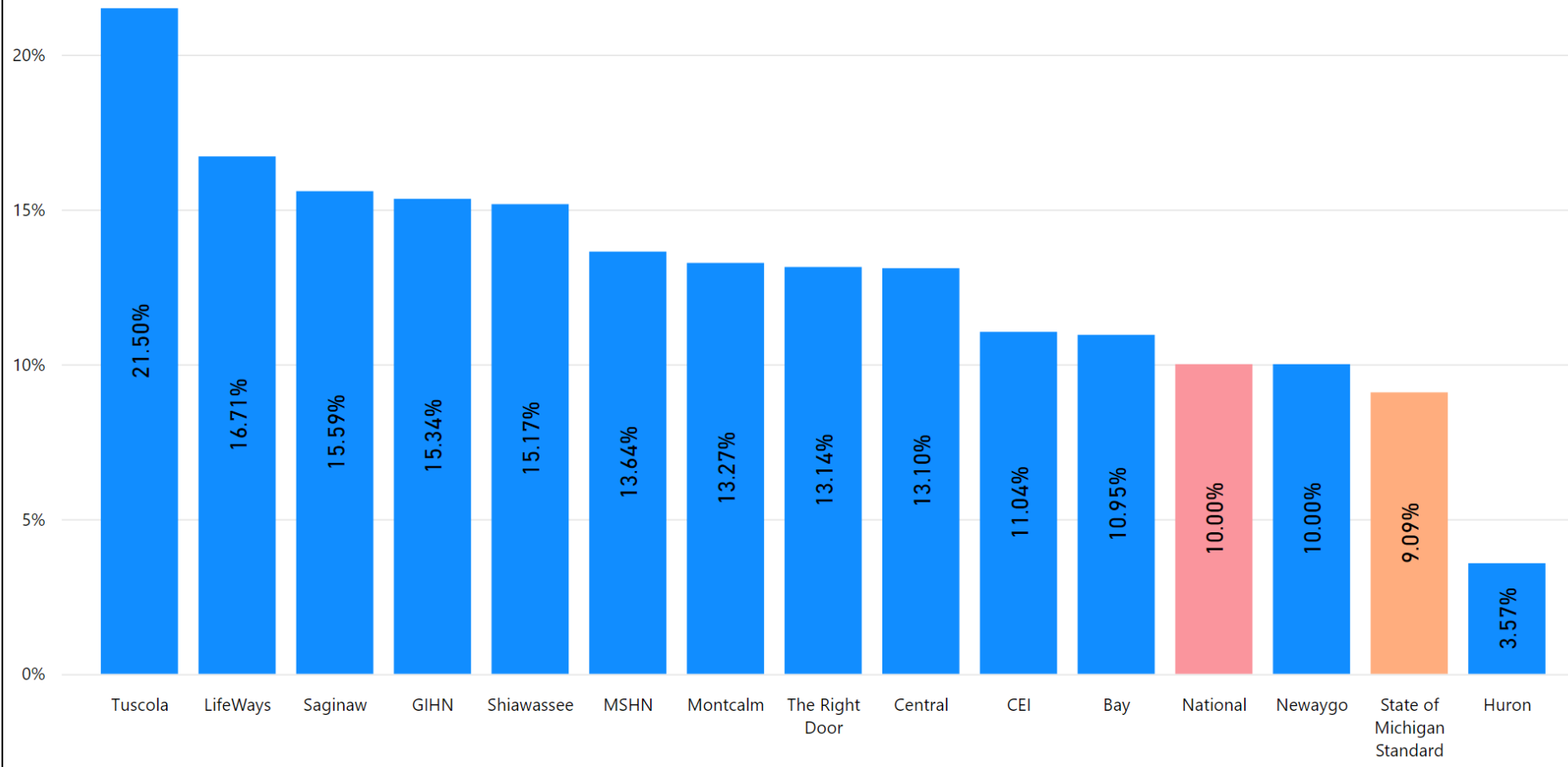
Numerator Statement: For 12–24 months, 25 months–6 years: One or more visits with a PCP during the measurement year. For 7–11 years, 12–19 years: One or more visits with a PCP during the measurement year or the year prior to the measurement year.

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:11/20/2023
Steward: Utilization Management Committee
For consumer level detail, access the Integrated Care Delivery System (ICDP) by Zenith Technology Solutions

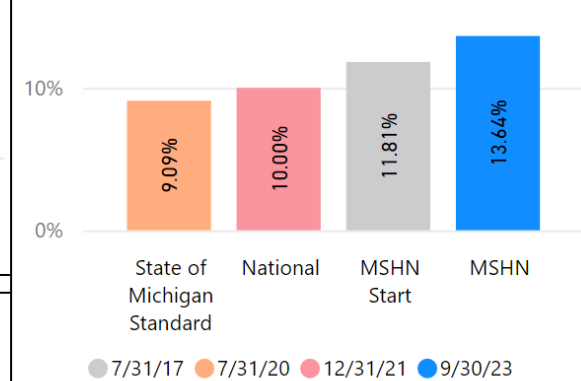
Plan All-Cause Readmission

Report Date ● 7/31/20 ● 12/31/21 ● 9/30/23



Organization	Yes	No	Percentage
Tuscola	84	23	21.50%
LifeWays	633	127	16.71%
Saginaw	704	130	15.59%
GIHN	149	27	15.34%
Shiawassee	151	27	15.17%
MSHN	4047	639	13.64%
Montcalm	183	28	13.27%
The Right Door	119	18	13.14%
Central	544	82	13.10%
CEI	886	110	11.04%
Bay	423	52	10.95%
National			10.00%
Newaygo	117	13	10.00%
State of Michigan Standard			9.09%
Huron	54	2	3.57%

Plan All-Cause Readmission-Trend



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 pregnancy. Inpatient stays with discharges for death.

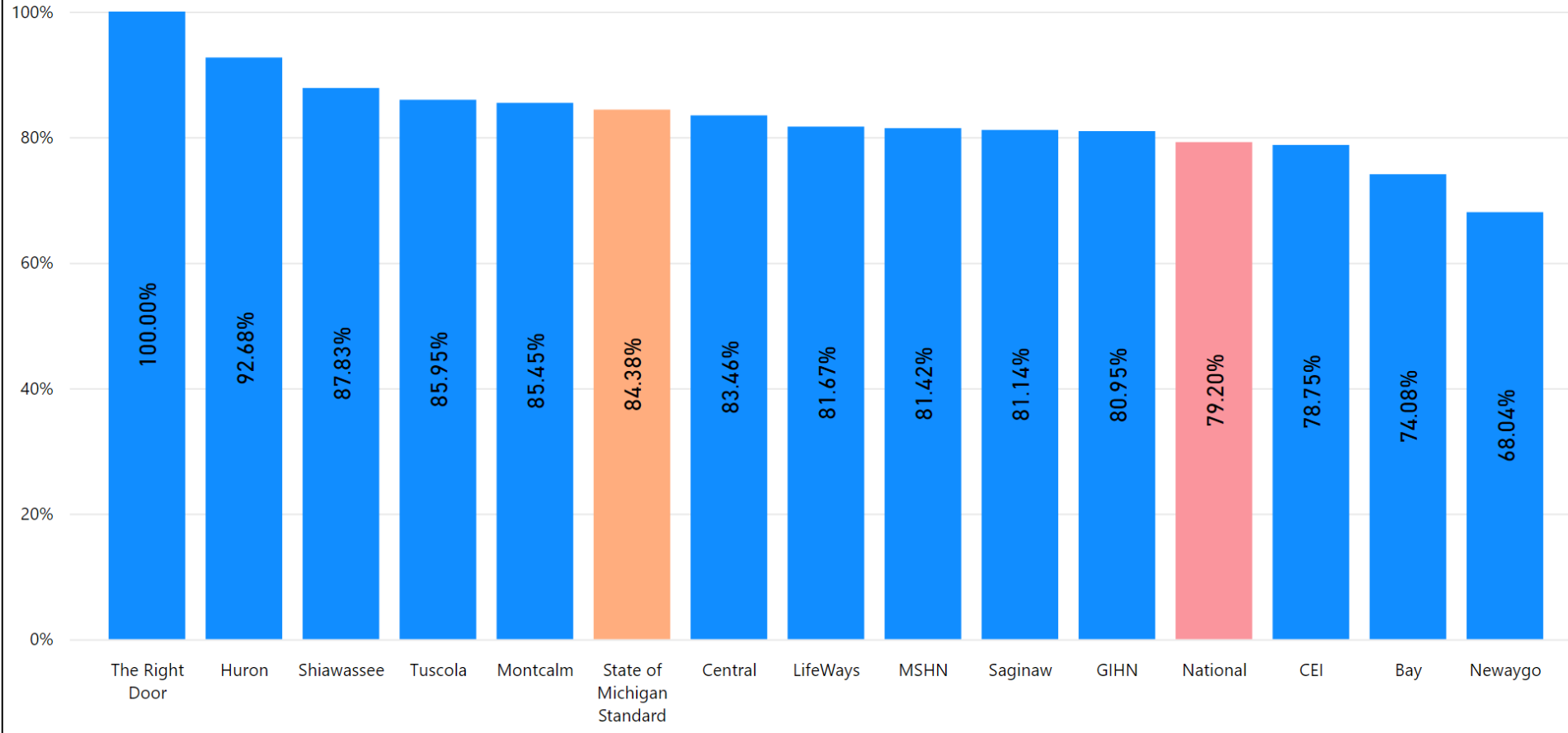
Last updated: 11/20/2023

Steward: Utilization Management Committee

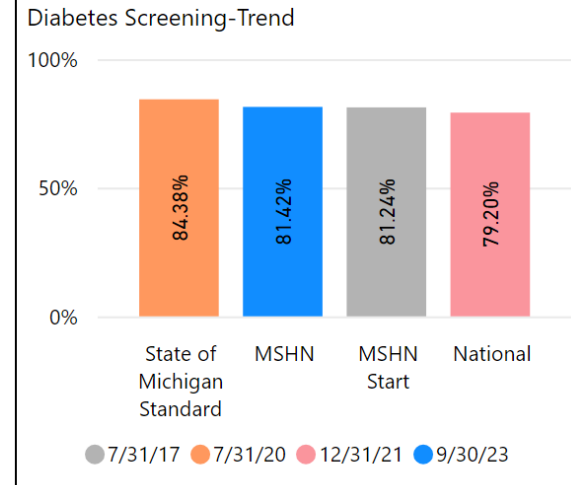
For consumer level detail, access the Integrated Care Delivery System (ICDP) by Zenith Technology Solutions

Diabetes Screening

Report Date ● 7/31/20 ● 12/31/21 ● 9/30/23



Organization	Yes	No	Percentage
Bay	92	263	74.08%
CEI	153	567	78.75%
Central	65	328	83.46%
GIHN	16	68	80.95%
Huron	6	76	92.68%
LifeWays	79	352	81.67%
Montcalm	24	141	85.45%
MSHN	613	2687	81.42%
National			79.20%
Newaygo	31	66	68.04%
Saginaw	116	499	81.14%
Shiawassee	14	101	87.83%
State of Michigan Standard			84.38%
The Right Door	0	122	100.00%



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.

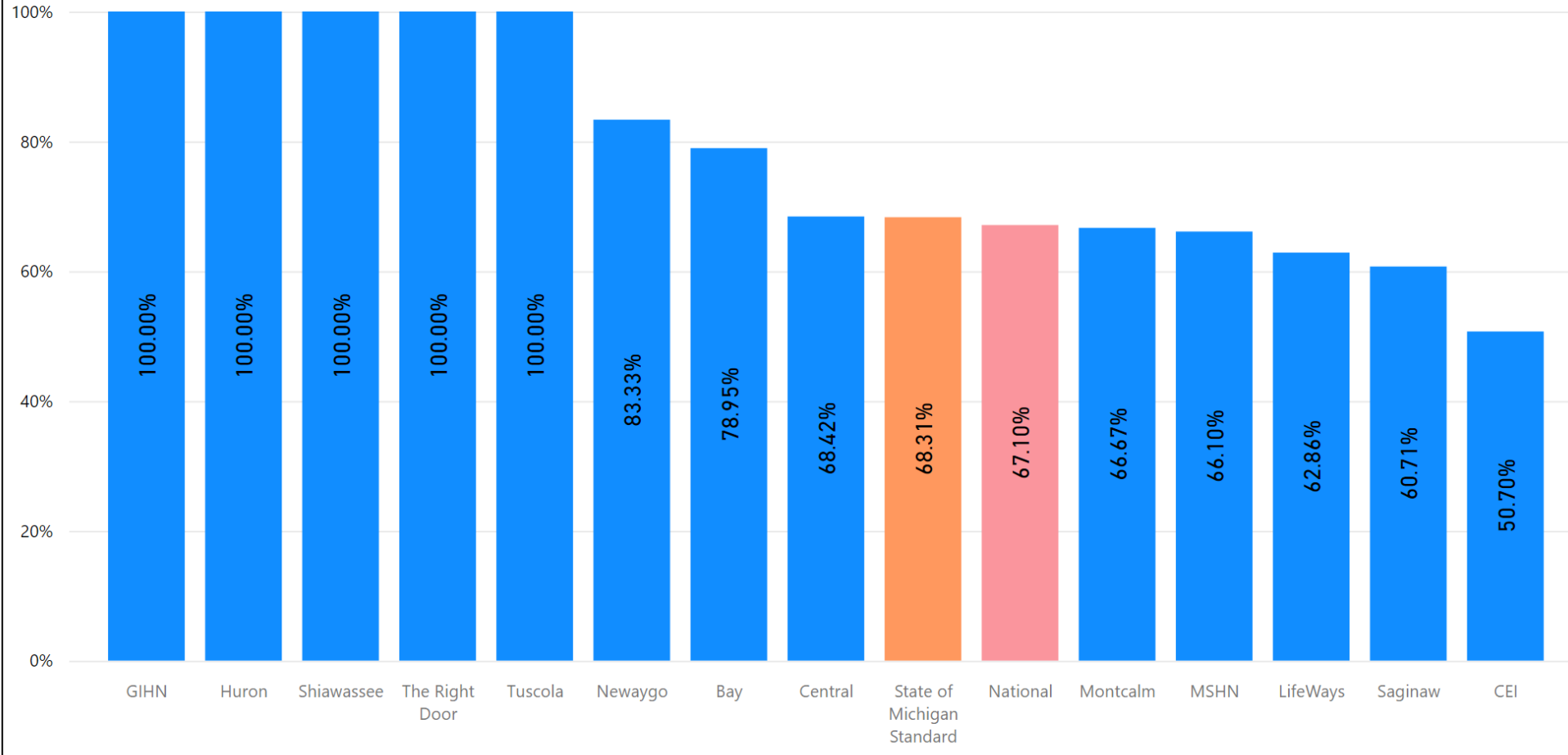
Last updated: 11/20/2023

Steward: Quality Improvement Council

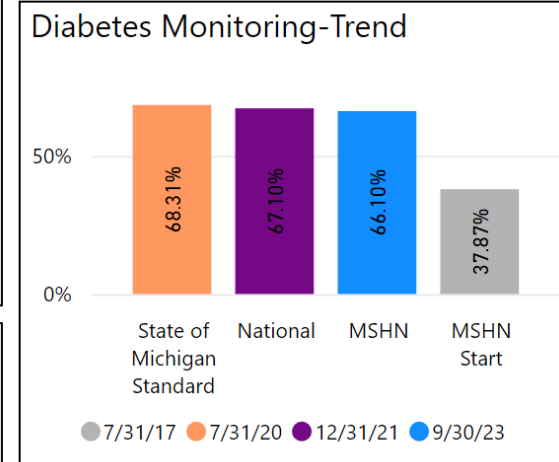
For consumer level detail, access the Integrated Care Delivery System (ICDP) by Zenith Technology Solutions

Diabetes Monitoring

Report Date ● 7/31/20 ● 12/31/21 ● 9/30/23



Organization	Yes	No	Percentage
Bay	4	15	78.95%
CEI	35	36	50.70%
Central	12	26	68.42%
GIHN	0	9	100.00%
Huron	0	5	100.00%
LifeWays	13	22	62.86%
Montcalm	2	4	66.67%
MSHN	100	195	66.10%
National			67.10%
Newaygo	1	5	83.33%
Saginaw	33	51	60.71%
Shiawassee	0	4	100.00%
State of Michigan Standard			68.31%
The Right Door	0	10	100.00%
Tuscola	0	8	100.00%



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.

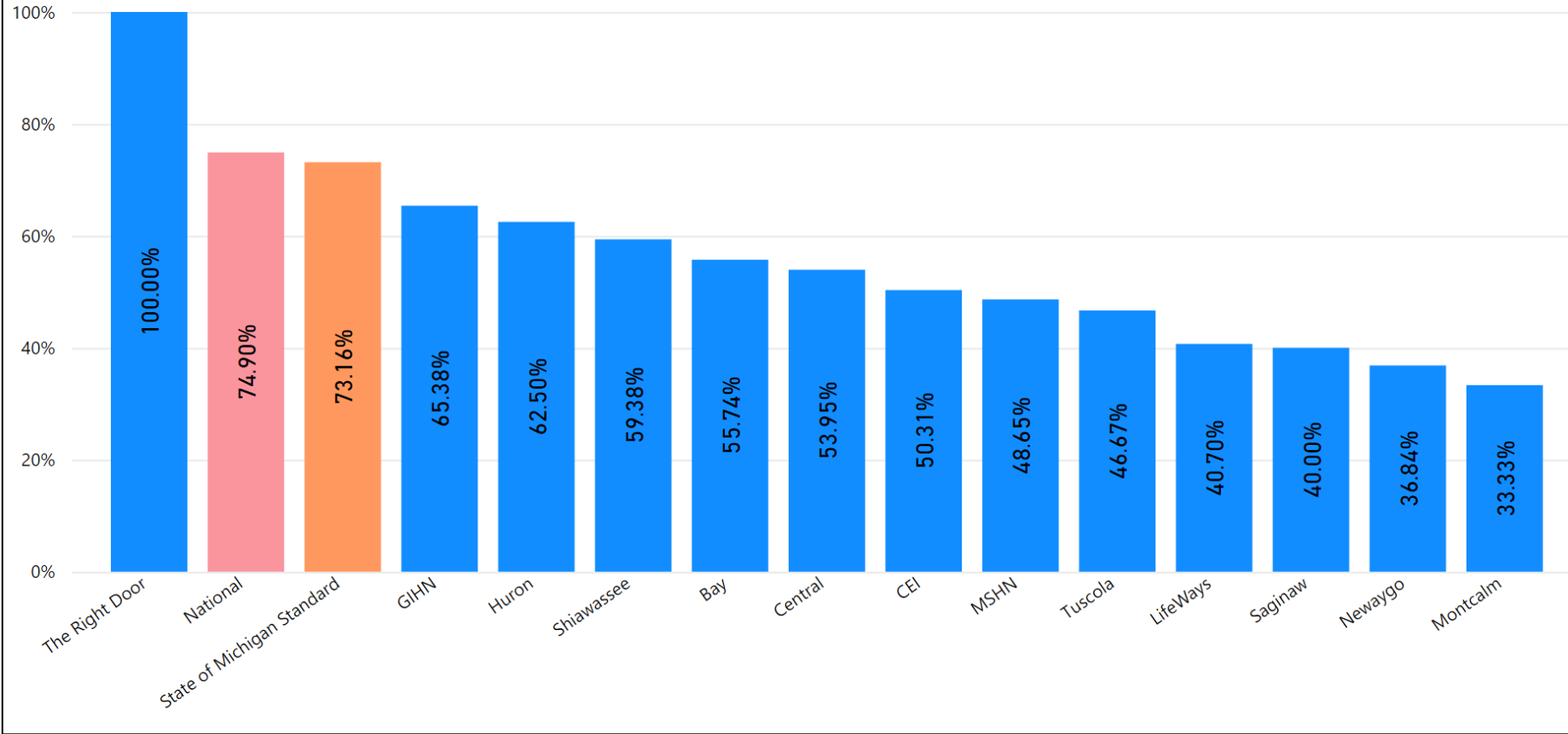
Denominator Statement: Medicaid members 18 to 64 years during the measurement year with schizophrenia and diabetes.

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.

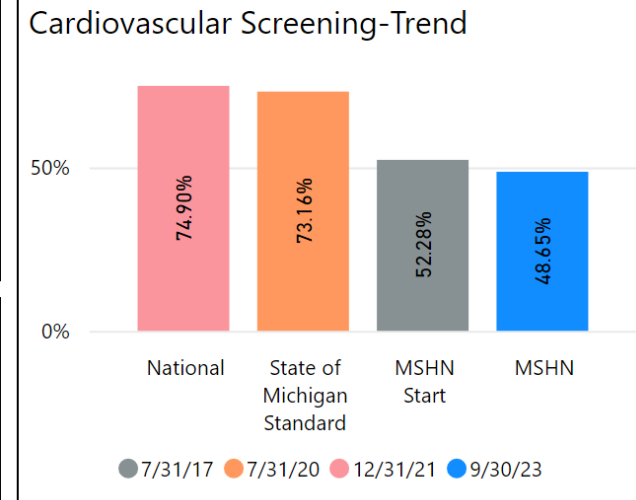
Last updated: 11/20/2023
Steward: Quality Improvement Council
For consumer level detail, access the Integrated Care Delivery System (ICDP) by Zenith Technology Solutions

Cardiovascular Screening

Report Date ● 7/31/20 ● 12/31/21 ● 9/30/23



Organization	Yes	No	Percentage
Bay	27	34	55.74%
CEI	79	80	50.31%
Central	35	41	53.95%
GIHN	9	17	65.38%
Huron	3	5	62.50%
LifeWays	51	35	40.70%
Montcalm	20	10	33.33%
MSHN	361	342	48.65%
National			74.90%
Newaygo	12	7	36.84%
Saginaw	96	64	40.00%
Shiawassee	13	19	59.38%
State of Michigan Standard			73.16%
The Right Door	0	16	100.00%
Tuscola	16	14	46.67%



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).

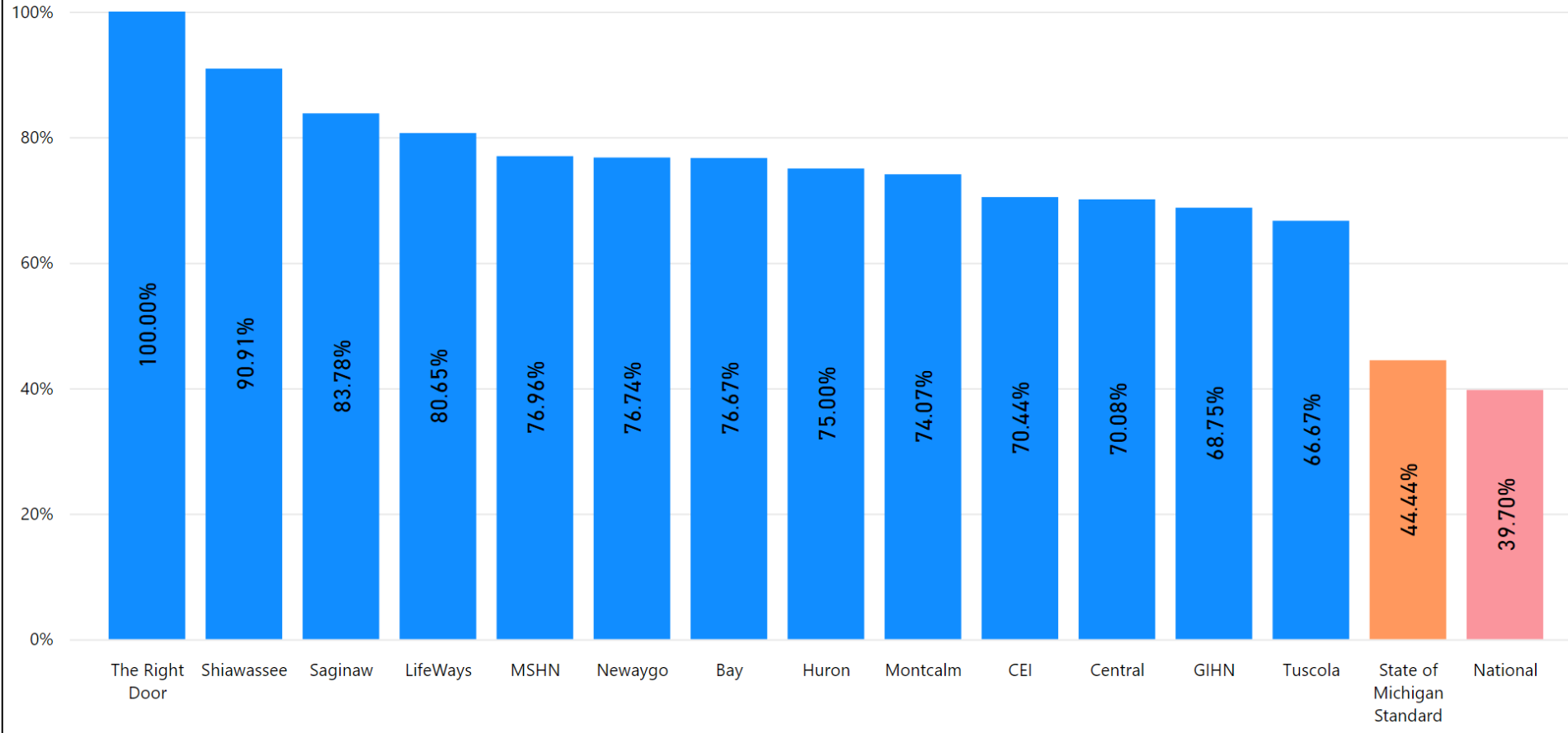
Last updated: 11/20/2023

Steward: Clinical Leadership Committee

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

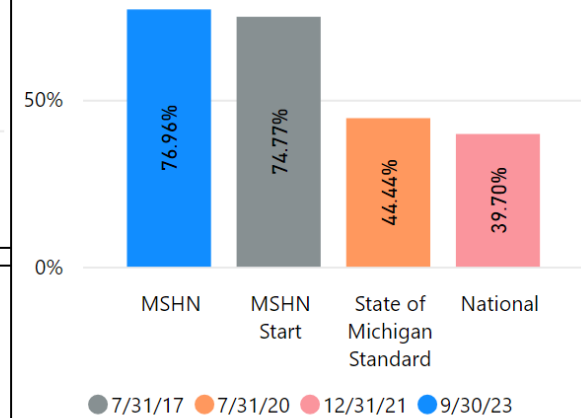
Follow-Up Children ADHD Initiation Phase

Report Date ● 7/31/20 ● 12/31/21 ● 9/30/23



Organization	Yes	No	Percentage
Bay	21	69	76.67%
CEI	47	112	70.44%
Central	38	89	70.08%
GIHN	5	11	68.75%
Huron	3	9	75.00%
LifeWays	18	75	80.65%
Montcalm	14	40	74.07%
MSHN	185	618	76.96%
National			39.70%
Newaygo	10	33	76.74%
Saginaw	18	93	83.78%
Shiawassee	4	40	90.91%
State of Michigan Standard			44.44%
The Right Door	0	33	100.00%
Tuscola	7	14	66.67%

Follow-Up ADHD Initiation-Trend



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.

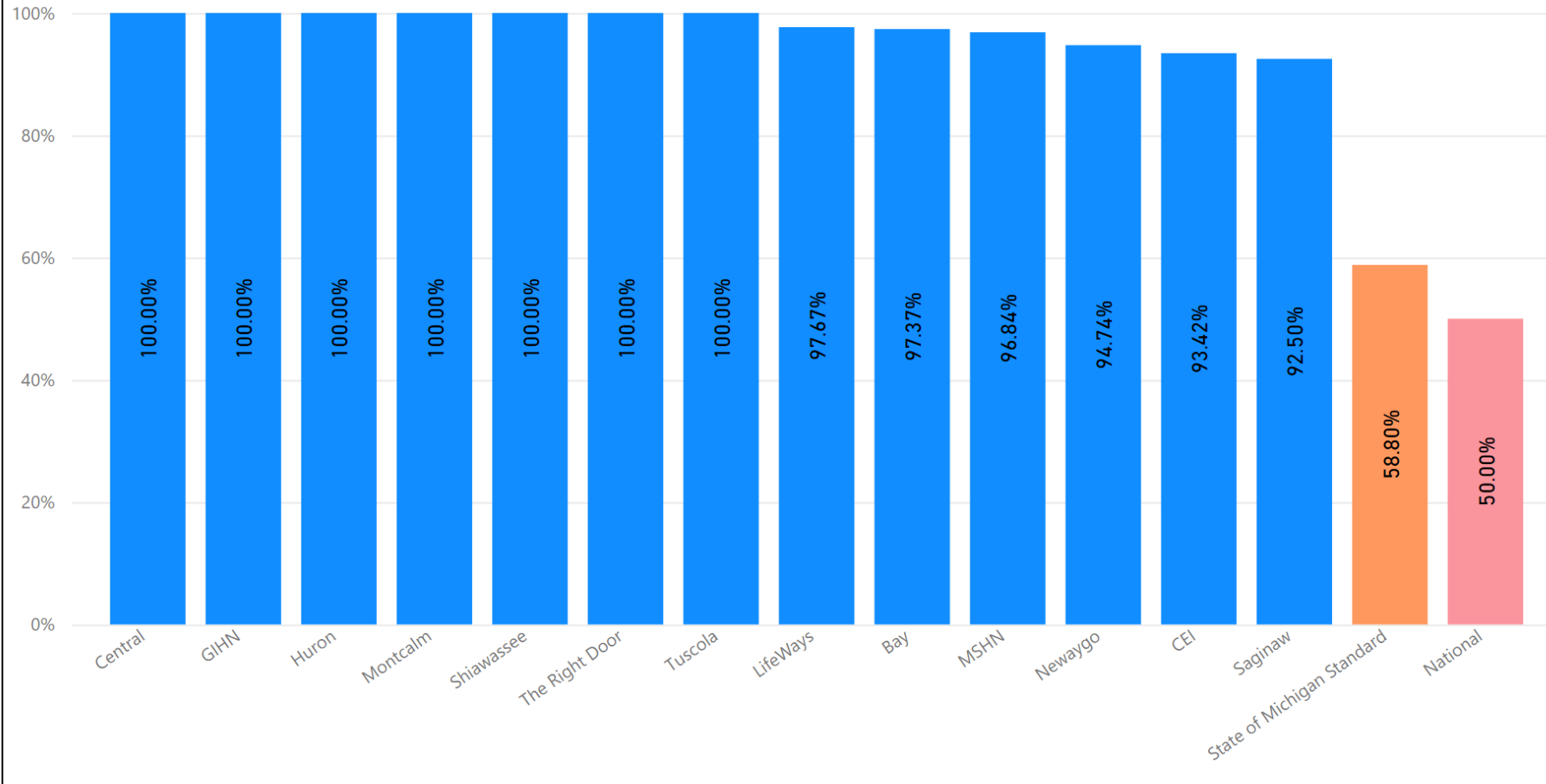
Last updated: 11/20//2023

Steward: Clinical Leadership Committee

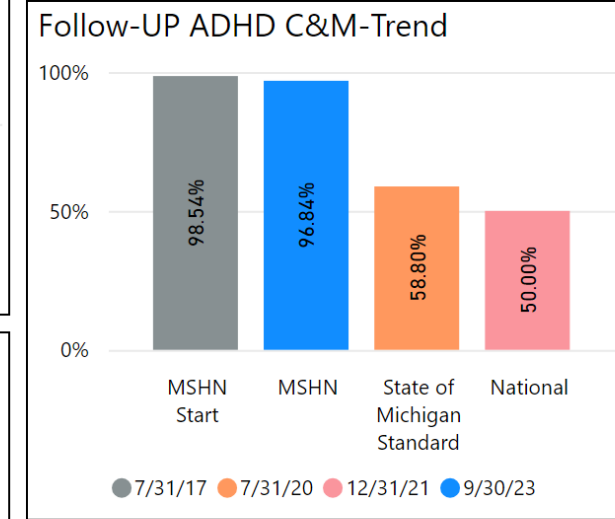
For consumer level detail, access the Integrated Care Delivery System (ICDP) by Zenith Technology Solutions

Percentage by Organization and Report Date

Report Date ● 7/31/20 ● 12/31/21 ● 9/30/23



Organization	Yes	No	Percentage
Bay	1	37	97.37%
CEI	5	71	93.42%
Central	0	64	100.00%
GIHN	0	6	100.00%
Huron	0	5	100.00%
LifeWays	1	42	97.67%
Montcalm	0	13	100.00%
MSHN	11	337	96.84%
National			50.00%
Newwaygo	1	18	94.74%
Saginaw	3	37	92.50%
Shiawassee	0	20	100.00%
State of Michigan Standard			58.80%
The Right Door	0	18	100.00%



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.

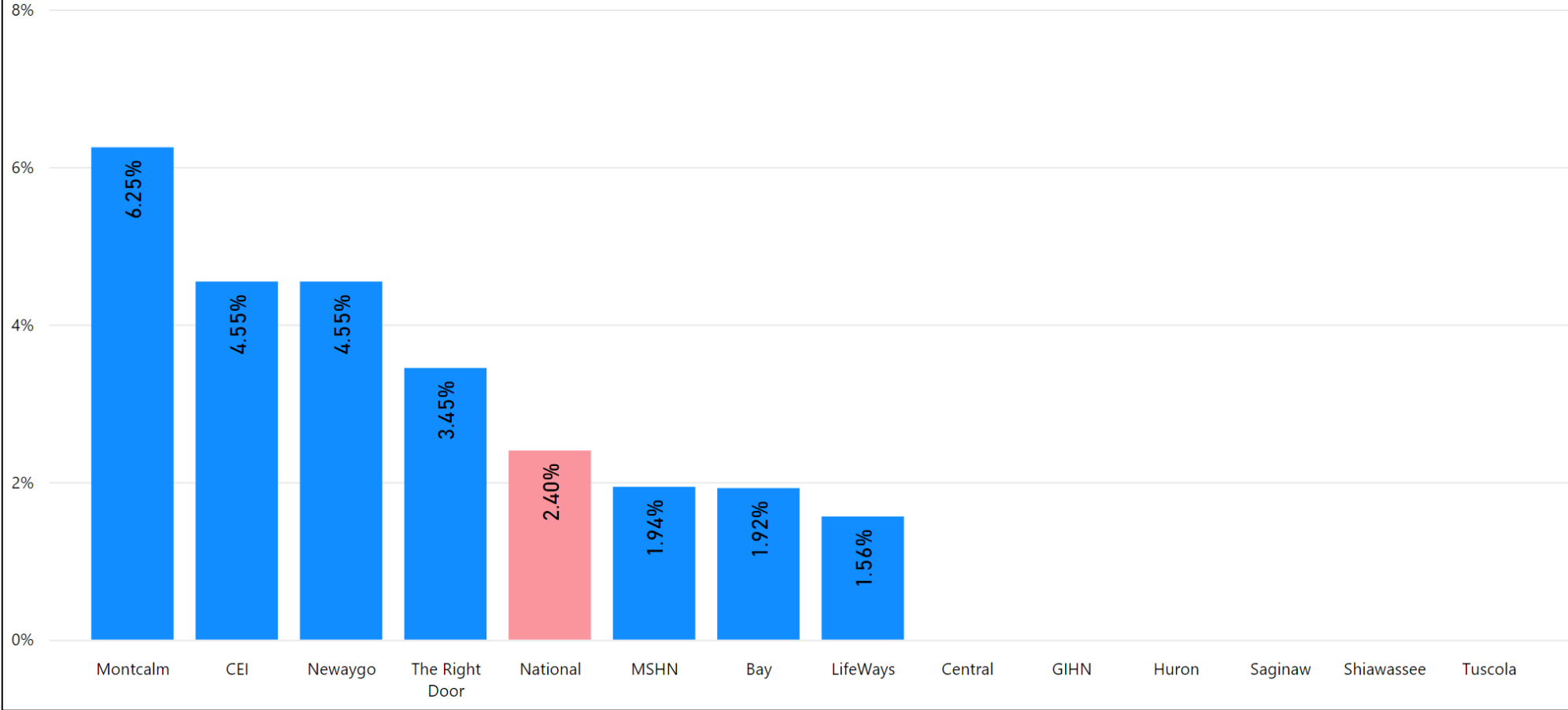
Denominator Statement: All eligible population of initiation phase. Members must be continuously enrolled for 120 days prior to the earliest prescription dispensing date and 300 days after the earliest prescription dispensing date. Member must fill prescriptions to provide continuous treatment for at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

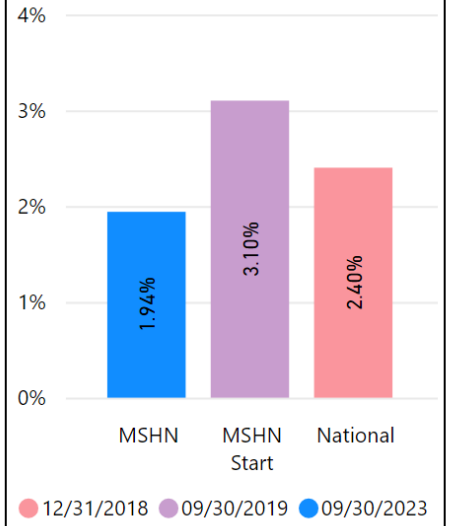
Use of Multiple Concurrent Antipsychotics

Report Date ● 12/31/2018 ● 09/30/2023



Organization	Yes	No	Percentage
Montcalm	1	15	6.25%
CEI	4	84	4.55%
Newaygo	1	21	4.55%
The Right Door	1	28	3.45%
National			2.40%
Bay	1	51	1.92%
LifeWays	1	63	1.56%
Central	0	45	0.00%
GIHN	0	8	0.00%
Huron	0	21	0.00%
Saginaw	0	56	0.00%
Shiawassee	0	37	0.00%
Tuscola	0	26	0.00%

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.

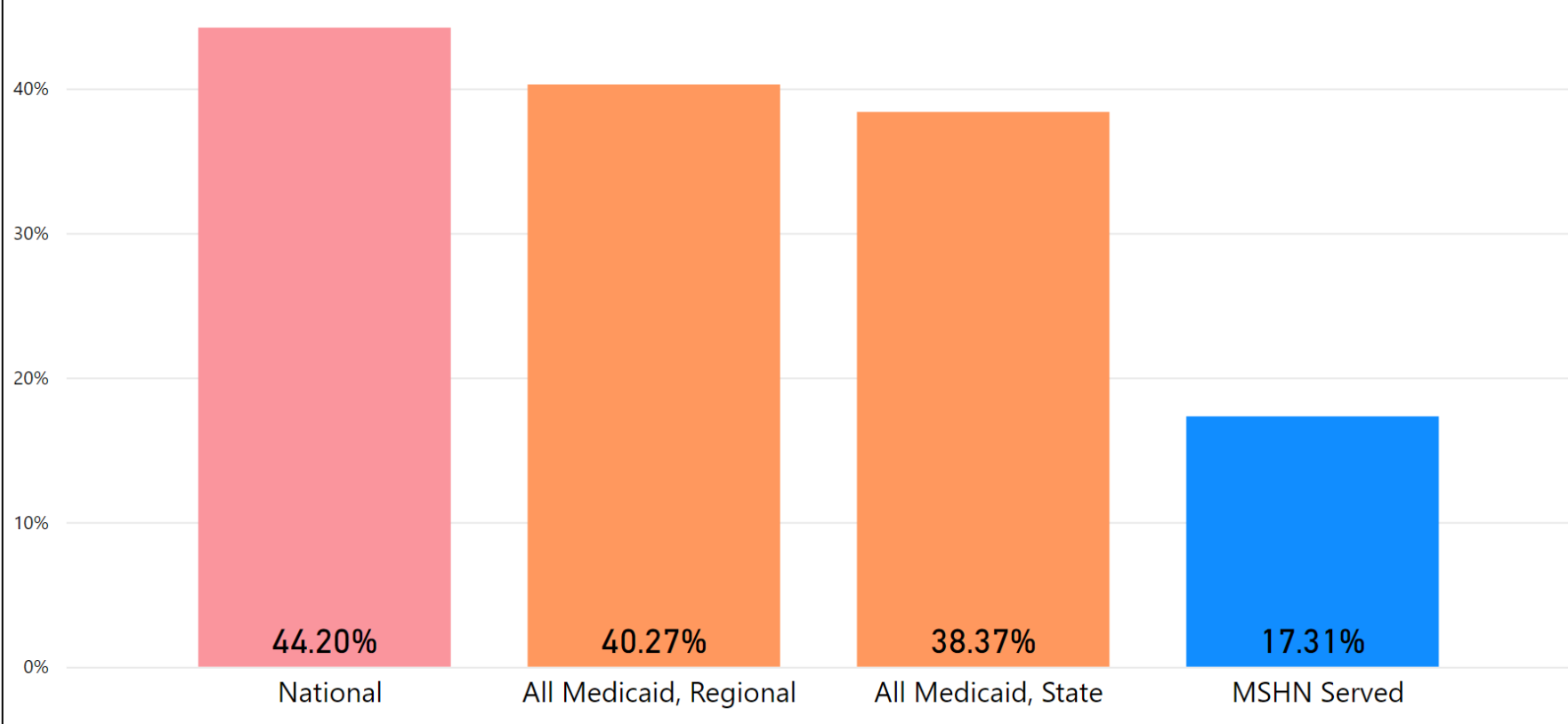
Exclusions: A member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled, therefore is not eligible.

Last updated: 11/20/2023

Steward: Clinical Leadership Committee
For consumer level detail, access the Integrated Care Delivery System (ICDP) by Zenith Technology Solutions

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

Report Date ● 12/31/2021 ● 6/30/2022 ● 9/30/2023



Organization	Yes	No	Percentage
All Medicaid, Regional	4421	6558	40.27%
All Medicaid, State	25799	41443	38.37%
MSHN Served	103	492	17.31%
National			44.20%

Report Notes:

All Medicaid, Regional: 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.

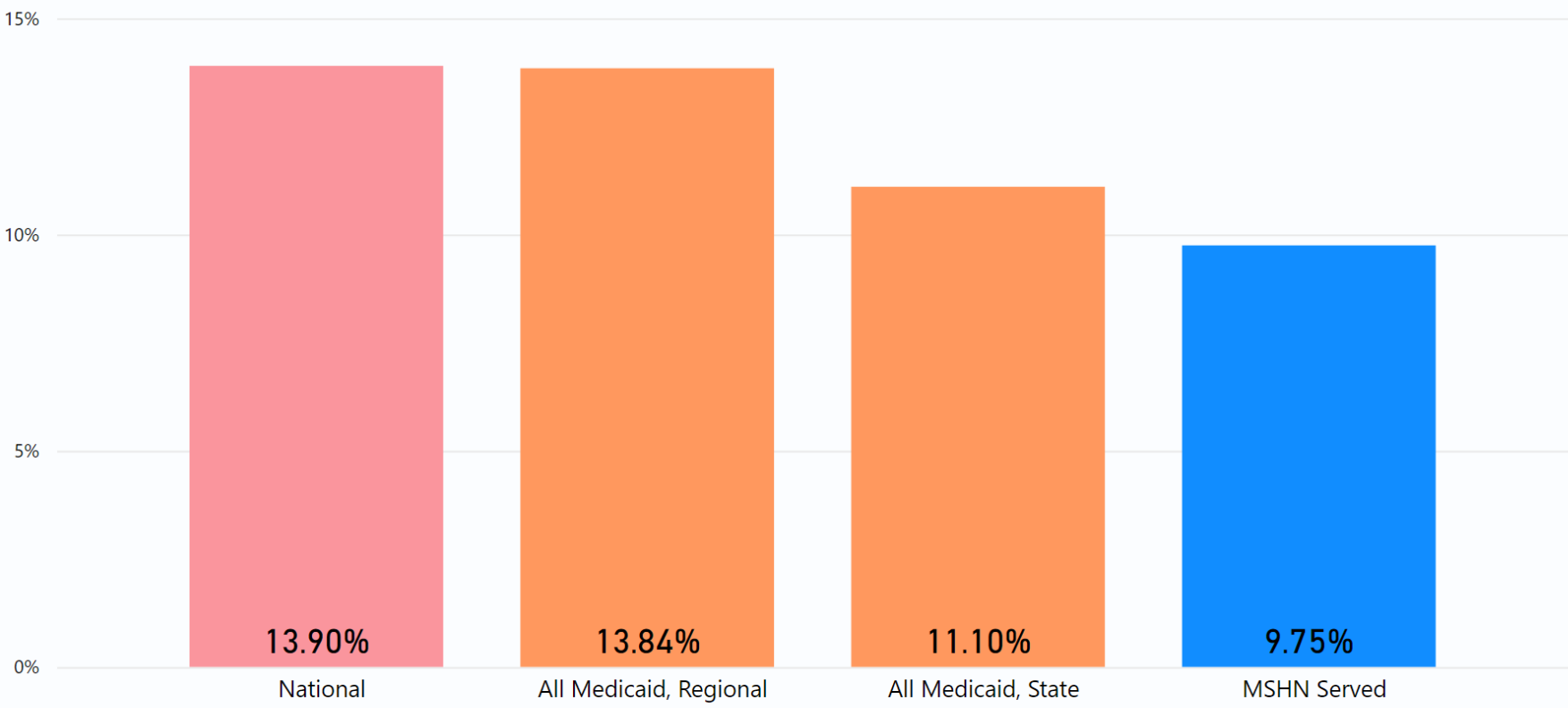
Denominator Statement: 13 years and older as of end of the measurement year who has received outpatient visit, telehealth, intensive outpatient visit or partial hospitalization, ED visit, observation visit or acute or nonacute inpatient discharge with a diagnosis of any of the AOD Abuse and Dependence 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: 11/20/2023
Steward: MSHN SUD Clinical Team
For consumer level detail, access the Integrated Care Delivery System (ICDP) by Zenith Technology Solutions

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

Report Date ● 12/31/2021 ● 6/30/2022 ● 6/30/2023



Organization	Yes	No	Percentage
All Medicaid, Regional	9459	1520	13.84%
All Medicaid, State	59778	7467	11.10%
MSHN Served	537	58	9.75%
National			13.90%

Report Notes:

All Medicaid, Regional: 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: 08/30/2023

Steward: MSHN SUD Clinical Team

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

Background:

In accordance with the MSHN Board of Directors to review financials, at a minimum quarterly, the Preliminary Statement of Net Position and Preliminary Statement of Activities for the Period Ending September 30, 2023, 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 Preliminary Statement of Activities for the Period Ending September 30, 2023, as presented.

**Mid-State Health Network
Preliminary Statement of Activities
As of September 30, 2023**

		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	
Rows Numbers		FY23 Amended Bdgt			FY23 Amended Bdgt			
		100.00%						
1	Revenue:							
2	Grant and Other Funding		\$ 1,016,200	885,921	1,016,200	(130,279)	87.18 %	1a
3	Medicaid Use of Carry Forward		\$ 47,302,106	47,302,106	47,302,106	0	100.00%	1b
4	Medicaid Capitation		772,997,196	786,156,815	772,997,196	13,159,619	101.70%	1c
5	Local Contribution		1,550,876	1,550,876	1,550,876	0	100.00%	1d
6	Interest Income		1,500,000	1,942,352	1,500,000	442,352	129.49%	1e
7	Change in Market Value		0	811,818	0	811,818	0.00%	
8	Non Capitated Revenue		21,510,813	15,949,573	21,510,813	(5,561,240)	74.15%	1f
9	Total Revenue		845,877,191	854,599,461	845,877,191	8,722,270	101.03 %	
10	Expenses:							
11	PIHP Administration Expense:							
12	Compensation and Benefits		6,630,695	6,492,337	6,630,695	(138,359)	97.91 %	
13	Consulting Services		163,965	90,235	163,965	(73,730)	55.03 %	
14	Contracted Services		85,700	84,284	85,700	(1,416)	98.35 %	
15	Other Contractual Agreements		368,799	327,660	368,799	(41,139)	88.85 %	
16	Board Member Per Diems		14,070	13,370	14,070	(700)	95.02 %	
17	Meeting and Conference Expense		117,569	107,710	117,569	(9,859)	91.61 %	
18	Liability Insurance		32,450	21,799	32,450	(10,651)	67.18 %	
19	Facility Costs		159,128	158,167	159,128	(961)	99.40 %	
20	Supplies		300,400	313,722	300,400	13,322	104.43 %	
21	Depreciation		20,999	20,999	20,999	0	100.00 %	
22	Other Expenses		1,058,743	1,053,849	1,058,743	(4,894)	99.54 %	
23	Subtotal PIHP Administration Expenses		8,952,518	8,684,132	8,952,518	(268,387)	97.00 %	2a
24	CMHSP and Tax Expense:							
25	CMHSP Participant Agreements		725,318,103	749,978,226	725,318,103	24,660,124	103.40 %	1b,1c,2b
26	SUD Provider Agreements		67,319,158	61,179,086	67,319,158	(6,140,072)	90.88 %	1c,1f,2c
27	Benefits Stabilization		9,727,009	9,667,009	9,727,009	(60,000)	99.38 %	1b
28	Tax - Local Section 928		1,550,876	1,550,876	1,550,876	0	100.00 %	1d
29	Taxes- IPA/HRA		23,017,910	22,216,802	23,017,910	(801,108)	96.52 %	2d
30	Subtotal CMHSP and Tax Expenses		826,933,056	844,591,999	826,933,056	17,658,944	102.14 %	
31	Transfer to Internal Service Fund		0	1,653,210	0	1,653,210	100.00 %	2e
32	Total Expenses		835,885,574	854,929,341	835,885,574	19,043,767	102.28 %	
33	Excess of Revenues over Expenditures		\$ 9,991,617	\$ (329,880)	\$ 9,991,617			

Mid-State Health Network
Preliminary Statement of Net Position by Fund
As of September 30, 2023

Column Identifiers			
A	B	C	D B + C

Row Numbers	A	Behavioral Health Operating	Medicaid Risk Reserve	Total Proprietary Funds	
1	Assets				
2	Cash and Short-term Investments				
3	Chase Checking Account	18,962,955	0	18,962,955	1a
4	Chase MM Savings	7,685,699	0	7,685,699	1b
5	Savings ISF Account	0	7,472,644	7,472,644	1c
6	Savings PA2 Account	4,014,192	0	4,014,192	1a
7	Investment General Savings Account	55,367,604	0	55,367,604	1c
8	Investment PA2 Account	3,522,769	0	3,522,769	1b
9	Investment ISF Account	0	45,668,933	45,668,933	1b
10	Total Cash and Short-term Investments	\$ 89,553,219	\$ 53,141,577	\$ 142,694,796	
11	Accounts Receivable				
12	Due from MDHHS	30,032,601	0	30,032,601	2a
13	Due from CMHSP Participants	2,061,341	0	2,061,341	2b
14	Due from Other Governments	707,668	0	707,668	2c
15	Due from Miscellaneous	542,911	0	542,911	2d
16	Due from Other Funds	0	1,653,210	1,653,210	2e
17	Total Accounts Receivable	33,344,521	1,653,210	34,997,731	
18	Prepaid Expenses				
19	Prepaid Expense Insurance	80,652	0	80,652	2f
20	Prepaid Expense Rent	4,529	0	4,529	2g
21	Prepaid Expense Other	116,751	0	116,751	2h
22	Total Prepaid Expenses	201,932	0	201,932	
23	Fixed Assets				
24	Fixed Assets - Computers	189,180	0	189,180	2i
25	Accumulated Depreciation - Computers	(189,180)	0	(189,180)	2j
26	Lease Assets	203,309	0	203,309	2j
27	Accumulated Amortization - Lease Asset	(127,724)	0	(127,724)	2j
28	Total Fixed Assets, Net	75,585	0	75,585	
29	Total Assets	\$ 123,175,257	\$ 54,794,787	\$ 177,970,044	
30					
31	Liabilities and Net Position				
32	Liabilities				
33	Accounts Payable	\$ 23,586,862	\$ 0	\$ 23,586,862	1a
34	Current Obligations (Due To Partners)				
35	Due to State	33,831,196	0	33,831,196	3a
36	Due to State HRA Accrual	(2,156)	0	(2,156)	1a, 3b
37	Due to State-IPA Tax	1,701,013	0	1,701,013	3c
38	Due to CMHSP Participants	47,198,246	0	47,198,246	3d
39	Due to other funds	1,653,210	0	1,653,210	3e
40	Accrued PR Expense Wages	92,776	0	92,776	3f
41	Accrued Benefits PTO Payable	453,466	0	453,466	3g
42	Accrued Benefits Other	63,202	0	63,202	3h
43	Total Current Obligations (Due To Partners)	84,990,953	0	84,990,953	
44	Lease Liability	78,017	0	78,017	2j
45	Deferred Revenue	7,408,887	0	7,408,887	1b 1c 2c
46	Total Liabilities	116,064,719	0	116,064,719	
47	Net Position				
48	Unrestricted	7,110,538	0	7,110,538	3j
49	Restricted for Risk Management	0	54,794,787	54,794,787	1b
50	Total Net Position	7,110,538	54,794,787	61,905,325	
51	Total Liabilities and Net Position	\$ 123,175,257	\$ 54,794,787	\$ 177,970,044	

**Mid-State Health Network
Notes to Financial Statements
For the Twelve-Month Period Ended,
September 30, 2023**

Please note: The Preliminary Statement of Net Position contains Fiscal Year (FY) 2023 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 the MDHHS Interim Financial Status (FSR) Report.

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 with the remaining 74% invested for interest earnings.
 - 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. MSHN holds more than \$45M in the investment account which is about 80% of the available ISF balance. The remaining portion is held in a savings account and available for immediate use if needed. Internal Service Funds are used to cover the Region’s risk exposure. In the event current Fiscal Year revenue is spent and all prior year savings are exhausted, PIHPs can abate funds from the ISF and use for remaining costs. MSHN has had a fully funded ISF which is 7.5% of Medicaid Revenue for the last several Fiscal Years.
 - c) The Savings PA2 account holds PA2 funds and is also offset by the Deferred Revenue liability account and investments exceeding \$3.5 M.

2. Accounts Receivable
 - a) More than 50% of the balance results from miscellaneous grants and another 29% in withholds owed to MSHN. In addition, the remaining balance stems from 4th quarter HRA payments due from MDHHS plus FY 23 Medicaid and HMP payments received in FY 24.
 - b) Due from CMHSP Participants reflects FY 2023 projected cost settlement activity. MSHN cost settles with its CMHSPs for 85% of the balance due by either party. Final cost settlements generally occur in May after the fiscal year ends and once Compliance Examinations are complete.

CMHSP	Cost Settlement	Payments/Offsets	Total
CEI	2,061,341.42	-	2,061,341.42

- c) The balance held in Due from Other Governments represents FY 2023 Quarter 4 PA 2 payments due from all counties. Please note: In December 2022 Michigan’s Governor signed into law an estimated \$25M increase for liquor tax funding. MSHN’s portion of the funding totals an increase of \$576k available for treatment and prevention activities.
 - d) Approximately 51% 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.
 - e) 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.

- f) Prepaid Insurance holds October 2023 fringe benefits paid in September as well as a payment for MSHN's FY 2024 liability insurance.
- g) Prepaid Expense Rent balance consists of security deposits MSHN office suites.
- h) Prepaid Expense Other relates primarily to MCG (Parity Related Software). In addition, this account contains small balances for MSHN and SUD provider network staffs' Relias training, video conferencing platform Zoom, Providence technical support and other miscellaneous items.
- i) Total Fixed Assets - Computers represent the value of MSHN's capital asset net of accumulated depreciation.
- j) The 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 \$13.5 M and \$19.1 M to MDHHS, respectively. The lapse amounts indicate the ISF was fully funded for both fiscal years, and that savings fell 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) 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. The negative balance reflects a hospital overpayment and will be recovered in the near future.
- c) 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.
- d) Due to CMHSP represents FY 23 projected cost settlement figures. The original estimate of \$25.8 M increased to more than \$47 M. During November each fiscal year, MSHN cost settles with its CMHSPs for 85% of the balance due by either party. Final cost settlements generally occur in May after the fiscal year ends and once Compliance Examinations are complete.

CMHSP	Cost Settlement	Payments/Offsets	Total
Bay	7,781,611.10	1,500,000.00	6,281,611.10
Central	14,571,201.41	10,000,000.00	4,571,201.41
Gratiot	2,157,303.16	-	2,157,303.16
Huron	2,937,490.62	-	2,937,490.62
The Right Door	1,609,726.74	-	1,609,726.74
Lifeways	13,910,973.51	3,500,000.00	10,410,973.51
Montcalm	1,217,541.93	-	1,217,541.93
Newaygo	480,084.15	-	480,084.15
Saginaw	15,660,426.02	-	15,660,426.02
Shiawassee	2,016,535.35	500,000.00	1,516,535.35
Tuscola	355,351.55	-	355,351.55
Total	62,698,245.54	15,500,000.00	47,198,245.54

- e) Due to Other Funds is the liability transaction related to Statement of Net Position item 2e.
- f) Accrued payroll expense wages represent expenses incurred in September and paid in October.
- g) Accrued Benefits PTO (Paid Time Off) payable is the required liability account set up to reflect paid time off balances for employees.

- h) Accrued Benefits Other represents retirement benefit expenses incurred in September and paid in October.
- i) The Unrestricted Net Position represents the difference between total assets, total liabilities, and the restricted for risk management figure.

Preliminary Statement of Activities – Column F now calculates the actual revenue and expenses compared to the full year’s amended budget. Revenue accounts whose Column F percent is less than 100% translate to MSHN receiving less revenue than anticipated/budgeted. Expense accounts with Column F amounts greater than 100% shows 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. In addition, the largest fiscal contribution to this account’s balance comes from an anticipated MDHHS grant to cover costs for Certified Community Behavioral Health Centers (CCBHC) non-Medicaid individuals.
- b) Medicaid Use of Carry Forward represents FY 2022 savings. Medicaid Savings are generated when the 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 revenue continues trending higher than the budgeted amount. The higher revenue results from the Public Health Emergency’s (PHE) continuous Medicaid Enrollment condition which ended March 31, 2023. MDHHS announced it will begin enrollee recertifications in June 2023 with the full process slated for completion within 12 months. MSHN will monitor funding trends related to disenrollments and take necessary action to ensure the region’s financial stability including a potential budget amendment later this fiscal year if indicated. Medicaid Capitation payment files are calculated and disbursed to CMHSPs based on a per eligible per month (PEPM) methodology 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. Interest income is trending significantly higher than budget amounts as MSHN’s investment portfolio has grown to include PA2 and General Savings. The “change in market value” account records activity related to market fluctuations.
- f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. There is a large variance in this account because the amended budget amount represents the full MDHHS allocation amount regardless of planned spending. The COVID dollars are the most unspent of Block Grants because of strict parameters regarding use of these funds.

2. Expense

- a) Total PIHP Administration Expense is slightly under budget. The line items with the largest dollar variances are Compensation and Benefits and Consulting Services. Consulting Services may experience a smaller variance once FY 23 expenses are final.
- b) CMHSP participant Agreement payments increased by more than \$25 M due to increased revenue and advances for preliminary cost settlements. During November’s board meeting, MSHN’s administration explained there was a significant unforeseen increase in expenses which were identified within the MDHHS Interim Financial Status Report. MSHN’s region will work collaboratively to identify cost savings measures and monitor FY 24 MDHHS revenue as we work to align spending with funding projections.
- c) SUD provider payments are less than anticipated and paid based on need. (Please see Statement of Activities 1c and 1f.)

- d) 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 3b and 3c).
- e) This expense amount is related to items 2e and 3e on the Statement of Net Position.

MID-STATE HEALTH NETWORK
 SCHEDULE OF GENERAL SAVINGS INVESTMENTS
 As of September 30, 2023

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	Prior period interest - (Info Only added to col H total)	Interest Earnings (Information Only)	Total Chase Balance
UNITED STATES TREASURY BILL	912797GG6	4.20.23	4.21.23	8.15.23		54,139,763.33	55,000,000.00							
UNITED STATES TREASURY BILL	912797GG6	4.20.23	4.21.23	8.15.23			(55,000,000.00)							
UNITED STATES TREASURY BILL	912797GM3	8.14.23	8.15.23	2.8.24		54,999,514.81	54,999,514.81		368,089.63					
JP MORGAN INVESTMENTS							54,999,514.81		368,089.63		-			55,367,604.44
JP MORGAN CHASE SAVINGS							7,661,984.75	0.050%		23,714.12		-		7,685,698.87
							<u>\$ 62,661,499.56</u>		<u>\$ 368,089.63</u>	<u>\$ 23,714.12</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 63,053,303.31</u>

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.

MID-STATE HEALTH NETWORK
SCHEDULE OF INTERNAL SERVICE FUND INVESTMENTS
As of September 30, 2023

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	91282CDR9	1.19.22	1.20.22	12.1.23		1,992,391.23	1,998,884.56		(21,697.06)		3,709.24	
UNITED STATES TREASURY BILL	912796X53	7.8.22	7.11.22	6.15.23		9,740,570.83	10,000,000.00					
UNITED STATES TREASURY BILL	912796X53						(10,000,000.00)					
UNITED STATES TREASURY BILL	912797FU6	6.14.23	6.15.23	12.14.23		9,746,615.56	9,746,615.56		145,912.24			
UNITED STATES TREASURY BILL	912796XQ7	1.11.23	1.12.23	7.13.23		19,531,956.67	20,000,000.00					
UNITED STATES TREASURY BILL	912796XQ7						(20,000,000.00)					
UNITED STATES TREASURY BILL	912797GC5	7.12.23	7.13.23	1.11.24		19,476,648.89	19,476,648.89		225,821.91			
UNITED STATES TREASURY BILL	912796XQ7	4.18.23	4.19.23	8.15.23		13,774,272.56	14,000,000.00					
UNITED STATES TREASURY BILL	912796XQ7	4.18.23	4.19.23	8.15.23			(14,000,000.00)					
UNITED STATES TREASURY BILL	912797GM3	8.14.23	8.15.23	2.8.24		13,999,344.96	13,999,344.96		93,691.99			
JP MORGAN INVESTMENTS							45,221,493.97		443,729.08		3,709.24	45,668,932.29
JP MORGAN CHASE SAVINGS							7,240,142.17	0.050%		232,502.26		7,472,644.43
							<u>\$ 52,461,636.14</u>		<u>\$ 443,729.08</u>	<u>\$ 232,502.26</u>	<u>\$ 3,709.24</u>	<u>\$ 53,141,576.72</u>

6986814.73

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.

MID-STATE HEALTH NETWORK
 SCHEDULE OF PA2 SAVINGS INVESTMENTS
 As of September 30, 2023

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	Prior period interest - (Info Only added to col H total)	Interest Earnings (Information Only)	Total Chase Balance
UNITED STATES TREASURY BILL	912797GG6	4.18.23	4.19.23	8.15.23		3,443,453.42	3,500,000.00							
UNITED STATES TREASURY BILL	912797GG6	4.18.23	4.19.23	8.15.23			(3,500,000.00)							
UNITED STATES TREASURY BILL	912797GM3	8.14.23	8.15.23	2.8.24		3,499,349.00	3,499,349.00		23,419.74					
JP MORGAN INVESTMENTS							3,499,349.00		23,419.74		-			3,522,768.74
JP MORGAN CHASE SAVINGS							4,011,672.68	0.050%		2,518.84		-		4,014,191.52
							<u>\$ 7,511,021.68</u>		<u>\$ 23,419.74</u>	<u>\$ 2,518.84</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,536,960.26</u>

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.

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, 2023, 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, 2023, as presented.

**Mid-State Health Network
Statement of Activities
As of November 30, 2023**

		Columns Identifiers					
		A	B	C	D	E (C - D)	
Rows Numbers		Budget Annual	Actual Year-to-Date	Budget Year-to-Date	Budget Difference	Actual % of Budget	
		FY24 Original Bdgt		FY24 Original Bdgt			
		16.67%					
1	Revenue:						
2	Grant and Other Funding	\$ 371,985	18,382	61,998	(43,616)	4.94 %	1a
3	Medicaid Use of Carry Forward	\$ 6,930,100	0	1,155,016	(1,155,016)	0.00%	1b
4	Medicaid Capitation	836,629,761	135,403,097	139,438,294	(4,035,197)	16.18%	1c
5	Local Contribution	1,550,876	302,155	258,479	43,676	19.48%	1d
6	Interest Income	1,300,000	296,559	216,667	79,892	22.81%	1e
7	Non Capitated Revenue	21,631,638	2,492,319	3,605,273	(1,112,954)	11.52%	1f
8	Total Revenue	868,414,360	138,512,512	144,735,727	(6,223,215)	15.95 %	
9	Expenses:						
10	PIHP Administration Expense:						
11	Compensation and Benefits	8,053,276	1,179,150	1,342,213	(163,063)	14.64 %	
12	Consulting Services	212,800	26,005	35,467	(9,461)	12.22 %	
13	Contracted Services	131,550	12,672	21,925	(9,253)	9.63 %	
14	Other Contractual Agreements	427,000	46,140	71,167	(25,027)	10.81 %	
15	Board Member Per Diems	18,900	2,380	3,150	(770)	12.59 %	
16	Meeting and Conference Expense	229,275	20,996	38,212	(17,217)	9.16 %	
17	Liability Insurance	32,500	24,944	5,417	19,528	76.75 %	
18	Facility Costs	158,254	34,989	26,376	8,613	22.11 %	
19	Supplies	353,575	48,636	58,929	(10,293)	13.76 %	
20	Other Expenses	992,000	317,866	165,333	152,532	32.04 %	
21	Subtotal PIHP Administration Expenses	10,609,130	1,713,778	1,768,189	(54,411)	16.15 %	2a
22	CMHSP and Tax Expense:						
23	CMHSP Participant Agreements	774,358,597	122,092,971	129,059,766	(6,966,795)	15.77 %	1b,1c,2b
24	SUD Provider Agreements	72,537,438	10,903,688	12,089,573	(1,185,886)	15.03 %	1c,1f,2c
25	Benefits Stabilization	1,401,000	233,500	233,500	0	16.67 %	1b
26	Tax - Local Section 928	1,550,876	302,155	258,479	43,676	19.48 %	1d
27	Taxes- IPA/HRA	24,055,503	3,688,376	4,009,251	(320,875)	15.33 %	2d
28	Subtotal CMHSP and Tax Expenses	873,903,414	137,220,690	145,650,569	(8,429,880)	15.70 %	
29	Total Expenses	884,512,544	138,934,468	147,418,758	(8,484,290)	15.71 %	
30	Excess of Revenues over Expenditures	\$ (16,098,184)	\$ (421,956)	\$ (2,683,031)			

Mid-State Health Network
Preliminary Statement of Net Position by Fund
As of November 30, 2023

Column Identifiers			
A	B	C	D B + C

Row Numbers		Behavioral Health Operating	Medicaid Risk Reserve	Total Proprietary Funds	
1	Assets				
2	Cash and Short-term Investments				
3	Chase Checking Account	19,794,315	0	19,794,315	1a
4	Chase MM Savings	13,348,010	0	13,348,010	
5	Savings ISF Account	0	7,473,275	7,473,275	1b
6	Savings PA2 Account	4,014,259	0	4,014,259	1c
8	Investment PA2 Account	3,499,349	0	3,499,349	1c
9	Investment ISF Account	0	45,222,372	45,222,372	1b
10	Total Cash and Short-term Investments	\$ 40,655,933	\$ 52,695,647	\$ 93,351,580	
11	Accounts Receivable				
12	Due from MDHHS	24,474,773	0	24,474,773	2a
13	Due from CMHSP Participants	2,061,342	0	2,061,342	2b
14	Due from CMHSP - Non-Service Related	57,968	0	57,968	2c
15	Due from Other Governments	25,630	0	25,630	2d
16	Due from Miscellaneous	513,223	0	513,223	2e
17	Due from Other Funds	0	1,653,210	1,653,210	2f
18	Total Accounts Receivable	27,132,936	1,653,210	28,786,146	
19	Prepaid Expenses				
20	Prepaid Expense Rent	4,529	0	4,529	2g
21	Prepaid Expense Other	214	0	214	2h
22	Total Prepaid Expenses	4,743	0	4,743	
23	Fixed Assets				
24	Lease Assets	203,309	0	203,309	
25	Accumulated Amortization - Lease Asset	(134,023)	0	(134,023)	2i
26	Total Fixed Assets, Net	69,286	0	69,286	
27	Total Assets	\$ 67,862,898	\$ 54,348,857	\$ 122,211,755	
28					
29	Liabilities and Net Position				
30	Liabilities				
31	Accounts Payable	\$ 232,635	\$ 0	\$ 232,635	1a
32	Current Obligations (Due To Partners)				
33	Due to State	33,831,196	0	33,831,196	3a
34	Other Payable	4,735,660	0	4,735,660	3b
35	Due to State HRA Accrual	2,602,651	0	2,602,651	1a, 3c
36	Due to State-IPA Tax	1,083,569	0	1,083,569	3d
37	Due to State Local Obligation	(85,564)	0	(85,564)	3e
38	Due to CMHSP Participants	9,403,676	0	9,403,676	3f
39	Due to other funds	1,653,210	0	1,653,210	3g
40	Accrued PR Expense Wages	173,334	0	173,334	3h
41	Accrued Benefits PTO Payable	453,466	0	453,466	3i
42	Accrued Benefits Other	27,877	0	27,877	3j
43	Total Current Obligations (Due To Partners)	53,879,075	0	53,879,075	
44	Lease Liability	71,691	0	71,691	2i
45	Deferred Revenue	6,751,341	0	6,751,341	1b 1c 2d
46	Total Liabilities	60,934,742	0	60,934,742	
47	Net Position				
48	Unrestricted	6,928,156	0	6,928,156	3k
49	Restricted for Risk Management	0	54,348,857	54,348,857	1b
50	Total Net Position	6,928,156	54,348,857	61,277,013	
51	Total Liabilities and Net Position	\$ 67,862,898	\$ 54,348,857	\$ 122,211,755	

**Mid-State Health Network
Notes to Financial Statements
For the Two-Month Period Ended,
November 30, 2023**

Please note: The Preliminary Statement of Net Position contains Fiscal Year (FY) 2023 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 the MDHHS Interim Financial Status (FSR) Report.

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. Please note the dollars previously held in investments were used to pay amounts due to CMHSP.
 - 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. MSHN holds more than \$45.2 M in the investment account which is about 86% of the available ISF balance. The remaining portion is held in a savings account and available for immediate use if needed. Internal Service Funds are used to cover the Region’s risk exposure. In the event current Fiscal Year revenue is spent and all prior year savings are exhausted, PIHPs can abate funds from the ISF and use for remaining costs. MSHN has had a fully funded ISF which is 7.5% of Medicaid Revenue for the last several Fiscal Years.
 - c) The Savings PA2 account holds PA2 funds and is also offset by the Deferred Revenue liability account and investments exceeding \$3.5 M.
2. Accounts Receivable
 - a) More than 55% of the balance results from miscellaneous grants and another 35% in withholds owed to MSHN. In addition, the remaining balance stems from October and November’s HRA payments due.
 - b) Due from CMHSP Participants reflects FY 2023 projected cost settlement activity. MSHN cost settles with its CMHSPs for 85% of the balance due by either party. Final cost settlements generally occur in May after the fiscal year ends and once Compliance Examinations are complete.

CMHSP	Cost Settlement	Payments/Offsets	Total
CEI	2,061,341.42	-	2,061,341.42

- c) Due from CMHSP Other contains amounts owed by three CMHs for Relias seats (Region’s training platform).
- d) The balance held in Due from Other Governments represents FY 2023 Quarter 4 PA 2 payments due from two counties. Please note: In December 2022 Michigan’s Governor signed into law an estimated \$25M increase for liquor tax funding. MSHN’s portion of the funding totals an increase of \$576k available for treatment and prevention activities.
- e) Approximately 52% 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 MSHN office suites.
- h) Prepaid Expense Other contains a small balance for MSHN and SUD provider network staffs' Relias training.
- i) The 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 \$13.5 M and \$19.1 M to MDHHS, respectively. The lapse amounts indicate the ISF was fully funded for both fiscal years, and that savings fell 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 State Local Obligations shows a negative balance as MSHN submits the quarterly payment to MDHHS by the due date and then collects from the CMHSPs for their portion. One CMHSP payment is outstanding.
- f) Due to CMHSP represents FY 23 projected cost settlement figures. During November each fiscal year, MSHN cost settles with its CMHSPs for 85% of the balance due by either party. Final cost settlements generally occur in May after the fiscal year ends and once Compliance Examinations are complete.

CMHSP	Cost Settlement	Payments/Offsets	Total
Bay	7,781,611.10	6,614,369.00	1,167,242.10
Central	14,571,201.41	12,386,582.00	2,184,619.41
Gratiot	2,157,303.16	1,833,708.00	323,595.16
Huron	2,937,490.62	2,496,867.00	440,623.62
The Right Door	1,609,726.74	1,368,268.00	241,458.74
Lifeways	13,910,973.51	11,824,327.00	2,086,646.51
Montcalm	1,217,541.93	1,034,911.00	182,630.93
Newaygo	480,084.15	408,072.00	72,012.15
Saginaw	15,660,426.02	13,311,362.00	2,349,064.02
Shiawassee	2,016,535.35	1,714,055.00	302,480.35
Tuscola	355,351.55	302,049.00	53,302.55
Total	62,698,245.54	53,294,570.00	9,403,675.54

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

Preliminary Statement of Activities – Column F now calculates the actual revenue and expenses compared to the full year’s original budget. Revenue accounts whose Column F percent is less than 16.67% translate to MSHN receiving less revenue than anticipated/budgeted. Expense accounts with Column F amounts greater than 16.67% shows MSHN’s spending is trending higher than expected.

1. Revenue

- a) This account tracks Veterans Navigator (VN) activity and other small grants. The variance is expected to lessen over time as CMHSP Clubhouse Grant payments are received.
- b) Please Note: MSHN does not anticipate Medicaid Use of Carry Forward at this time. This is unprecedented as MSHN typically earns at least savings from the prior fiscal year by incurring expenses less than revenue.
- c) Medicaid Capitation – Actual revenue is trending lower than the budgeted amount. This variance may continue throughout the fiscal year as MDHHS continues disenrollments from those previously eligible for Medicaid during the Public Health Emergency (PHE). MSHN will monitor funding trends related to disenrollments and take necessary action to ensure the region’s financial stability including a potential budget amendment later this fiscal year if indicated. In addition, Certified Community Behavioral Health Clinics (CCBHC) supplemental revenue is included in this figure at the full year projection and will be cost settled after September 2024. Medicaid Capitation payment files are calculated and disbursed to CMHSPs based on a per eligible per month (PEPM) methodology 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 2024 amounts owed will be the same as FY 2023.
- e) Interest income is earned from investments and changes in principle for investments purchased at discounts or premiums. Interest income is currently trending higher than budget amounts. The variance will likely grow throughout the fiscal year since MSHN’s General Savings investment was sold to cover amounts owed to CMHSPs. Please Note: The “change in market value” account activity has been removed for the FY 24 statements as MSHN’s US treasury investments may be recorded at costs since they are held to maturity and the maturity date occurs within one year of purchase.
- f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. There is a large variance in this account because the budget amount represents the full MDHHS allocation amount regardless of planned spending. COVID dollars are the most unspent of Block Grants because of strict parameters regarding use of these funds.

2. Expense

- a) Total PIHP Administration Expense is slightly under budget. The line items with the largest dollar variances are Compensation and Benefits and Other Expenses. Other Expense balance is higher than budgeted because MiHIN’s (technology provider – data exchange) entire FY 24 invoice was paid in October.
- b) CMHSP participant Agreement expenses are under budget and correlates directly to Medicaid Capitation. MSHN funds CMHSPs based on per eligible per month (PEPM) payment file. The file contains CMHSP county codes which designate where the payments should be sent. MSHN sends the full payment less taxes and affiliation fees which support PIHP operations.
- c) SUD provider payments are less than anticipated and paid based on need. (Please see Statement of Activities 1c and 1f.)
- d) 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, 2023

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Chase Savings Interest	Adjustment to Cost Basis	Total Chase Balance
UNITED STATES TREASURY BILL	91282CDR9	1.19.22	1.20.22	12.1.23		1,992,391.23	1,999,276.00				
UNITED STATES TREASURY BILL	912796X53	7.8.22	7.11.22	6.15.23		9,740,570.83	10,000,000.00				
UNITED STATES TREASURY BILL	912796X53						(10,000,000.00)				
UNITED STATES TREASURY BILL	912797FU6	6.14.23	6.15.23	12.14.23		9,746,615.56	9,746,615.56				
UNITED STATES TREASURY BILL	912796XQ7	1.11.23	1.12.23	7.13.23		19,531,956.67	20,000,000.00				
UNITED STATES TREASURY BILL	912796XQ7						(20,000,000.00)				
UNITED STATES TREASURY BILL	912797GCS	7.12.23	7.13.23	1.11.24		19,476,648.89	19,476,648.89				
UNITED STATES TREASURY BILL	912796XQ7	4.18.23	4.19.23	8.15.23		13,774,272.56	14,000,000.00				
UNITED STATES TREASURY BILL	912796XQ7	4.18.23	4.19.23	8.15.23			(14,000,000.00)				
UNITED STATES TREASURY BILL	912797GM3	8.14.23	8.15.23	2.8.24		13,999,344.96	13,999,344.96				
JP MORGAN INVESTMENTS							45,221,885.41			486.59	45,222,372.00
JP MORGAN CHASE SAVINGS							7,240,142.17	0.050%	233,132.37		7,473,274.54
							<u>\$ 52,462,027.58</u>		<u>\$ 233,132.37</u>		<u>\$ 52,695,646.54</u>

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MID-STATE HEALTH NETWORK
 SCHEDULE OF PA2 SAVINGS INVESTMENTS
 As of November 30, 2023

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Chase Savings Interest	Total Chase Balance
UNITED STATES TREASURY BILL	912797GG6	4.18.23	4.19.23	8.15.23		3,443,453.42	3,500,000.00			
UNITED STATES TREASURY BILL	912797GG6	4.18.23	4.19.23	8.15.23			(3,500,000.00)			
UNITED STATES TREASURY BILL	912797GM3	8.14.23	8.15.23	2.8.24		3,499,349.00	3,499,349.00			
JP MORGAN INVESTMENTS							3,499,349.00			3,499,349.00
JP MORGAN CHASE SAVINGS							4,011,672.68	0.050%	2,586.04	4,014,258.72
							<u>\$ 7,511,021.68</u>		<u>\$ 2,586.04</u>	<u>\$ 7,513,607.72</u>

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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 FY24 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 FY24 contract listing.

MID-STATE HEALTH NETWORK					
FISCAL YEAR 2024 NEW AND RENEWING CONTRACTS					
January 2024					
CONTRACTING ENTITY	PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY24 COST	FY24 TOTAL COST	FY24
			REIMBURSEMENT CONTRACT AMOUNT	REIMBURSEMENT CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP ADMINISTRATIVE FUNCTION CONTRACTS					
Box, Inc.	Document Storage Enterprise Licenses	1.12.24 - 1.12.27 Please Note: The contract term is three years, however the contract amount represents the annual fee	24,100	29,520	5,420
			\$ 24,100	\$ 29,520	\$ 5,420
CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT SOR PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY24 SOR	TOTAL FY24 SOR	FY24 SOR
			REIMBURSEMENT CONTRACT AMOUNT	COST REIMBURSEMENT CONTRACT AMOUNT	INCREASE/ (DECREASE)
CONTRACTS LISTED IN THIS SECTION ARE ALL SOR GRANT FUNDED PROGRAMS					
Catholic Charities of Shiawassee & Genesee County	Naloxone outdoor wall mount, Naloxone table top display, Deterra products, Sharps Disposal, Advertising Rx disposal and take back event by newspaper/radio/billboards, print materials, website domain and maintenance	1.1.24 - 9.29.24	-	41,550	41,550
Cristo Rey Counseling Services	OEND Social Media Campaign, OEND Billboard campaign, print materials	1.1.24 - 9.29.24	-	72,904	72,904
District Health Department #10	Stigma Reduction Campaign including assessment, education/awareness social marketing campaign, education to targeted populations based on assessment results	1.1.24 - 9.29.24	-	15,000	15,000
Eaton Regional Education Service Agency (RESA)	Rx Lock Bag Program with magnet, bag, education materials; 50 Overdose Response kits; harm reduction vending machine materials for 5 machines obtained with an outside grant; Jail Backpack project with harm reduction materials upon release; STI takehome tests; School Partnership Requests for lock boxes, first aid kits, sharps containers	1.1.24 - 9.29.24	-	80,918	80,918
First Ward Community Center	Media Campaign; 3000 Lockbags; Deterra Bags; 3 youth info sessions, 2 school resource officer sessions; 500 pair Puncture Proof Gloves; Teen Night Out opioid education tent/table/chairs; Event advertising; staff time; fentanyl strips and training on use; Opioid Toolkit printing; 1 Harm Reduction Vending machines and materials; Vendor Event Tent Rentals and Registration; STRIVE events	1.1.24 - 9.29.24	-	169,980	169,980
Gratiot County Child Advocacy Association	Bus Ad Campaign; Harm Reduction Machine; Print materials; Naloxone Admin Trainer Bundle & license for 1 year for 2 staff; puncture proof gloves; Lock Boxes; Opioid Anti-Stigma Campaign; Staff time for event coordination and other work related to grant activities	1.1.24 - 9.29.24	-	37,550	37,550
Huron County Health Dept.	Develop community harm reduction education plan to include town hall, educational workshop, print materials; OEND media campaign using radio, billboards, print, social media	1.1.24 - 9.29.24	-	10,000	10,000
Ingham County, on behalf of the Ingham County Health Department	Harm Reduction Vending Machine supplies (test strips, sharps containers, first aid kits, mylar blankets, Deterra bags, CPR shields); Harm Reduction ID badge information cards and lanyards for local community organizations (1000)	1.1.24 - 9.29.24	-	4,800	4,800
Lifeways	Experience Wellness alternative to opiates health fair and advertising for event; Rx disposal location campaign (digital media); Rx takeback event, lock boxes (100); puncture proof gloves for law enforcement	1.1.24 - 9.29.24	20,000	61,643	41,643
List Psychological Services	Harm Reduction Awareness media campaign and bus wraps; sharps collection bins for existing large sharps container and disposal costs; print materials for sharps disposal; Reduction/Narcan kits for medical offices; Rx Lock Bags; Jail discharge resource bags	1.1.24 - 9.29.24	-	78,000	78,000

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT SOR PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY24 SOR	TOTAL FY24 SOR	FY24 SOR INCREASE/ (DECREASE)
			COST REIMBURSEMENT CONTRACT AMOUNT	COST REIMBURSEMENT CONTRACT AMOUNT	
CONTRACTS LISTED IN THIS SECTION ARE ALL SOR GRANT FUNDED PROGRAMS					
McLaren Bay Region (McLaren Prevention Services)	Resource print materials; Harm Reduction boxes from upcycled newspaper boxes with test strips, Deterra bags, resource cards; Anti-Stigma PSA video; Rx lock boxes; wound care kits for people in active illness; sharps containers; Opioid Conference to reduce stigma and educate medical, mental health & other providers; Narcan distribution location video for social media; puncture-proof gloves; Overdose Awareness Day event (park rental, advertising, supplies)	1.1.24 - 9.29.24	-	43,160	43,160
Mid-Michigan District Health Department	Harm reduction kits and education print materials; Sharps containers and disposal	1.1.24 - 9.29.24	-	14,500	14,500
Randy's House	Creating harm reduction and anti-stigma print materials	1.1.24 - 9.29.24	171,586	184,811	13,225
Recovery Pathways	HIV and HCV test kits; harm reduction materials such as Deterra bags, testing strips, lock boxes	1.1.24 - 9.29.24	18,000	26,956	8,956
Saginaw County Health Dept.	Xylazine test strips (5000); Narcan Wall Mounts at SVSU and Saginaw County Housing (28); Narcan training at wall mount locations; Print Materials	1.1.24 - 9.29.24	-	13,090	13,090
Sterling Area Health Center	Prevention Education materials and rack cards; puncture-proof gloves (50), pill boxes (200); NaloxBox (10), Rx Lock Boxes (40); First Aid kits (15); First Responder OD Leave Behind Kits (60); Naloxone trainings (2-5); Community Town Hall; Jail discharge resource bags (75)	1.1.24 - 9.29.24	-	16,000	16,000
Ten Sixteen Recovery Network	Rx Lock Boxes (200); Resource cards; Harm Reduction bags w test strips, wound care, HIV tests, Deterra bags, sharps containers (100); Narcan carrying cases (300); sharps containers (100); Chances Are Anti-Stigma bus ads; Health Department supplies (Fentanyl and Xylazine test strips, sharps containers)	1.1.24 - 9.29.24	-	26,465	26,465
Ten Sixteen Recovery Network	Deterra bags (500); 5-8 opioid documentary screening events and social media ads; Rx lock boxes (200); We Can Be Heroes event; Inmate discharge backpack harm reduction kits (100); Fentanyl and Xylazine test strips for Health Dept.	1.1.24 - 9.29.24	-	31,936	31,936
Ten Sixteen Recovery Network	Narcan carrying cases (500); Rx lock boxes (300); Sharps containers (100); Chances Are Anti-Stigma Campaign (billboards, print, radio); Harm Reduction Summit; Tall Cop presentation; HIV test kits (200); First Aid Kids (100)	1.1.24 - 9.29.24	-	48,660	48,660
Ten Sixteen Recovery Network	CREW; Deterra bags (1200); First Aid Kits (1200); Rx lock boxes (400); ScreenU subscriptions for Delta, Ferris, CMU	1.1.24 - 9.29.24	-	29,328	29,328
W.A. Foote Memorial Hospital (dba Henry Ford Allegiance Health)	Multi-media campaign for harm reduction and stigma reduction; Rx Lock Boxes; Harm Reduction vending machine for Henry Ford Jackson ER lobby w/ help from Home of New Vision to keep supplies stocked	1.1.24 - 9.29.24	-	38,000	38,000
Wellness INX	Narcan Wall Mounts for MSU Campus (75); Alcohol, Meth, Opioid print materials; Fentanyl test strips (800) and vending boxes for strips; 2 harm reduction machines and clings with QR code for Advent House and Olen Health	1.1.24 - 9.29.24	-	20,915	20,915
			\$ 209,586	\$ 1,066,166	\$ 856,580
CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY24 COST REIMBURSEMENT CONTRACT AMOUNT	FY24 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY24 INCREASE/ (DECREASE)
Arbor Circle	CADCA National Forum & Prevention Day Conference for 2 staff- includes registration, hotel and transportation	1.1.24 - 3.14.24	161,846	167,383	5,537
District Health Department #10	SUD Prevention (New - Newaygo)	10.1.23 - 9.30.24	-	101,305	101,305
Eaton Regional Education Service Agency (RESA)	CADCA National Forum & Prevention Day Conference for 2 staff- includes registration, hotel and transportation	1.1.24 - 3.14.24	640,750	648,931	8,181

CONTRACTING ENTITY	SUD PROVIDERS		CURRENT FY24 COST REIMBURSEMENT CONTRACT AMOUNT	FY24 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY24 INCREASE/ (DECREASE)
	COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM			
First Ward Community Center	Hosting a Black, Indigenous, People of Color (BIPOC) Prevention Skills training to First Ward staff and other provider staff of the BIPOC populations (up to 20 participants). Cost includes trainers from SheRay's & Associates, lodging and training venue	1.1.24 - 9.29.24	268,377	302,407	34,030
First Ward Community Center	CADCA National Forum & Prevention Day Conference for 2 staff- includes registration, hotel and transportation	1.1.24 - 3.14.24	268,377	274,287	5,910
Gratiot County Child Advocacy Association	CADCA National Forum & Prevention Day Conference for 2 staff- includes registration, hotel and transportation	1.1.24 - 3.14.24	213,670	217,336	3,666
Home of New Vision	CADCA National Forum & Prevention Day Conference for 2 staff- includes registration, hotel and transportation	1.1.24 - 3.14.24	264,000	268,257	4,257
Peer 360	CADCA National Forum & Prevention Day Conference for 2 staff- includes registration, hotel and transportation	1.1.24 - 3.14.24	960,000	962,475	2,475
Randy's House	Two SUD Recovery Community Events w/Speakers	1.1.24 - 9.29.24	319,190	344,527	25,337
Sacred Heart Rehabilitation	CADCA National Forum & Prevention Day Conference for 2 staff- includes registration, hotel and transportation	1.1.24 - 3.14.24	102,261	105,566	3,305
Ten Sixteen Recovery Network	CADCA National Forum & Prevention Day Conference for 2 staff- includes registration, hotel and transportation	1.1.24 - 3.14.24	874,275	876,075	1,800
The Legacy Center	Half-Day conference about recovery-friendly employment that includes Narcan training and safety kits	1.1.24 - 9.29.24	163,480	169,480	6,000
The Legacy Center	CADCA National Forum & Prevention Day Conference for 2 staff- includes registration, hotel and transportation	1.1.24 - 3.14.24	163,480	168,066	4,586
Women of Colors	CADCA National Forum & Prevention Day Conference for 2 staff- includes registration, hotel and transportation	1.1.24 - 3.14.24	246,409	252,765	6,356
			\$ 4,646,115	\$ 4,858,859	\$ 212,744

Mid-State Health Network (MSHN) Board of Directors Meeting
Tuesday, November 7, 2023
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 5:04 p.m. Mr. Woods requested a moment of silence in respect to the passing of board member David Griesing's mother. Mr. Woods thanked Ms. Sara Lurie Chief Executive Officer (CEO) of Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI), present at this meeting, for her and the agency's work following the shooting at MSU earlier this year.

2. Roll Call

Secretary Deb McPeek-McFadden provided the roll call for Board Members in attendance and informed Board Chair that there were not enough members to meet a quorum. With the arrival of additional members later in the meeting, a quorum was met and action was able to be taken on meeting items.

Board Member(s) Present: Ken DeLaat (Newaygo), Dan Grimshaw (Tuscola), John Johansen (Montcalm), Jeanne Ladd (Shiawassee), Deb McPeek-McFadden (Ionia), Gretchen Nyland (Ionia), Irene O'Boyle (Gratiot), Paul Palmer (CEI), Joe Phillips (CMH for Central Michigan), Kerin Scanlon (CMH for Central Michigan)-arrived at 5:18 p.m., Richard Swartzendruber (Huron), Susan Twing (Newaygo), Joanie Williams (Saginaw)-arrived at 5:09 p.m., and Ed Woods (LifeWays)

Board Member(s) Remote: Brad Bohner (LifeWays), Tina Hicks (Gratiot)-joined at 5:10 p.m., and Kurt Peasley (Montcalm)

Board Member(s) Absent: Joe Brehler (CEI), David Griesing (Tuscola), Pat McFarland (Bay-Arenac), Bob Pawlak (Bay-Arenac), and Tracey Raquepaw (Saginaw)

Staff Member(s) Present: Joseph Sedlock (Chief Executive Officer), Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), and Sherry Kletke (Executive Support Specialist), Dr. Todd Lewicki (Chief Behavioral Health Officer), Skye Pletcher (Chief Population Health Officer)

Members of Public Present: Sara Lurie; CEO CMHA-CEI

3. Approval of Agenda for November 7, 2023

Board approval was requested for the Agenda of the November 7, 2023, Regular Business Meeting.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY PAUL PALMER, FOR APPROVAL OF THE AGENDA OF NOVEMBER 7, 2023, REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 13-0.

4. Public Comment

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

5. MSHN External Compliance Examination Report Presentation

Mr. Derek Miller, Auditor from Roslund, Prestage and Company, presented his report and highlighted key information included in the MSHN Fiscal Year 2022 Compliance Examination conducted by his firm and provided within board member packets. The audit found 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 appreciation to Ms. Leslie Thomas and the finance team at MSHN. Mr. Joseph Sedlock acknowledged Ms. Leslie Thomas and the Finance team for their hard work to ensure MSHN financial integrity and compliance on a daily basis and always being prepared not just for audits, but anytime financial information is needed.

MOTION BY KEN DELAAT, SUPPORTED BY JOHN JOHANSEN, TO RECEIVE AND FILE THE REPORT ON COMPLIANCE OF MID-STATE HEALTH NETWORK FOR THE YEAR ENDED SEPTMEBER 30, 2022. MOTION CARRIED: 13-0.

6. Value Based Purchasing Presentation

Ms. Amand Ittner and Ms. Skye Pletcher presented information regarding the MSHN Value Based Purchasing Pilot Program. Mr. Joseph Sedlock wished to recognize Ms. Ittner, Ms. Pletcher, and Ms. Thomas for their work and their respective teams work on the new initiatives and is also grateful to the participating Community Mental Health Service Providers participating in the BHH and OHH initiatives.

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
 - Internal Service Fund Actuarial Analysis
 - FY 23 Preliminary Results of Operations
 - FY24 Projected Revenue Update
- State of Michigan/Statewide Activities

- Statewide CCBHC Update
- Medicaid Health Plan Rebid

Dr. Todd Lewicki provided updates on the following items included in the Chief Executive Officer's report:

- Conflict Free Access and Planning
- 1915(i) State Plan Amendment – Regional Activities
- Crisis Residential Development Update

Mr. Sedlock wished to recognize Dr. Lewicki for his efforts on the Conflict Free Access and Planning workgroup and these other important initiatives.

8. Deputy Director's Report

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

- Substance Use Disorder (SUD) Oversight Policy Board (OPB) Updates
- Staffing Update
- Michigan Mission Based Performance Indicators
- MSHN Seeking to Expand SUD Services for Adolescents

9. Chief Financial Officer's Report

As explained in his verbal report, Mr. Joseph Sedlock indicated that MSHN administration withdraws the preliminary year-end financial statements from board consideration. MSHN administration will provide updated preliminary year end financials at the January 2024 board meeting.

10. Contracts for Consideration/Approval

Ms. Leslie Thomas provided an overview of the FY2024 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 FY2024 contract listing.

MOTION BY DAN GRIMSHAW, SUPPORTED BY PAUL PALMER, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED AND LISTED ON THE FY24 CONTRACT LISTING. MOTION CARRIED: 14-0.

11. Executive Committee Report

Mr. Ed Woods informed board members the Executive Committee met on October 20, 2023 to review the agenda for the November Board Meeting, discussed the upcoming MSHN all-staff training in December, and the CEO Evaluation process update.

Ms. Irene O'Boyle informed board members they will be receiving the CEO Performance Evaluation through Survey Monkey tomorrow and requests members to adhere to the deadline completion date of Wednesday, November 22, 2023. Results of the 360 feedback survey and the performance evaluation will be compiled upon closure of the surveys and presented to the Executive Committee at the December meeting and presented to the full board at the January 2024 meeting. The CEO Contract is also up for renewal and the Executive Committee will also begin reviewing the contract and bringing forward a recommendation for full-board consideration in January 2024. Mr. Woods expressed his appreciation to Ms. O'Boyle for taking on the role of the Evaluation Chair.

12. Chairperson's Report

Mr. Ed Woods is working with the National Council to get more CCBHC resources to the State of Michigan.

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 DEB McPEEK-McFADDEN, SUPPORTED BY PAUL PALMER, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE SEPTEMBER 12, 2023 BOARD OF DIRECTORS MEETING; APPROVE MINUTES OF THE SEPTEMBER 12, 2023 PUBLIC HEARING; RECEIVE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD MINUTES OF AUGUST 16, 2023; RECEIVE BOARD EXECUTIVE COMMITTEE MEETING MINUTES OF OCTOBER 20, 2023; RECEIVE POLICY COMMITTEE MINUTES OF OCTOBER 3, 2023; RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF SEPTEMBER 18, 2023 AND OCTOBER 16, 2023; AND TO APPROVE ALL THE FOLLOWING POLICIES: CONFIDENTIALITY AND NOTICE OF PRIVACY, COMPLIANCE LINE, COMPLIANCE AND PROGRAM INTEGRITY, COMPLIANCE REPORTING AND INVESTIGATIONS, CONSENT TO SHARE INFORMATION, DISQUALIFIED INDIVIDUALS POLICY, EXTERNAL QUALITY REVIEW. MOTION CARRIED: 14-0.

14. Other Business

There was no other business.

15. Public Comment

There was no public comment.

16. Adjournment

The MSHN Board of Directors Regular Business Meeting adjourned at 7:03 p.m. Mr. Woods wished everyone a safe holiday season.

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, October 18, 2023, 4:00 p.m.

CMH Association of Michigan (CMHAM)

507 S. Grand Ave
Lansing, MI 48933

Meeting Minutes

1. Call to Order

Chairperson Steve Glaser called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:03 p.m.

Board Member(s) Present: Lisa Ashley (Gladwin)-joined at 4:05 p.m., Irene Cahill (Ingham), Bruce Caswell (Hillsdale), Steve Glaser (Midland), John Hunter (Tuscola), Bryan Kolk (Newaygo), John Kroneck (Montcalm)-joined at 4:09 p.m., Jim Moreno (Isabella), Justin Peters (Bay), Jerrilynn Strong (Mecosta)-joined at 4:37 p.m., Dwight Washington (Clinton), Ed Woods (Jackson)

Board Member(s) Remote: George Gilmore (Clare), Christina Harrington (Saginaw), Deb Thalison (Ionia)

Board Member(s) Absent: Nichole Badour (Gratiot), Robert Luce (Arenac), Joe Murphy (Huron), Vicky Schultz (Shiawassee), Kim Thalison (Eaton), David Turner (Osceola)

Alternate Members Present: None

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

Staff Members Remote: Sarah Andreotti (Lead Prevention Specialist), Sherrie Donnelly (Treatment & Recovery Specialist), Kate Flavin (Treatment Specialist), Kari Gulvas (Prevention Specialist)

2. Roll Call

Secretary Dwight Washington provided the Roll Call for Board Attendance and informed the Board Chair, Steve Gleason, that a quorum was not present for Board meeting business. With the arrival

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of additional members during the meeting, a quorum was present and action could be taken on the action items on the agenda.

3. Approval of Agenda for October 18, 2023

Board approval was requested for the Agenda of the October 18, 2023 Regular Business Meeting, as presented.

MOTION BY BRUCE CASWELL, SUPPORTED BY BRYAN KOLK FOR APPROVAL OF THE OCTOBER 18, 2023 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 11-0.

4. Approval of Minutes from the August 16, 2023 Regular Business Meetings

Board approval was requested for the draft meeting minutes of the August 16, 2023 Regular Business Meetings.

MOTION BY JOHN HUNTER, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE MINUTES OF THE AUGUST 16, 2023 MEETING, AS PRESENTED. MOTION CARRIED: 11-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Chair Steve Glaser recognized Deb Thalison for her eight years of service on the Substance Use Disorder Oversight Policy Advisory Board since the formation of the board as she is preparing to retire after 26 years from Ionia County. Mr. Glaser also reported Midland County will be appointing an alternate to the board at the November Board of Commissioners meeting. Mr. Glaser encourages all members to work with their county commissioners to appoint alternates to the board for counties that currently do not have an alternate appointed or may not be aware that they can appoint an alternate.

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:

Regional Matters:

- Substance Use Disorder (SUD) Oversight Policy Board (OPB) Intergovernmental Agreement
- SUD OPB Annual Report
- MSHN Board Approves Proposals to Support the Provider Network
- Medicaid and Healthy Michigan Disenrollments
- Integrated Healthcare Update

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8. Chief Financial Officer Report

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

- FY2023 PA2 Funding and Expenditures by County
- FY2023 PA2 Use of Funds by County and Provider
- FY2023 Substance Use Disorder (SUD) Financial Summary Report as of August 2023
- FY2024 Budget Overview

9. FY24 Substance Use Disorder PA2 Contract Listing

Leslie Thomas provided an overview and information on the FY24 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

MOTION BY DWIGHT WASHINGTON, SUPPORTED BY JOHN HUNTER, FOR APPROVAL OF THE FY24 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 12-0.

10. SUD Operating Update

Dr. Dani Meier provided an overview of the written SUD Operations Report and the Michigan Department of Health and Human Services SUD Strategic Plan Guidance Document included in the board meeting packet, highlighting:

- Equity Upstream Learning Collaborative is establishing focus groups in Saginaw, Jackson, Lansing and Mt. Pleasant to look at gaps in populations served in those communities and will identify action plans to reduce gaps and disparities. Learning Collaborative members will implement plans and share the knowledge to other communities in the region.
- The three-year SUD Strategic Plan for FY2024 – FY2026 has been submitted to MDHHS and will be posted on the MSHN website once approval is received from MDHHS. The plan adds goals to Prevention, Treatment and Harm Reduction, Recovery and Health Equity and Disparities Reduction service areas and are listed in red font in the strategic plan that was submitted to MDHHS and included in the board meeting packet.

Board members shared concerns of community stigma related to harm reduction efforts. MSHN Administration will review regional activities and provide resources for community education related to stigma reduction.

11. Other Business

There was no other business.

12. Public Comment

Dr. Trisha Thrush informed members the [MSHN website](#) has a resource for ordering Narcan from the State. The [Narcan request form](#) on the State website can be found at this link.

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13. Board Member Comment

Members were reminded to encourage counties to appoint alternates to the board. Each county is allowed to appoint a standing member and an alternate.

14. Adjournment

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

*Meeting minutes submitted respectfully by:
MSHN Executive Support Specialist*

Mid-State Health Network Board of Directors Executive Committee Meeting Minutes

Friday, December 15, 2023 - 9:00 a.m.

Committee Members Present: Ed Woods, Chairperson; Irene O’Boyle, Vice Chairperson; Deb McPeek-McFadden, Secretary; Kurt Peasley, Member at Large; David Griesing, Member at Large

Other Board Members Present: Ken DeLaat; Greg Brodeur

Staff Present: Joe Sedlock, Chief Executive Officer

1. **Call to order:** Chairperson Woods called this meeting of the MSHN Board Executive Committee to order at 9:01 am.
2. **Approval of Agenda:** Motion by D. McPeek-McFadden supported by K. Peasley to approve the agenda for this meeting. Motion carried.
3. **Guest MSHN Board Member Comments:** None.
4. **Board Matters:**
 - 4.1 January 9, 2024, Draft Board Meeting Agenda: The draft January 9 board meeting agenda was reviewed by the committee, noting that the agenda is draft until approved by the board at the meeting. Committee members did not suggest any changes to the agenda.
 - 4.2 Draft Annual CEO Performance Review: Committee members were provided with secure access to the CEO Performance Review report by secure link prior to the meeting. Some members reported issues accessing the document, which the Administration will investigate/resolve. Dr. O’Boyle, the CEO Performance Review Chair, summarized the report. Dr. O’Boyle noted that 17 of 22 seated board members participated, representing all 12 CMHSPs in the region. Dr. O’Boyle will present a written summary report to the full board at the January 9, 2024, board meeting. Copies will be numbered and distributed, then re-collected at the conclusion of the presentation.
 - 4.3 CEO Employment Contract: Consideration of Renewal: Mr. Sedlock provided a written request of three items for board consideration in renewing his contract, noting that his requests are consistent with compensation adjustments and policies in place for all MSHN staff.

Motion by D. McPeek-McFadden, supported by D. Griesing to recommend extension and approval of the CEO Employment Contract to the full board. Motion carried. Mr. Woods will present this recommendation at the appropriate time in the January 9, 2024, board meeting.
 - 4.4 CEO Succession Plan: MSHN policy requires that the CEO submit his succession plan at the time of his annual performance review. Committee members were provided with secure access to the Succession Plan developed by Mr. Sedlock in advance of this meeting. There is no requirement for the board to act on the succession plan. The Executive Committee will report to the full board that an acceptable succession plan is on file with the Executive Committee in the event of a planned or unplanned triggering event. Mr. Sedlock will ensure the document is retrievable on request if/when needed.
 - 4.5 Board Self-Evaluation: The board self-evaluation process will commence in January 2024. Dr.

O'Boyle will have further information for the board at the meeting.

4.5.1 *Proposal to include Diversity, Equity, and Inclusion (DEI) questions in the future:* Mr. Sedlock presented several questions intended to be included in *future* board self-evaluations addressing board member DEI understanding and performance. These were simply introduced at this meeting, and will be taken up formally at a future meeting. The Executive Committee supports this and looks forward to further information at a future meeting.

4.6 Other: None

5. **Administration Matters:**

5.1 None

6. **Other:**

6.1 Any other business to come before the Executive Committee: E. Woods informed the committee that JJ Hodshire, Hillsdale Hospital President and CEO, will present at the National Council in the spring and will host the Hospital's ongoing "Rural Health Rising" podcast live. Members and the public can [access the podcast at this link](#).

6.2 Next scheduled Executive Committee Meeting: 02/16/2024, 9:00 a.m.

7. **Guest MSHN Board Member Comments:** G. Brodeur thanked the committee for welcoming him. K. DeLaat noted his appreciation for being on the board and openness and collegiality of the Executive Committee. D. Griesing thanked the committee and the board for remembering his mother on her recent passing. All were wished a Happy Holiday season.

8. **Adjourn:** This meeting of the MSHN Board Executive Committee was adjourned at 9:42 am

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: November 20, 2023

Members Present: Chris Pinter; Lindsey Hull; Maribeth Leonard; Carol Mills; Julie Majeske; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sara Lurie

Members Absent: Sandy Lindsey;

MSHN Staff Present: Joseph Sedlock; Amanda Ittner; For applicable areas: Leslie Thomas, Todd Lewicki, Skye Pletcher, Amy Dillion

Agenda Item	Action Required				
Consent Agenda	Reviewed and approved items, including charters				
	Approved and received	By Who	N/A	By When	N/A
FY 23 Interim Results of Operations; Impacts on FY 24	L. Thomas reviewed the FY23 Interim Financial results. FY23 Year-End has zero savings and slightly less than fully funded ISF. Estimated impact of CCBHC reported around \$20m. The capitation vs. supplemental will incur some changes in FY24. Consideration for new initiatives (i.e. inpatient tiered rates) and their impact must be analyzed as well. Discussion regarding the amount of local earned from CCBHC and the reimbursement portion from Medicaid capitation. FY24 Estimates a \$2M deficit.				
	Discussed continued advocacy on the Medicaid Revenue as well as the Medicaid capitation portion of the CCBHC rate.	By Who	J. Sedlock/L. Thomas	By When	Ongoing
	CMHSPs to address cost containment strategies.		CMHSPs		Ongoing
Delegated Managed Care Site Review Process Updates	A. Dillon reviewed the proposed changes to the delegated managed care site review process for CMHSPs. The major change from every other year to every three years, using a fiscal year and also using the MDHHS review/charts to support the DMC review/chart selection.				
	Approved as presented	By Who	A.Ittner	By When	
In-Region COFR Recommendations	S. Pletcher reviewed the follow up recommendations by CLC/UM regarding the transition of care policies for COFR. FY24 - Each CMHSP will work to terminate existing “long-term” COFRs for individuals who are stable in placement and services for 12 months or greater. Formation of a time-limited workgroup (meet 2-3 times total) to develop policy/procedural guidance which addresses the identified concerns. FY25 – Full implementation of new policy/procedure, phase out remaining existing COFRs, agreement not to develop new in region COFRs going forward. Ops members voiced concern of “purchase of service’ differentiation, “paying for a placement outside of their catchment area”. COFR’s is a different situation. Next step is that policy and procedure needs to clarify and				

Agenda Item	Action Required				
	have clear definitions. CMHSPs will look at COFR's only to phase out. Time limited workgroup to include Clinical, UM and Finance staff.				
	Ops approved for workgroup to form, bring pack policy/procedure then proceed with phase out of COFR.	By Who	S. Pletcher	By When	1.2024
Provider Network Adequacy Standards Update	A. Ittner reviewed the Network Adequacy proposed county categories, status of negotiations with MDHHS and the status of the FY23 NAA now due April 30. More information will be shared as the draft new standards are received. Ops will receive the FY23 NAA for MSHN in January/February.				
	Informational only	By Who	N/A	By When	N/A
CMHSP Certification Reviews	A. Ittner requested clarification of process. MSHN has been copied on the review, questions for assurance but not in the initial process. Insurance issue regarding professional, workman's comp, for small providers. Significant CRM issues noted to certification process. Recertification is occurring now for the majority of CMHs as it was on hold during COVID.				
	MSHN will meet with MDHHS to discuss the certification process, review documents and how MSHN can use the documents for DMC as well as clarify the role of PIHP with MDHHS.	By Who	A. Ittner	By When	1.2024
Health Plan Rebid	J. Sedlock reviewed the MHP rebid document noting good collaboration with PIHPs/CMHS and additional focus on Children in Foster Care.				
	Informational Only	By Who	N/A	By When	N/A
Conflict Free Access and Planning Update	J. Sedlock reviewed that update presented to the PIHP group from MDHHS indicating they will be announcing a decision sometime at the end of December/middle of January. The workgroup's last meeting is at the end November. Once MDHHS announces design, PIHPs will then be required to develop a regional implementation plan.				
	Discussion only – Topic for December/January	By Who	J. Sedlock	By When	1.2024
myStrength/Protocall	MSHN received FOIA for myStrength which has now switched owners to Protocall. CMHCM noted a FOIA request as well. MSHN had only a few documents to submit.				
	Informational only	By Who	N/A	By When	N/A
Autism Financing	M. Stillwagon requested CFO's take another review of how the Autism Finance is distributed. L. Thomas explained the Autism revenue is just an upfront payment based on enrollees, but the revenue is considered Medicaid and cost settled all together. Cash flow would be a consideration.				

Agenda Item	Action Required				
	Autism Fee Screens determined by MDHHS and capped the amount in actuarial analysis. Finance Council will review again and bring back options to Ops Council	By Who	L. Thomas	By When	2.1.24
PRTF/ICTS	<p>T. Lewicki reviewed that Youth/Adults that are ready to be discharged from State hospital setting but still needing intense services (residential treatment), not placement, time limited up to 180 days but initial 90 days, IPOS reviewed every 30days.</p> <p>Youth: Pine Rest, Vista Maire and Hope Network Adult: Hope Network, Beacon and Turning Leaf PIHP required to have involvement.</p> <p>Unsure yet how the payment responsibility will work; MSHN is seeking clarification NCMH concerned about state placement for non-Medicaid and requirement for residential placement.</p>				
	Discussion Only	By Who	N/A	By When	N/A
Health Home Plan Monitoring Procedure	<p>S.Pletcher reviewed the revisions to the procedure as requested by the BHH collaboration workgroup that provides for both options of which the HH can select direct upload to WSA or allow auditor access by MSHN staff. The procedure also includes clarification of the assessment elements needed.</p>				
	Ops Council approves the procedure as presented	By Who	S. Pletcher	By When	N/A

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: 12/18/2023

Members Present: Chris Pinter; Maribeth Leonard; Carol Mills; Tracey Dore; Tammy Warner; Michelle Stillwagon; Sandy Lindsey; Sara Lurie

Members Absent: Bryan Krogman; Julie Majeske; Kerry Possehn; Lindsey Hull

MSHN Staff Present: Joseph Sedlock; Amanda Ittner; For applicable areas, Kim Zimmerman, Leslie Thomas

Agenda Item	Action Required				
CONSENT AGENDA	February will be a continuation of Financial Review and Status after first quarter results with updated FY 24 Savings Estimates. No other discussion				
	Received and acknowledged	By Who	N/A	By When	N/A
FY23 QAPIP FINAL REPORT	K. Zimmerman reviewed the QAPIP annual effectiveness report summary. Access Standards, BABH looking at a same day access model and would appreciate any information if available. BABH struggle with ACT model specific to staffing for nursing.				
	Received and acknowledged	By Who	N/A	By When	N/A
FY24 QAPIP PLAN DRAFT	K. Zimmerman indicated minimal changes to the FY24 QAPIP, added CCBHC, Health Homes, removed SIS, updated reporting of deaths for state operated services, expansion of LTSS, value-based purchasing and updated the workplan. After Ops approval, it will be presented to the Board and submission to MDHHS.				
	Operations Council Approved	By Who	K. Zimmerman	By When	1.2024
CULTURAL COMPETENCY NETWORK ADEQUACY SUMMARY	K. Zimmerman reviewed the cultural competency assessment included in the Network Adequacy Assessment. HSAG wanted more details regarding CC and network support. Ops Council supported the efforts taken by Customer Services Committee and understand the administrative burden.				
	CMHSPs to send DEI plans, reports, analysis, etc. to A.Ittner for inclusion in the NAA. Amanda will send out an email request. Support the recommendations as included in the summary.	By Who	A. Ittner	By When	1.2024
FY24 UTILIZATION MANAGEMENT PLAN SUMMARY AND MARKUP	A.Ittner reviewed the changes included in the Utilization Management Plan. Indicating the reference to the SIS on page 11 and other areas will be reviewed/removed as appropriate. UMC will review and revise.				
	Approved by Operations Council.	By Who	S. Pletcher	By When	1.1.2024

Agenda Item	Action Required				
<p>BYLAWS REVIEW - PROCESS</p>	<p>J. Sedlock reviewed the MSHN Bylaws Policy, which requires review every five years and requires CMHSP Boards to review and approve by at least two-thirds (8 of 12). Revisions to include regarding Open Meetings Act updates. Discussed the process of Bylaw review and support to have a subgroup. Joe, Carol, Bryan and Chris to review the Bylaws and present changes to Operations Council.</p>				
	<p>Workgroup will present changes when ready for Operations Council Review.</p>	<p>By Who</p>	<p>J. Sedlock</p>	<p>By When</p>	<p>February 2024</p>
<p>REMINDER: REGIONAL SPECIALIZED RESIDENTIAL AND SIP RATE INVENTORY – DUE 12/29/23</p>	<p>Reminder to send rates by end of the month. 8 of 12 received to date.</p>				
	<p>CMHs to send in their rates if they haven't already to be ready for January and future Operations Council discussion</p>	<p>By Who</p>	<p>J. Sedlock</p>	<p>By When</p>	<p>1.2024</p>
<p>FY24 BUDGET & FINANCIAL DISCUSSION AND PLANNING</p>	<p>T. Warner requested discussion due to her agency's planning to expand building space, decisions to implement CCBHC, etc. when the region is experiencing financial deficits and how does rate setting adjustments impact their future decisions. FY24 may be okay as the change in CCBHC amount from capitation has been reduced. Rates will be adjusted but it is unsure what factors will play into the new rates. CCBHC's are supported for continued expansion in our region. FY23 was the last year for Provider Stabilization and Staffing Crisis. Autism enrollment has been consistently growing. Inpatient Tier Rates – MDHHS indicated they are going to implement something for psychiatric rates for FY25 Medicaid Disenrollments and significant increase in Medicaid Spenddown.</p>				
	<p>Discussion to continue in FY24 after first quarter</p>	<p>By Who</p>	<p>N/A</p>	<p>By When</p>	<p>N/A</p>

CHIEF EXECUTIVE OFFICER PERFORMANCE REVIEW

Background

The Mid-State Health Network Board of Directors conducted its annual review of the performance of the Chief Executive Officer and has reviewed the result.

Recommendation:

Motion to receive and file the 2023 Performance Review of the MSHN Chief Executive Officer.

December 15, 2023

CHIEF EXECUTIVE OFFICER EMPLOYMENT CONTRACT

Background

The Mid-State Health Network Board of Directors conducted its annual review of the performance of the Chief Executive Officer and has reviewed the results. The Board of Directors seeks to renew and extend the employment contract of the CEO through January 31, 2027 to include the Executive Committee recommended adjustments to certain terms within the contract.

Recommendation:

Motion to renew, extend, and approve the terms of the employment contract of the Chief Executive Officer through January 31, 2027.

December 15, 2023