Mid-State Health Network | 530 W. Ionia Street | Lansing, MI 48933 | 517.253.7525| F: 517.253.7552 | www.midstatehealthnetwork.org

From the Chief Executive Officer's Desk

Joseph Sedlock

Mid-State Health Network celebrated its 10-year anniversary in May by recognizing board members that helped to establish this regional entity. We are especially grateful for the service and contributions of our 10-year veterans: Brad Bohner, Joe Brehler, Ed Woods, John Johansen, Kurt Peasley, Irene O'Boyle, Dan Grimshaw, and Gretchen Nyland.

Pictured from left to right: Brad Bohner (LifeWays), Joe Brehler (CMHA-Clinton, Eaton, and Ingham Counties), Ed Woods (LifeWays), John Johansen (Montcalm Care Network), Kurt Peasley (Montcalm Care Network), Irene O'Boyle (Gratiot Integrated Health Network), and Dan Grimshaw (Tuscola Behavioral Health Services). Not Pictured: Gretchen Nyland (The Right Door)

The Mid-State Health Network Board of Directors consists of 24 Members, half of which must be primary or secondary consumers, appointed by the 12 Community Mental Health Services Programs in the region. The region is led by these board members who consistently demonstrate commitment to better services across the region, excellent stewardship of the region's resources, and innovations that improve the lives of the communities and people Mid-State Health Network exists to support.

We are saddened by the news of the passing of our colleague, board member, and friend Gretchen Nyland on May 20, 2024. In addition to 10 years of service on the MSHN Board, Gretchen served as a board member of the Right Door for Hope, Recovery, and Wellness for 38 years! Gretchen's leadership, warm and calming presence, level-headedness and camaraderie will be missed.

We are grateful for every board member and their contributions, but specially celebrate our 10-year board members!

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

Organizational Updates

Amanda Ittner, MBA
Deputy Director

Center for Medicare and Medicaid Services: Issues Two Final Rules

On April 23, 2024 the CMS Center for Medicaid and CHIP Services (CMCS) issued two final rules: *Ensuring Access to Medicaid Services* (Access Rule) and *Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality* (Managed Care Rule). Together, the rules advance access to care and quality of care and improve health outcomes across fee-for-service (FFS) and managed care plans. The effective dates for rule implementation range from immediate up to 6 years after the final rule notification date.

Ensuring Access to Medicaid Services
The Access Rule addresses critical dimensions of access across both Medicaid FFS and managed care delivery systems, including for home and community-based services (HCBS). These improvements seek to increase transparency and accountability, standardize data and monitoring, and create opportunities for states to promote active beneficiary engagement in their Medicaid programs, with the goal of improving holistic access to care. Read the full final rule on the Federal Register and the fact sheet and applicability dates table on Medicaid.gov.

Medicaid and CHIP Managed Care Access, Finance, and Quality
The Managed Care Rule strengthens standards for timely access to care and states' monitoring and enforcement efforts; enhances quality and fiscal and program integrity standards for state directed payments (SDPs); specifies the scope of in lieu of services and settings (ILOSs) to better address health-related social needs (HRSNs); further specifies medical loss ratio (MLR) requirements; and establishes a quality rating system (QRS) for Medicaid and CHIP managed care plans. Read the full final rule on the Federal Register and the fact sheet and applicability dates table on Medicaid.gov.

Mid-State Health Network, as the Pre-paid Inpatient Health Plan (managed care entity), is reviewing the new rules to provide feedback and guidance to MDHHS as they update state specific policy and contract language. While the fact sheet links above provide a summary of the changes, some highlights related to both rules that MSHN will be watching closely include the following:

Ensuring Access

- Strengthens oversight of person-centered service planning in HCBS
- Requires that states meet nationwide incident management system standards for monitoring HCBS programs
- Requires over four years reporting of Medicaid Payments to Home Health Aids, Personal Care and Habilitation Services
- Requires reporting of a waiting list for 1915c Waivers
- Promotes transparency of administration for HCBS services through quality, performance and compliance measures

Access, Finance and Quality

- Establishes maximum appointment wait time standards: 10 business days for outpatient mental health and substance use disorder services (adult and pediatric)
- Requires states to conduct an annual enrollee experience survey for each managed care plan
- Removes regulatory barriers to help states use state directed payments to implement value-based purchasing payment arrangements
- Requires managed care plans to report any identified or recovered overpayments to states within 30 calendar days
- Makes it easier for states to use accreditation reviews for EQR

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

Information Technology

Steve Grulke

Chief Information Officer

Behavioral Health Treatment Episode Data Set (BH-TEDS) is a collection of demographic data elements that are reported to the Michigan Department of Health and Human Services (MDHHS) and then onto the Center for Medicare and Medicaid Services (CMS). It contains elements like date of birth, gender, race, employment status, marital status, educational status, Medicaid ID, Medicare ID, etc.

These items are expected to be collected and reported to MDHHS at admission and discharge and at yearly intervals in between. There is also a BH-TEDS record collected for people that receive crisis only services.

Community Mental Health Service Providers (CMHSP) and Substance Use Disorder (SUD) providers collect the data at the appropriate times and enter the data into their data collection system. Then, at least monthly, the CMHSP systems create a file of Admission records and another file of Update and Discharge records and send them to Mid-State Health Network (MSHN) via the Managed Care Information System (MCIS) called REMI. REMI first verifies that the file is in the correct format. The file is a collection of rows that are all the same length and data elements that are in specific positions If the file does not conform to these rules, the entire file would be rejected.

REMI also checks the data against a set of validations that are expected to be very similar to what MDHHS will check against. If any of the data is invalid, that record is rejected (not the whole file). For example, one of the elements is the number of dependents and it is expected to contain 2 digits. If one or more of the values is not a digit the record would be rejected.

SUD providers enter their BH-TEDS data into REMI directly. At least once per month, a process is run in REMI that will collect all the directly entered SUD BH-TEDS records and create the Admission file and the Discharge and Update file to be sent onto MDHHS. At the same time, any records collected from the CMHSPs are sent onto MDHHS as well. MDHHS goes through a similar set of checks, first verifying that the file is the correct format and rejecting the file if it is not, and second validating each of the data fields and rejecting any individual rows where data is not as expected. MDHHS publishes the list of validations and there are over 250 checks for each type of record.

MDHHS checks these BH-TEDS records against our encounter data to see that anyone that receives services also has a BH-TEDS reported. The contract requires that at least 95% are submitted to MDHHS by the end of the following month. MSHN is consistently at or above the 95% compliance level. From time to time, MSHN and others drop below which can be for a number of reasons or simply a timing issue.

Below is a recent report from MDHHS that shows MSHN and Detroit Wayne Integrated Network below the standard slightly in the first category but above for the others.

FY24 MH Encounters w/BH-TEDS records

Encounters: 10/01/2023 -01/31/2024* | BH-TEDS: 07/01/2022 - 03/19/2024

Region Name	Submitter ID	Distinct Count of Individuals With Non-H0002 & Non-Crisis, Non-OBRA Assessment & Non-Transportation	Non-H0002, Non-Crisis, Non-Health Home, Non-OBRA Assessment & Non-Transportation Encounters But NO BH-TEDS Record Since 07/01/2022	Current Completion Rate
CMH Partnership of SE MI	00XT	8,929	234	97.38%
Detroit/Wayne	00XH	45,617	3,184	93.02%
Lakeshore Regional Entity	0021	15,801	727	95.40%
Macomb	00GX	10,915	254	97.67%
Mid-State Health Network	0107	33,048	1,835	94.45%
NorthCare Network	0101	5,099	39	99.24%
Northern MI Regional Entity	0108	9,531	337	96.46%
Oakland	0058	19,309	470	97.57%
Region 10	0109	16,534	288	98.26%
Southwest MI Behavioral Health	0102	19,507	144	99.26%
Statewide		184,290	7,512	95.92%

Key

- 95.00+ = Compliant
- 90.00-94.99
- 85.00-89.99
- <85.00

*Encounters = All MH encounters **excluding**: A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0425, A0427, H0002, H2011, H2034, Q3014, S0209, S0215, S0280, S0281, S9484, T1023, T1040, T2001-T2005 ,90839, 90840, 99304-99310

FY24 Crisis Encounters w/BH-TEDS records

Encounters: 10/01/2023 - 01/31/2024** | BH-TEDS: 07/01/2022 - 03/19/2024

Region Name	Submitter ID	Distinct Count of Individuals With Crisis Encounters	Crisis Encounters But NO BH-TEDS Record Since 07/01/2022	Current Completion Rate

CMH Partnership of SE MI	00XT	4,527	123	97.28%
Detroit/Wayne	00XH	14,210	206	98.55%
Lakeshore Regional Entity	00ZI	9,640	206	97.86%
Macomb	00GX	3,179	136	95.72%
Mid-State Health Network	0107	18,303	696	96.20%
NorthCare Network	0101	3,205	19	99.41%
Northern MI Regional Entity	0108	7,099	256	96.39%
Oakland	0058	4,851	58	98.80%
Region 10	0109	5,115	137	97.32%
Southwest MI Behavioral Health	0102	6,149	35	99.43%
Statewide		76,278	1,872	97.55%

Key

Key	
95.00+ = Compliant	**Encounters include H2011, S9484, T1023, 90839, 90840
90.00-94.99	
85.00-89.99	
<85.00	

FY24 SUD Encounters w/BH-TEDS records				
SUD Encounters from 10/01/2023-01/31/2024***			Does Not Have Open Admission at Time of Encounter as of 03/19/2024	
		Distinct Count of Individuals With		
Region Name	Submitter ID	Non-Health Home Encounters	Non-Health Home Encounters But NO BH-TEDS Record	Completion Rate
CMH Partnership of SE MI	00XT	1,817	15	99.17%
Detroit/Wayne	00XH	4,431	0	100.00%
Lakeshore Regional Entity	00ZI	3,371	68	97.98%
Macomb	00GX	2,343	11	99.53%
Mid-State Health Network	0107	5,371	7	99.87%
NorthCare Network	0101	997	0	100.00%
Northern MI Regional Entity	0108	2,342	45	98.08%
Oakland	0058	1,842	3	99.84%
Region 10	0109	2,925	12	99.59%
Salvation Army	002Y	135	19	85.93%
Southwest MI Behavioral Health	0102	3,100	150	95.16%
Statewide		28,674	330	98.85%

Key	
95.00+ = Compliant	***Encounters = All SUD encounters **excluding** H0002, H0038, H2034, S0280, S0281, & T1040
90.00-94.99	
85.00-89.99	
<85.00	

For further information or questions, please contact Steve at Steve.Grulke@midstatehealthnetwork.org

Finance

Leslie Thomas, MBA, CPA
Chief Financial Officer

MSHN's Finance Team is beginning preliminary work on the Fiscal Year (FY) 2025 Budget to be presented during the September 2024 Board of Directors' Meeting. As we prepare the budget, the Finance team will carefully evaluate Certified Community Behavioral Health Center (CCBHC) Prospective Payment System (PPS-1) amounts, Inpatient Hospital Tiered rates implementation and other potential changes in MDHHS rate calculations that will have significant impacts on revenue projections. While Medicaid Disenrollment rates are transitioning to historical levels, its effect on revenue will be challenging to determine for FY 2025.

In addition, the following items related to contracts are under review by MSHN's internal staff for FY 2025:

- Substance Use Disorder (SUD) Provider Manual – The purpose of the manual is to offer information and technical assistance regarding the requirements associated with provider contract roles. It is a comprehensive guidebook touching on all areas of the organization.
- Medicaid Subcontracting Agreement – Guides the contractual relationship between MSHN and the Community Mental Health Service Programs (CMHSPs) in its region. CMHSPs are delegated management functions over their individual provider networks for Behavioral Health services and these agreements are not held at MSHN.
- SUD Contracts - Structures the contractual relationship between MSHN and SUD providers which are managed directly by the PIHP.

Lastly, Finance staff are currently engaged with Roslund Prestage & Company (RPC) for completion of MSHN's FY 2023 Compliance Examination.

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

Behavioral Health

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

C-Waiver Applications are Open for Public Comment

In 1983, Congress added section 1915(c) to the Social Security Act. This is when Home and Community-Based Services (HCBS) were first available to eligible individuals. This addition to the Social Security Act gave Michigan the option to get a waiver of the Medicaid rules that govern institutional care. HCBS services became a Medicaid State Plan option in 2005. The Social Security Act section 1915(c) waiver program permits Michigan to furnish an array of home and community-based services that are designed to meet the needs of individuals who prefer to get long-term supports and services in their home and/or community and not in an institutional setting. Broadly, state programs must meet the following HCBS waiver program basics:

- Demonstrate that waiver services will not cost more than providing these same services in an institution.
- Ensure the protection of individuals' health and welfare.
- Provide adequate and reasonable provider standards to meet the needs of the target population.
- Ensure that services follow an individualized and person-centered plan of care.

HCBS serve different targeted groups, including individuals with intellectual and/or developmental disabilities (children and adults), severe emotional disturbance (children/youth and families), and severe mental illness (adults). C-Waiver applications to the Centers for Medicare and Medicaid Services (CMS) are updated and renewed every five years, with the current C-Waivers set to expire on September 30, 2024. Michigan operates three 1915(c) waiver, or "C-Waiver" programs, which include:

- Habilitation Supports Waiver (HSW) - supports individuals of any age in the community by enrolling them into the program with services designed to help keep them out of an institutional setting.
- Children's Waiver Program (CWP) - enables individuals with developmental disabilities under the age of 18 who have significant needs and who meet the CWP eligibility requirements to live free of an institutional setting with their parents or legal guardians and to fully participate in their communities.
- Waiver for Children with Serious Emotional Disturbance (SEDW) - provides HCBS to children, youth, and young adults under age 21 who have significant mental health needs and who meet the SEDW eligibility requirements to live in their home and community instead of receiving hospital level of care.

The Michigan Department of Health and Human Services (MDHHS) will be submitting renewal applications for these three C-Waivers and each renewal application summarizes a list of changes and modifications included in the applications that can be reviewed and commented upon. A copy of each proposed renewal application can be found here: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/medwaivers. Anyone interested in requesting a written copy of the C-Waiver renewal applications and/or who wish to offer comments can send an email to MSADraftPolicy@michigan.gov or submit a request in writing to: MDHHS/Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979.

For any questions, comments or concerns related to the above, please contact Todd at Todd.Lewicki@midstatehealthnetwork.org

Utilization Management & Care Coordination

Skye Pletcher-Negrón, LPC, CAADC
Chief Population Health Officer

Access to SUD Services: Upcoming Changes in FY25

As board members are aware, MSHN and its member Community Mental Health Service Programs (CMHSPs) have been working on a regional cost containment strategy. As part of these efforts, and as reported by our CEO at the May board meeting, MSHN identified substantial cost savings could be achieved by reducing inefficiencies in the current "no wrong door" delegated access process for Substance Use Disorder (SUD) services. This model was intended to remove barriers to treatment by giving individuals in need of services the ability to call any Community Mental Health (CMH) Access Center or SUD service provider to receive a screening and schedule an admission appointment. There have been a number of unintended challenges with this model, however, resulting in system inefficiencies and in some cases, a poor access experience for individuals seeking services.

One of the inefficiencies of the current access process is that individuals seeking services often call multiple providers while researching the best program to fit their needs. This is particularly true for residential, withdrawal management (also referred to as detox), and recovery housing services where there is a sense of urgency to find an available bed, leading to numerous phone calls, unnecessary duplicate screenings, and a potentially frustrating experience for the person seeking help. Additionally, federal privacy laws regarding the confidentiality of SUD treatment records prevent providers from being able to view a person's previous SUD treatment history in MSHN's Regional Electronic Medical Information (REMI) system. This can make it challenging for CMH and SUD staff who perform access screenings to make accurate treatment recommendations without knowing a person's previous history.

In an effort to address these concerns, MSHN is working on a plan to implement a centralized access process for withdrawal management, residential, and recovery housing services. Access to SUD outpatient services will continue to be delegated to the CMH Access Centers and SUD providers. Creating a centralized MSHN Access Center will ensure responsible and efficient use of fiscal resources and improve the experience for individuals

seeking services by eliminating duplicate screenings and reducing unnecessary admissions to high-cost, high-intensity levels of care. MSHN estimates potential cost savings of up to $2 million over the next year, even after adjusting for the expense of new MSHN staff positions to support the access functions.

An internal project team has been formed and is in the early stages of planning with an anticipated implementation date of 10/1/2024 (FY25). There will be opportunities for stakeholders to provide feedback about the new access process through regional councils, committees, workgroups, and provider meetings. MSHN will provide ample notification and training to its CMH and SUD provider networks prior to implementing any changes.

Cammie Myers, Utilization Management Administrator, and Skye Pletcher, Chief Population Health Officer, are the leads for this project. Please feel free to connect with either of them directly if you have questions or wish to provide feedback: Cammie.Myers@midstatehealthnetwork.org and Skye.Pletcher@midstatehealthnetwork.org.

Contact Skye with questions, comments or concerns related to the above and/or MSHN Utilization Management & Care Coordination at Skye.Pletcher@midstatehealthnetwork.org

Substance Use Disorder Policy, Strategy and Equity

Dr. Dani Meier, PhD, LMSW, MA
Chief Clinical Officer

People in Recovery Deserve Patient-Centered Care Too

Earlier this spring, a MSHN Region 5 resident underwent what should have been a straightforward medical procedure. As a respected professional in substance use disorder (SUD) treatment and recovery systems and as a person in long term recovery herself, she knew that use of opioid medications created the potential to undermine years of stable and consistent recovery. She was explicit with her surgeon and her anesthesiologist, therefore, that she should *under no circumstances* be given opioids during or after surgery. She even listed an allergy to opioids in her pre-op paperwork. Nonetheless, a combination of human error, neglect and system failures resulted in her being given fentanyl, the synthetic opioid most associated with overdose deaths in the U.S.

Though unauthorized medications did not, in her case, precipitate a relapse, it triggered a significant reaction, nonetheless. More broadly, she is not alone in this experience. Her case highlights a systemic problem in Michigan's healthcare system that could put many patients at risk of injury or death.

In response to the opioid overdose epidemic, Michigan became one of seven states that offered a formal Nonopioid Directive (MDHHS-5793) which allow patients to notify health professionals that they don't want opioids. House Bill 5264 (2022) also required hospitals to make that directive form available on their websites. Some hospitals haven't complied, however, and some medical professionals either aren't aware of this requirement or actively disagree that withholding opioids during surgery is good medical practice for most patients (JAMA Network, 2022).

People in recovery, however, are not "most patients" and from a patient-centered care perspective, all patients deserve to trust that their directives will be respected or at least discussed beforehand. Moreover, patients with a SUD history should not have to identify themselves as a person in recovery for whom opioids are dangerous. Even among medical professionals who should understand the science of addiction, SUD stigma and judgments about moral weakness remain pervasive (Johns Hopkins Medicine, 2024).

Embedding peer recovery coaches—professionals with lived experience of a SUD—in hospitals and other medical settings—has the greatest potential to erode stigma and build a more welcoming environment for people seeking treatment or in established recovery. It also has the added benefit of countering the overwhelming shortage in the SUD workforce. At MSHN, the SUD Clinical Team continues to work with our counties, hospitals and other community partners to expand opportunities for peer recovery coaches to touch the lives of our region's most vulnerable citizens.

Contact Dani with questions, comments or concerns related to the above and/or MSHN SUD Treatment and Prevention at Dani.Meier@midstatehealthnetwork.org

Substance Use Disorder Providers and Operations

Dr. Trisha Thrush, PhD, LMSW
Director of SUD Services and Operations

National Prevention Week & MSHN Annual Prevention Conference

Substance Abuse and Mental Health Services Administration (SAMHSA) hosted National Prevention Week this year on May 12-18. This is a week to celebrate the work of Prevention advocates around the country who are working in schools and communities, with families and youth. There are in-person events along with virtual events that allow people to come together to share ideas, initiatives, and accomplishments throughout the week. You can search *#MyPreventionStory* to see examples on social media.

National Prevention Week was a great follow up to the annual MSHN region Prevention Conference. We work with one of our providers, Prevention Network located in Lansing, to plan and host the training. A workgroup of six Prevention and Community Recovery staff, along with the three MSHN Prevention staff members work throughout the year to plan the conference. The conference is traditionally held in May in various locations in the MSHN region.

The conference kicked off this year with keynote speaker Dr. Jay Marks and a session titled *Cultural Proficiency:*

An Approach to Diversity, Equity, Inclusion and Belonging. This energizing session was followed by a screening of the film *Heroin(e)* and discussion afterwards led by Ricardo Bowden from Peer 360. This was a great 40-minute film about the unfolding opioid epidemic in West Virginia in 2017 from the view of three women- a judge, a fire chief and a street missionary outreach worker. It can be found on Netflix if you are interested in viewing it.

The second day began with Prevention expert Joe Neigel, author of *Prevention Tools: What Works, What Doesn't*, speaking about evidence-based Prevention in his session titled *Tools for Change: Balancing our Best Intentions with Best Prevention Practice.* Six breakout sessions were held throughout the late morning and early afternoon sessions with topics ranging from youth social media use, collegiate recovery programs, and older adults. MSHN staff, Sarah Surna and Dani Meier, led a breakout session titled *Looking Upstream to Impact Downstream Health Disparities,* outlining the recent MSHN Equity Upstream initiative. Our day closed with a very engaging session from Peer 360 members Ricardo Bowden, Anna Winters and Carole Evans titled *Collaborating with the Native American Community for Effective Prevention and Recovery Services.* A quote from this session, "If it's a big deal to the people we're serving, it's a big deal to us," helped to illustrate the point that we need to meet people where they are when planning and facilitating our activities.

In FY23, the MSHN region Substance Use Disorder (SUD) Prevention provider network supported 23,813 prevention activities. While the Prevention Conference only comes once a year, and National Prevention Week lasts just seven days, we are happy to celebrate the accomplishments of our Prevention providers and all of the individual Prevention Specialists throughout the year!

If you would like more information on Prevention or Community Recovery activities in your county, or if you would like to join us at the 2025 MSHN Prevention Conference, please contact the MSHN Prevention Administrator, Sarah Andreotti at Sarah.Andreotti@midstatehealthnetwork.org.

Contact Trisha with questions, comments or concerns related to the above and/or MSHN SUD Treatment and Prevention at Trisha.Thrush@midstatehealthnetwork.org

Quality, Compliance & Customer Service

Kim Zimmerman, MBA-HC, LBSW, CHC
Chief Compliance and Quality Officer

Mid-State Health Network Customer Service

At Mid-State Health Network (MSHN), the Customer Service department functions as the front door and is available to assist beneficiaries, stakeholders and the provider network with questions and concerns.
Customer Service involves processing customer inquiries, facilitating communication, and taking action in response to inquiries. Customer Service is a conduit that provides easy access for consumers, providers, stakeholders, and MSHN staff to file a complaint, grievance, or appeal; ask for information; request technical assistance; and request general support. As contacts occur, the Customer Service and Rights Manager records various data points that are trended and analyzed to aid in quality improvement efforts throughout the MSHN region.

During Fiscal Year 2024, Customer Service has focused on the following:

- Updating the Guide to Services Handbook process to increase timely completion, delivery to providers, and distribution to beneficiaries.
- Coordinated the development of local level processes to track Limited English Proficiency (LEP) compliance and Cultural Competency requests as part of the Network Adequacy Assessment.
- Development of a MSHN Adverse Benefit Determination Regional Technical Guide focusing on frequently asked questions to provide technical support to the region's Community Mental Health Service Programs (CMHSPs) and Substance Use Disorder (SUD) providers.
- Working as part of a team to improve the grievance and appeal modules within the CMHSPs electronic health record to be in compliance with revisions to the state standards, improve efficiencies in completing documents and ensure compliant disposition letters.
- Quarterly review of the Michigan Department of Health and Human Services (MDHHS) Appeal and Grievance reports to identify trends or areas of concern both locally and region wide.
- Ongoing technical assistance and education related to the local level complaint resolution process.

These tasks have led to increased efficiencies and improvement within the provider network and to ensure compliance with the required MDHHS customer service standards.

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

Contact Kim with any questions, comments or concerns related to MSHN Quality, Compliance and Customer Service at Kim.Zimmerman@midstatehealthnetwork.org

Our Mission:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health & substance use disorder services provided by its participating members.

Our Vision:

To continually improve the health of our communities through the provision of premiere behavioral healthcare & leadership. MSHN organizes and empowers a network of publicly funded community partnerships essential to ensure quality of life while efficiently, and effectively addressing the complex

needs of the region's most vulnerable citizens.

Mid-State Health Network | 530 W. Ionia Street, Suite F |Lansing, MI| 48933
P: 517.253.7525 | F: 517.253.7552 | www.midstatehealthnetwork.org

Mid-State Health Network | 530 W. Ionia Street, Lansing, MI 48933

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