Mid-State Health Network

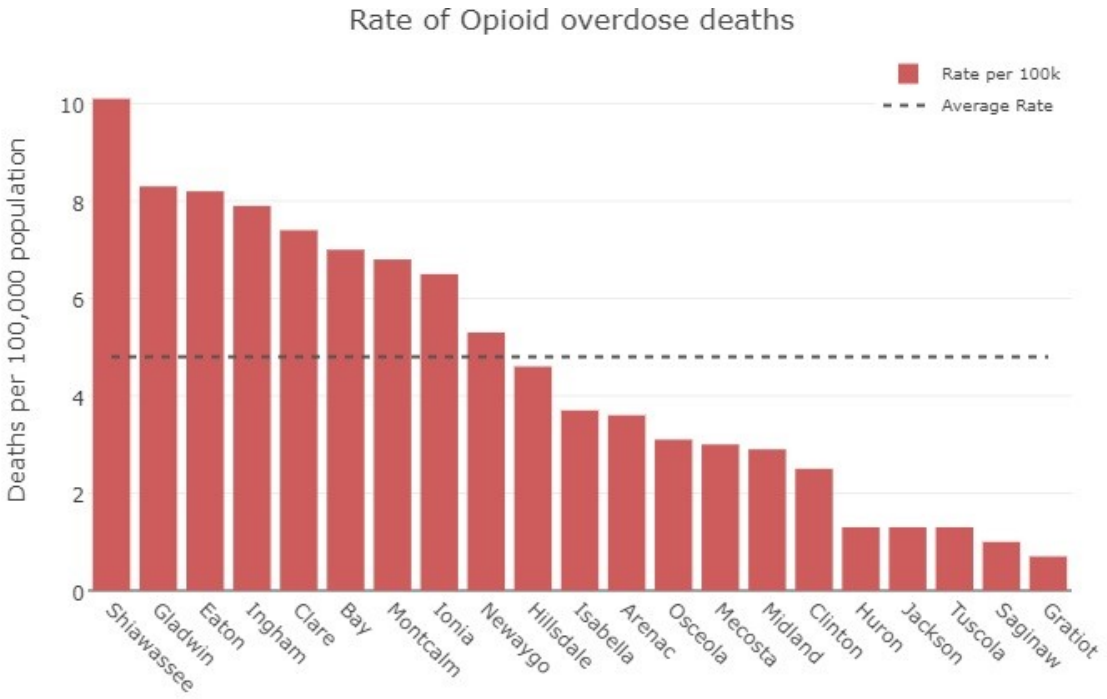
August 2017 Newsletter

From the CEO's Desk

Joseph Sedlock

Chief Executive Officer

The opioid crisis is something that we're all hearing quite a lot about in our State. People all over the state are affected, as are their loved ones. We are providing a chart showing the deaths due to Opioid Overdoses per 100,000 population for the period 2009 through 2015 (the most recent year for which data is available).



Preventing premature death is a primary objective of engaging people in treatment. Our regional strategy includes significant investment in prevention and treatment. Our region operates from a regional strategic plan to address this epidemic at the prevention and

treatment levels as well as through statewide policy (legislation) development.

We have invested in ensuring that opioid overdose reversal kits (containing a prescription medication known as Naloxone) are available throughout the region. We have many reports from across the region that premature deaths have been prevented because of these kits.

We have nearly doubled our investment in treatment for individuals with opiate addictions. From FY2015 to present, we have seen nearly a 20 point increase in the percentage of individuals admitted for treatment with Heroin or other Opiates listed as their primary, secondary or tertiary drug of choice. At present, about 69% of all individuals in treatment across the MSHN region have an opioid as their primary, secondary or tertiary drug of abuse.

From FY2015 to present, the costs of treating individuals with opioid addictions has risen from just under $11M to a projected expenditure of just over $17M for the current fiscal year (based on claims cost data). This makes up just about half of the total SUD treatment expense for the MSHN region.

MSHN has also received about $2M in specially targeted funds to address opioid addiction, overdose and recovery supports across the region, in addition to our own investments. MSHN will continue to innovate and find ways to partner with others to help individuals we support achieve and remain on a path to recovery.

Please contact Joe Sedlock with questions or concerns related to the above information and/or MSHN Administration at Joseph.Sedlock@midstatehealthnetwork.org.

Organizational Updates

Amanda Horgan

Deputy Director

MSHN Staffing

MSHN is pleased to announce that we are now fully staffed as we have filled the last vacant position of Lead Treatment Specialist. Trisha Thrush officially joins MSHN on August 15, 2017. She comes to us with many years of experience working at Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI). Please join us in welcoming the newest member to the MSHN team!

Data Driven Performance Metrics

As directed by the MSHN Board of Directors, MSHN continues to strive for data driven metrics in our regional strategic planning and committee level decision making. To date, MSHN has developed, in partnership with our data analytics vendor and our Community Mental Health Service Providers, a Measurement Repository the contains over forty (40) questions from our teams and committees that can be answered with data. The repository holds the definition, standards, and metrics for each measure. Within the repository, approximately thirty (30) measures have been selected for inclusion in MSHN's Balanced Scorecard. The MSHN Board of Directors receive quarterly updates on the strategic measures as reviewed by regional committees. In addition, MSHN Leadership has identified nine (9) HEDIS measures as our focus and priority for improving outcomes over the next fiscal year. As MSHN implements our new managed care

information systems and integrates our data sources, our goal is to provide this data through a dashboard product available on our website. organizational readiness. To obtain a copy of MSHN's Balanced Scorecard, please email Amanda.Horgan@midstatehealthnetwork.org.

Professional Employment Organization

Per Federal Procurement regulations, MSHN conducted a request for proposal for professional employment services. The RFP was distributed in May and MSHN received five proposals for review. MSHN has narrowed the selection to the top two finalists; they have been requested to participate in an interview by the selection committee. A final recommendation is expected to be presented to the MSHN Board of Directors in September.

Please contact Amanda Horgan with questions or concerns related to MSHN Organization and/or the above information at Amanda.Horgan@midstatehealthnetwork.org.

Information Technology

Forest Goodrich

Chief Information Officer

MSHN has signed an agreement with Great Lakes Health Connect and will begin using their HIE information for integrated care efforts. Training for this tool will be in early September. This aligns with the strategic plan and our continuing effort to get health care data to staff so that they can have a more complete picture of the persons we serve.

We are into the development and implementation phases of the Managed Care Information Systems project (MCIS). Most of the designing and planning is complete and we expect to see a test version of the system with data in it during late October/early November. The project team has been putting extra effort into this work. Training for SUD providers is slated for January and go-live is expected on February 1, 2018.

We continue working to meet the contractual reporting requirements to MDHHS and have several improvement projects as it relates to BH-TEDS, SIS reporting and getting rendering provider information in encounters, especially related to SUD providers. We are on schedule for volume and timeliness submission standards throughout the region.

Please contact Forest Goodrich with questions or concerns related to MSHN Information Technology and/or the above information at Forest.Goodrich@midstatehealthnetwork.org.

Finance News

Leslie Thomas

Chief Financial Officer

Departmental Updates

The Finance Department has completed its Fiscal Year 2016 Financial Audit and Compliance Examination. These items will be presented to the board of directors in the near future. We have developed numerous fiscal reports for presentation to MSHN's Operations and Finance Councils. The intent of the reports is to provide more useful information for decision making purposes. It also enhances accountability for the information being reported to and by MSHN on an interim basis.

Finance staff is heavily involved in the Managed Care Information System (MCIS) implementation by participating in team meetings and providing data and process information to PCE (IT vendor).

MDHHS has increased SUD Medicaid and Healthy MI funding for Fiscal Year 2018. This increase is needed since MSHN covered nearly $4 million in SUD spending with savings for Fiscal Year 2016 and project the same for Fiscal Year 2017. There has also been an increase in the number of consumers receiving services which also drive costs. MSHN continues to work with certain Substance Abuse Prevention and Treatment (SAPT) providers in assessing their fiscal payment arrangements. Numerous efforts have been made to resolve provider concerns as it relates to contract changes and to also provide technical assistance needed in order to reach certain utilization and spending targets.

Please contact Leslie Thomas with questions or concerns related to MSHN Finance and/or the above information at Leslie.Thomas@midstatehealthnetwork.org.

Utilization Management

Dr. Todd Lewicki, PhD, LMSW

Utilization Management & Waiver Director

Home and Community Based Transition is Underway

Mid-State Health Network (MSHN) is now well into implementing the Michigan Department of Health and Human Services (MDHHS) statewide transition plan designed to bring its waiver programs into compliance with newer federal regulations, referred to as the Home and Community-Based Services (HCBS) Rule Transition. Michigan's Medicaid State Plan and federally approved 1915(b) waiver (referred to as "B3" services) and 1915(c) Habilitation Supports Waiver (HSW) (referred to as the "C-Waiver") enable the provision of critical and medically necessary supports and services that promote community inclusion and participation, choice, independence, and productivity to eligible Michigan citizens when identified in the individual plan of service as one or more goals developed during person-centered planning.

Currently, MSHN is working with regional providers of C-Waiver services to come into full compliance. Providers of C-Wavier services have already been surveyed to determine compliance with the HCBS Rule Transition. This effort entails follow up with a provider system that delivers services to over 1,500 persons where there may be non-compliance with HCBS Rules. All and any letters of non-compliance and corrective action plans will be sent to providers by no later than the end of December 2017. MSHN Community Mental Health Service Program (CMHSPs) partners are vital contributors this process and

serve as an important and coordinated interface, ensuring the required individual and systems corrections are adequately implemented.

Concurrently, MSHN has also begun the B3 survey. The B3 survey includes obtaining responses from participants as well as providers of those services. The B3 services that are the focus of the survey process include: Community Living Supports, Supported Employment, and Respite Care Services. The survey has gone out to nearly 5,000 service participants and providers and will be open until November 17, 2017.

For more information on the HCBS Transition process, important frequently asked questions, and templates designed to assist participants and providers, please go to MDHHS' Home and Community-Based Services Program Transition Plan site. Also, if you have further questions, you may email HCBSTransition@midstatehealthnetwork.org.

Please contact Dr. Todd Lewicki with questions or concerns related to MSHN Utilization Management and/or the above information at Todd.Lewicki@midstatehealthnetwork.org.

Treatment & Prevention

Dr. Dani Meier, PhD, LMSW

Chief Clinical Officer

Medication Assisted Treatment (MAT): Universal Consensus in Support

Medication Assisted Treatment (MAT) is a critical tool in the battle against the opioid overdose pandemic in the United States. Expanding access to and implementation of MAT is endorsed by SAMHSA, the U.S. Surgeon General, the National Institute on Drug Abuse , the Center for Disease Control, the White House Commission on Combating Drug Addiction and the Opioid Crisis, the American Society for Addiction Medicine, and MDHHS. Echoing that support, last May (2017), nearly 700 leading researchers, doctors, practitioners and clinicians from Johns Hopkins Center for Drug Safety and Effectiveness, Harvard and Albert Einstein Medical Schools, NYU and Yale Schools of Public Health, the Urban Institute, and dozens of other respected medical, public health and research institutions asserted in an open letter that MAT meets "the highest standard of clinical evidence for safety and efficacy," and that MAT ... has proven to be "highly effective in managing the core symptoms of opioid use disorder, reducing the risk of relapse and fatal overdose, and encouraging long-term recovery." The consensus is there: MAT is one of the pillars of a comprehensive response to the opioid pandemic.

Nonetheless, a critical barrier to acceptance of MAT is stigma rooted in outdated myths about use of Methadone and Buprenorphine maintenance treatment as "substituting one addiction for another" and that MAT postpones the individual's engagement in their recovery. Despite nearly universal consensus by the addictionology medical community and ASAM trainings through the Providers Clinical Support System (HERE), these myths persist, nationally and locally.

MSHN is committed to helping reduce the harm associated with substance abuse and the stigma associated with addiction, and with MAT, in particular. MSHN is also committed to expanded access to MAT. In less than two years, MSHN has expanded the number of Region 5's MAT sites from 7 to 12 and we are continually looking to expand further, for example, encouraging medical practitioners to get certified to prescribe Suboxone.

Starting in FY18, MSHN providers will be contractually obligated to have evidence-based treatment philosophies that welcome clients with a "no wrong door" approach, one that recognizes the unique medical needs and individualized treatment plans of each client as determined by a client and his or her medical providers, including clients receiving MAT services. Once an MAT client has been admitted for treatment, the standard of care should be to follow the individualized treatment plan. MSHN wants no vulnerable consumer to be denied access to treatment because he or she is receiving MAT or for any other form of service that is consistent with the individualized medical needs of the persons we serve and support.

Please contact Dr. Dani Meier with questions or concerns related to MSHN Clinical Operations and/or the above information at Dani.Meier@midstatehealthnetwork.org.

Provider Network Updates

Carolyn T. Watters, MA

Director of Provider Network Management Services

FY18 SUD Provider Contracts

More than a year ago, MSHN began communicating with the some organizations in our provider network of MSHN's plan to evaluate all services purchased for utilization and cost equity relative to service volume. In many cases, these involved specific and more detailed review of organizations under contract with MSHN that have been financed under a cost reimbursement method. Primary goals of this activity have been to ensure that utilization supports the cost of service, and to promote consistency in reimbursement across the region. One of our fundamental fiduciary responsibilities is to ensure that MSHN purchasing arrangements are relatively consistent across programs of similar construction and with similar operational characteristics, especially when analyzing units of service delivered divided into total costs reimbursed and comparison to standardized regional fee schedules. Over the past year, MSHN staff have worked with many providers who continue to be financed on a cost reimbursement basis to establish performance targets aimed at aligning costs with the level of service utilization when compared to like providers; provided technical assistance to ensure units of service are captured through the encounter reporting process; and provided technical assistance to support programs undergoing programmatic changes leading to better care, better care experiences for consumers, and a better value. These efforts have resulted in the identification of programs that can sustain operations under MSHNs regional rates, programmatic restructuring resulting in quality improvement and increased utilization through increased capacity, and in some instances the need to reduce budgets that are not justifiable in light of service use patterns. All of this work has been done in partnership with providers, even while the focus of this work has been difficult. We have and will continue to engage in dialogue with providers in preparation for FY18 contracting and expect to finalize negotiations in the coming weeks.

Regional Contract - Fiscal Intermediary Services

The MSHN Provider Network Management Committee and Fiscal Intermediary (FI) Workgroup submitted a set of proposals for management of Fiscal Intermediary services to Operations Council. The Operations Council engaged in thoughtful dialogue around the management of FI contracts and ultimately supported the utilization a uniform auditing tool, the regional audit process, and a standard contract. We expect to finalize everything in time for FY18 contract execution.

Psychiatric Inpatient Access

MSHN continues to advocate for improved access to inpatient care at the state-level. We have two reports available for review, including the results of MSHN's inpatient denial data collection and a white paper MSHN commissioned to study psychiatric bed registries across the country. If you are interested in those reports, please contact our office. MSHN will use these reports and our experience to inform a Statewide process to identify and resolve barriers to admission for individuals we support to the highest level of care we have available: psychiatric inpatient. A MDHHS sponsored workgroup is convening, of which MSHN is a key leader, to make recommendations for addressing better access for individuals in need of psychiatric inpatient services. In addition, our advocacy and work with multiple partners, including the Certificate of Need Commission, continues.

Please contact Carolyn Watters with questions or concerns related to MSHN Provider Network Management, and/or the above information, at Carolyn.Watters@midstatehealthnetwork.org.

Quality, Compliance & Customer Service

Kim Zimmerman

Director of Quality, Compliance and Customer Service

During Fiscal Year 2017, Mid-State Health Network implemented four surveys that were distributed by each of the Community Mental Health Services Participants (CMHSPs). These surveys included the Youth Satisfaction Survey for Families (YSS-F), Mental Health Statistics Improvement Program (MHSIP) Survey, the Recovery Assessment Scale (RAS) Survey and the Recovery Self-Assessment Survey (RSA).

The YSS-F and the MHSIP surveys are completed on an annual basis under the direction of the Michigan Department of Health and Human Services (MDHHS) and completion of the surveys is voluntary. The MHSIP survey is distributed to consumers who receive services from the Assertive Community Treatment (ACT) Team and the YSS-F are distributed to the parent/guardian of the consumer receiving services from the Home-Based Services (HBS) Team. Both surveys use a 5-point scale (score of 1 meaning strongly disagree and a score of 5 meaning strongly agree) for scoring the responses. The MHSIP includes the following seven domains: general satisfaction, access to care, quality and appropriateness of care, participation in treatment, outcomes of services,

functional status and social connectedness. The responses for the MHSIP revealed that consumer satisfaction was highest within the region in the domains of "Perception of Quality and Appropriateness" and "Perception of Access to Care". These two domains were also the highest in satisfaction from the previous year's survey, with the domain of "Perception of Quality and Appropriateness" showing the greatest improvement. The YSS-F includes the following six domains: appropriateness, perception of access, cultural sensitivity, participation in treatment, outcomes of services, social connectedness and social functioning. The responses for the YSS-F revealed that consumer satisfaction was highest in the domains of "Perception of Access," "Perception of Cultural Sensitivity," and "Perception of Participation in Treatment." These three domains also showed the highest level of satisfaction from the previous year's survey.

The Recovery Assessment Scale (RAS) was developed as a voluntary outcome measure for program evaluations. Based on a process model of recovery, the RAS attempts to assess aspects of recovery with a special focus on hope and self-determination. The tool is distributed to adult consumers with a diagnosis of mental illness to assess the perceptions of individual recovery. All items are rated using the same 5-point scale that ranges from 1 = "strongly disagree" to 5 = "strongly agree." The RAS includes the following three domains: personal recovery, clinical recovery and social recovery. The outcomes for MSHN showed the highest average score in the domain of "social recovery" which also showed the greatest improvement from the previous year's score. MSHN also showed improvement in the domain of "clinical recovery" and stayed consistent in the domain of "personal recovery" from the previous year's survey.

The Recovery Self-Assessment Survey (RSA) is a self-reflective tool designed to identify strengths and target areas of improvement as agencies and systems strive to offer recovery-oriented care. The RSA is a voluntary survey completed by supervisors representing all CMHSP programs that provide services to adults with a Mental Illness diagnosis. All items are rated using the same 5-point scale that ranges from 1 = "strongly disagree" to 5 = "strongly agree." The RSA contains six subcategories that include the following: invite, choice, involvement, life goals, individually tailored services and diversity of treatment. The outcomes for MSHN showed the highest average score in the subcategory of "involvement," and showed improvements in all other subcategories, except "choice," which showed a .02% decrease from the previous year.

The results of these surveys are reviewed on an ongoing basis by the MSHN Quality Improvement Council (QIC), the Regional Consumer Advisory Council (RCAC) and the Customer Services Committee (CSC) to determine possible region wide improvement efforts. The results are also compared to previous year's to identify any trends that have occurred from year to year and the results will be compared to state and national averages as available. The areas of improvement will focus towards the domains with the lower average scores (based on the regional average of all scores) and those domains that have shown a decrease from the previous years. Each CMHSP also reviews their local results for areas of improvement at the local level.

Please contact Kim Zimmerman with questions or concerns related to MSHN Quality, Compliance or Customer Service at Kim.Zimmerman@midstatehealthnetwork.org.

Mid-State Health Network (MSHN) exists to ensure

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

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