

**SWMBH is in search of
Spanish-speaking
MI Health Link clinicians.**

*Are you a MHL Provider who
speaks Spanish? Let us know!*

Building Better Lives Project

Sarah Ameter, Customer Service Manager

As a response from state advocates to a call for improved services and benefits, Southwest Michigan Behavioral Health has created a regional project, the Building Better Lives Project, to take a deeper look at the following areas to ensure our members and their families are able to access the least restrictive and most supported benefits available to them.

Person-Centered Planning
Independent Facilitation
Self-Determination
Advance Directives
Due Process

The Building Better Lives Project aims to better educate you and the members we serve to improve knowledge and resources throughout the region in these areas. We want you to feel comfortable talking about and implementing these benefits as well. We will be offering resources and/or trainings on each of these topics to increase awareness.

Please be on the lookout for training opportunities offered through SWMBH. The training will note if it is sponsored or supported by the Building Better Lives project. If you see this designation, we highly encourage you to attend as it may count towards your annual training requirements. If you have questions or would like to become involved with the project or know a person served who may be a good addition to the project team, please contact **Sarah Ameter at 1-800-676-0423**.

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Michigan eConsent Pilot

Natalie Spivak, CIO

In Michigan, all Medicaid providers are required to accept, honor, and use the standard consent form, MDHHS-5515.

Covid-19 and Telehealth visits presented new challenges for consumers and providers to be able to complete the MDHHS-5515 form on paper. SWMBH's IT department partnered with our SUD and Provider Network/Compliance teams to create an electronic version of the *Consent to Share Behavioral Health Information* form (the URL link can be found at the end of this article) and posted it on the SWMBH website. Using the on-line version of the consent helped to expedite services to our SUD consumers. Given our success with our own e-consent project, SWMBH volunteered to participate in MDHHS BHDDA's eConsent pilot.



The statewide eConsent project team is comprised of representatives from MDHHS, Optum, MiHIN, DTMB and three PIHPs: SWMBH, Midstate and Oakland. The overarching goal is to increase quality monitoring and care management/care coordination of Medicaid beneficiaries with a substance use disorder by facilitating access to all essential data—including information pertinent to physical health, behavioral health, and social determinant factors. The SUD Health IT Plan was crafted with the goal of affording designated providers with data necessary to optimally plan, treat, manage, and coordinate care to increase access to and quality of care for these Medicaid beneficiaries. eConsent is a requisite step for the creation of a SUD User Role in Care Connect 360, which is a vital platform to complement or supplement EHRs. MDHHS envisions eConsent utilizing a messaging mechanism to add a “marker” for which beneficiary information may be shared across providers including the currently omitted SUD data in CC360.

The development team is working on a prototype that allows providers to pull up a consumer's record and send them a QR code which links to a consent form on a cell phone or tablet. The consumer will fill out the form and be given a copy via text or e-mail. Discussions are still taking place around the workflow for providing the form back to the providers.

According to one of the team members who has done research on eConsent projects in other areas of the country, Michigan's project is groundbreaking.

If you would like to access SWMBH's current version of the *Consent to Share Behavioral Health Information* form, please copy and paste this link into your browser:

<https://na4.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=9304e6f3-7bcd-4bdf-9ac5-25ca73391a1d&env=na4&acct=e9be1467-5cdd-465d-beb7-f77feb4b0d82&v=2>

Once the SWMBH form is filled out on-line it will be sent to the SWMBH UM department for processing.

REMINDERS:

- ⇒ Timely claims submissions are a contractual requirement. Failure to submit claims in the required timeframes will result in claims being denied.
- ⇒ The service area for MI Health Link is not county-specific but rather, it is Region-specific. For MI Health Link beneficiaries, there is no “out of county”, and as such, a provider may not refuse a MI Health Link referral based solely on the fact that the beneficiary does not live in that provider’s county.



Recognizing Mental Health Tattoos & Symbols—Understanding what they Mean

Brian Walters, Clinical Operations Specialist

Mental illness comes in many forms, including depression, anxiety, bipolar disorder, eating disorders, and substance abuse to name a few. Unfortunately, many people with mental illness face a negative social stigma, despite the illness being out of their control.

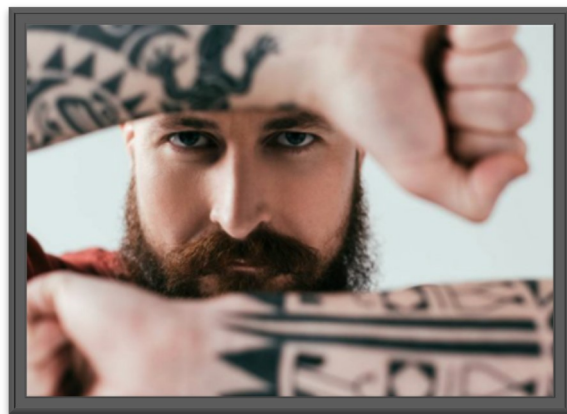
The semicolon and green ribbon have become the main symbols in today's fight to break down the walls and stigmas surrounding mental health disorders and illnesses. If you see someone rocking these tattoos or symbols, here's what it means:

A semicolon tattoo, usually worn on the wrist, represents someone who could have ended their life, but chose not to. It symbolizes the wearer's fight against suicide, depression, and other mental health issues, and affirms their determination to continue living even in the face of adversity. A semicolon tattoo means "my story is not over yet."

The green ribbon is the international symbol for mental health awareness. It signifies: "I Care. I'm open to talking to you about mental health. You are not alone." This symbol has a powerful resonance for someone experiencing mental health issues.

Of course, there are other tattoos that provide strength and help a person cope. When anxiety strikes, mantras can be extremely helpful in calming the physical symptoms of anxiety, keeping the mind focused in the present and challenging distorted thinking. Tattoos that include a single, perfect word, quote or message like 'breathe' and 'inhale, exhale' can prompt mindful breathing when bodies become overwhelmed, and powerful words like 'courage', 'fearless', and 'warrior' can remind a person they are stronger than they think during challenging times.

Regardless of the design of a tattoo it is best to ask, "What does this tattoo possibly mean to this person?" and "What is the tattoo saying?" It can open a window into a person's soul.



Tattoos have always been a great way to share experiences and feelings and to reinforce a person's beliefs. Mental health tattoos act as positive affirmations and are a personal reminder to keep going. The journey of healing is hard, but mental health tattoos can help make it a bit easier, by providing a reminder, to not give up. At the end of the day, that is what ultimately matters.

We're on Facebook

Brian Walters, Clinical Operations Specialist

Southwest Michigan Behavioral Health (SWMBH) has a Facebook Page on a mission. If you are a regular visitor to the SWMBH Facebook Page, you have undoubtedly noticed we have upped our game. Aiming to create a more engaging, more dynamic experience for those who visit, we have worked hard at providing valuable content that will benefit our healthcare partners and the individuals they serve.

If you have not stopped by the SWMBH Facebook page, please do so!

<https://www.facebook.com/SWMBH/> Our content is designed to:

- ⇒ Teach
- ⇒ Inform
- ⇒ Inspire

One cannot help but notice that March is Gambling Awareness Month. Daily postings bring awareness to the problem and provide links that offer anyone the chance to learn more. Postings have included:

- ⇒ Top 4 Signs of a Gambling Issue
- ⇒ Who is at risk for problem gambling?
- ⇒ Michigan Problem Gambling Help-line phone number

"It is important for people to know that gambling is not a risk-free activity, and help is available for those that struggle with this hidden addiction." Justin Rolin, MSW, CADC, Gambling Disorder Prevention Specialist, Southwest Michigan Behavioral Health

Other postings bring awareness to topics of importance that affect not just the population we serve, but those such as yourself just looking for inspiration. Topics have included:

- ⇒ Negative thoughts
- ⇒ Staying connected while social distancing
- ⇒ Tips on how to find a mental health provider
- ⇒ Managing anxiety
- ⇒ Positive thinking
- ⇒ Racism in America



Each posting includes a link as a resource to anyone wanting to learn more. Many provide a link to www.mystrength.com. This application provides support for you and others. Sign up is free with unlimited access to personalized help.

There is no better time to "Like" the SWMBH Facebook page, share posts and encourage others to do the same. If the information published can help just one person cross that bridge to a brighter future, we all benefit.

*FIND myStrength
SIGN-UP INSTRUCTIONS
ON THE NEXT PAGE*

Personal Support for You!

Sarah Green, Integrated HealthCare Manager

A great resource for members and providers is myStrength. It's a place to track emotions, thoughts and get access to education, meditations and much more. They update the options frequently and have also provided COVID-19 information and support. Offer myStrength to your clients as an additional resource or use it yourself. It's a great, free tool SWMBH provides for the region!

Southwest Michigan Behavioral Health introduces myStrength

We all struggle with our moods at times. Anxious or depressive thoughts can weigh us down. Some of us may struggle with drugs or alcohol. Seeking help and focusing on your mental health is important.

Now you can use web and mobile tools to help you get better and stay mentally strong.

myStrength is confidential—just for you. It offers personalized resources to improve your mood. Learning to use myStrength's tools can help overcome the challenges of drug and alcohol abuse.



myStrength's proven web and mobile resources can help strengthen your mind, body and spirit.

SIGN UP TODAY

1. Visit www.myStrength.com
2. On the myStrength.com home page, click on "Sign-up."
3. Enter the appropriate **Access Code** from the list below.
4. Complete the myStrength sign-up process with a brief Wellness Assessment and personal profile.
5. Go Mobile! Using the access code below, get the myStrength app for iOS and Android devices at www.mystrength.com/mobile

- | | | |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> SWMBarry | <input type="checkbox"/> SWMCalhoun | <input type="checkbox"/> SWMStJoe |
| <input type="checkbox"/> SWMBerrien | <input type="checkbox"/> SWMCass | <input type="checkbox"/> SWMVanBuren |
| <input type="checkbox"/> SWMBranch | <input type="checkbox"/> SWMKalamazoo | <input type="checkbox"/> SWMBH |



PINES BEHAVIORAL HEALTH
"Life should be enjoyed...not endured"



The health club for your mind™

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FPF-MPC1-SWMBH

“
What myStrength
users are saying
”

*It's nice to have
self-guided help that is
so accessible.*

*I love how personal
myStrength is for me.*

*myStrength gives
back some of the 'light'
I had lost.*

*The mood tracker
is fantastic!*

*I love that
myStrength is available
24 hours a day.*

2020 Consumer Satisfaction Survey Results

Jonathan Gardner, Director of Quality Assurance and Performance Improvement

Vendor Challenges and Background

- The Annual Consumer Satisfaction Survey is an MDHHS Contractual requirement which, additionally, needs to be completed annually for SWMBH's NCQA Accreditation and other audits.
- This year, Vendors had to be abruptly changed from Barnes Research and Associates to Kiaer Research Inc. This due to the previous vendor no longer being in business.

2020 Customer Satisfaction Surveys collected by SWMBH are at or above the SWMBH 2019 results for the following categories: Mental Health Statistic Improvement Project Survey (MHSIP) tool. **(Improved Functioning)** Youth Satisfaction Survey (YSS) tools. **(Improved Outcomes)**

Metric Achieved

The Annual Satisfaction Survey Project was completed on 2/5/2021.

- The MHSIP (adult) 'Improved Functioning' category observed an improvement of **+1.72%** (86.82%) over the previous year's result (85.1%).
- The YSS (youth) 'Improved Outcomes' category observed an improvement of **+1.74%** (83.04%) over the previous year's result (81.30%).

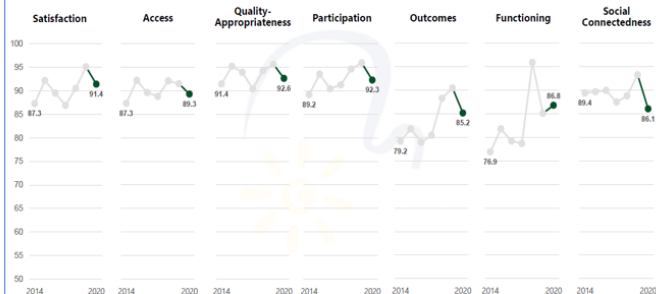
SWMBH Board Presentation /Approval Date: 3/12/21

- Any Consumers who received 2 or more services from April 2020 through July 2020 were eligible for survey participation.
- Survey data was collected from December 4, 2020, through January 14, 2021.
- A combination of Telephonic and Electronic Survey Methods using the Survey Monkey platform, was utilized.
- Overall, results for the Adult (MHSIP) and Youth (YSS) surveys, both showed a decrease in scores.
- A decrease in scores was anticipated, due to the Pandemic and the surveys taking place during a Presidential Election year.

MHSIP (ADULT SURVEY) Results by Year

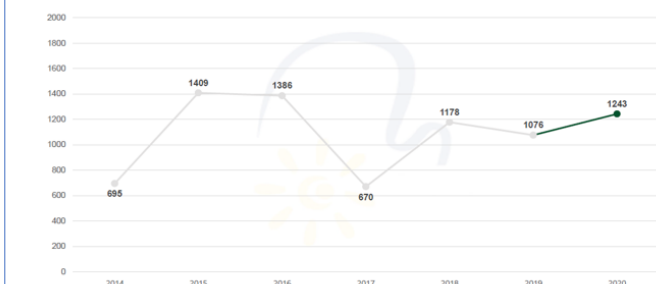
Overall, scores were lower across all constructs in 2020

MHSIP scores by year across each construct show that 2020 broke the trend of consecutive yearly improvement for most of the categories



Number of MHSIP completions increased slightly in 2020

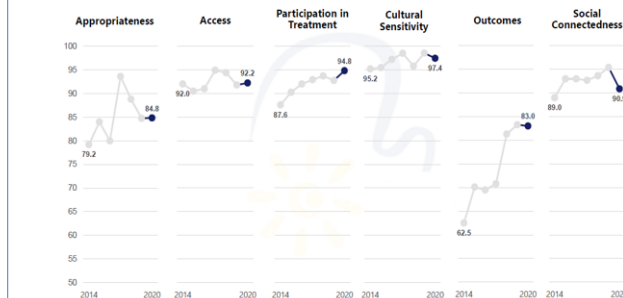
Number of completions stayed in line with previous years despite declining national survey response rates



YSS (YOUTH SURVEY) Results by Year

Overall, the prior year's scores were mostly maintained

YSS scores by year across each construct show that improvement has been steady for most constructs since 2014



Number of YSS completions increased slightly in 2020

Number of completions stayed in line with previous years despite declining national survey response rates



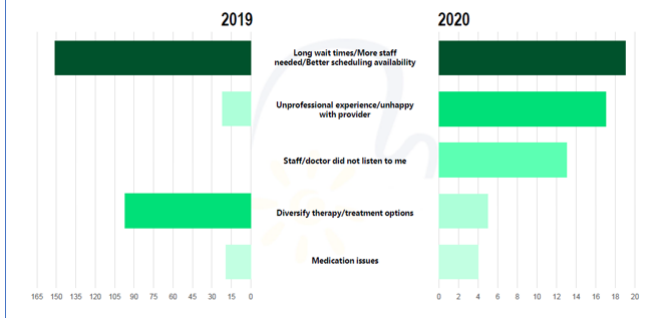
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2020 Consumer Satisfaction Survey Results Continued

Jonathan Gardner, Director of Quality Assurance and Performance Improvement

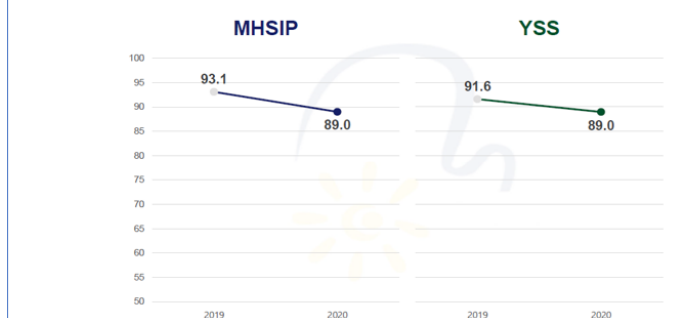
Consumer feedback on services similar from 2019 to 2020

The biggest piece of feedback from consumers was once again to have more staff and better availability



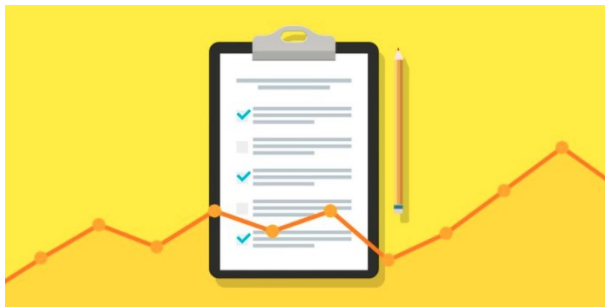
Total aggregate average scores decreased slightly in 2020

The MHSIP and YSS featured equal aggregate averages scores in 2020, but both were down from 2019



Survey Methods Employed in 2020

- ⇒ A **call-to-IVR** phone method was used to lower interview costs of phone participants.
- ⇒ Response rates via phone were lower than past years, so a supplemental **email survey** was sent out, repeat takers were excluded: MHSIP 734 phone, 509 web; YSS:217 phone, 208 web.



- ⇒ These two methods largely reached different populations. **Just ~13% of email respondents** said they had completed the phone survey.
- ⇒ These leaner methods resulted in a **~33% project cost reduction** compared to prior years.
- ⇒ Data from both sources were cleaned and combined into one dataset.

Recommendations for 2021 Surveys

- ⇒ Continue to use the **mixed-mode survey delivery** of email and phone - Perhaps **prioritize email** to further potential cost savings
- ⇒ Let respondents **self-select** whether they should take the MHSIP, YSS, or both. Some MHSIP respondent comments suggested they had children receiving services. **Survey logic** can be used to increase accuracy and route respondents to the right questions.
- ⇒ Use a web survey platform that allows for **dynamic email display names**. Alchemer is one such platform - emails could come from "Integrated Services of Kalamazoo" rather than from "Nathan@kiaerresearch.com" as they did this year. This would improve email response rates and further lower costs.
- ⇒ Consider **expanding demographic options** (nonbinary, trans, multiracial, etc.). Respondents took the liberty of adding more precise identifiers in the comments. At least one respondent was deadnamed (old name used instead of trans name).
- ⇒ Consider **incentivizing** every respondent (i.e., \$2 or \$5 for anyone that completes). Depending on the mode of delivery, this could make the survey more cost effective and more representative of the true consumer population. Another option is to incentivize counties that have lower population and higher uncertainty (Cass, Branch).
- ⇒ Consider using a **different survey tool**. The MHSIP and YSS are relatively long surveys and have high attrition as a result. These tools may not provide the most useful information to help inform critical decisions at SWMBH.

Improving Quality Care

Sarah Green, Integrated Healthcare Manager

Southwest Michigan Behavioral Health (SWMBH) believes it is critical to provide equal quality care to all people regardless of race, ethnicity, geography, education, income and other social determinants of health. Identifying and addressing health disparities that exist is essential to improving quality of care, health outcomes and improving the mental health delivery system. SWMBH is focusing initiatives on identifying disparities and inequities for the members we serve. We are encouraging our providers, stakeholders and members to partner with us on these initiatives as well as explore other ways to participate in the journey toward best practice care and improved outcomes.

The Centers for Disease Control and Prevention released an initial period report on health disparities and inequalities in 2011. They also release and monitor relevant morbidity and mortality weekly reports [here](#) that are important for keeping a pulse on the current climate. Closer to home, MDHHS has provided detailed claim information to help all regions of Michigan address two metrics where racial disparities could likely be identified. These measures are Follow-up After Hospitalization for Mental Illness and Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence. Both measures are for individuals 13 and older. See chart above for SWMBH's regional rates as of September 30, 2020.

There are many factors contributing to racial disparities and inequities. Some identified include mental health treatment stigma and provider bias. According to a survey reported by the National Alliance on Mental Illness, or NAMI, 63% of Black/African Americans believe that mental illness is a sign of personal weakness. The report goes on to say that a result is Black/African Americans will likely seek help from individuals other than mental health providers, such as churches and other faith-based centers in the community. Biases which can occur on both conscious and unconscious levels affect healthcare outcomes for people of color. In a 2016 study of Racial Bias in Pain Assessment, it was found that "...individuals with at least some medical training hold and may use

false beliefs about biological differences between blacks and whites to inform medical judgments, which may contribute to racial disparities in pain assessment and treatment. SWMBH is seeking to help identify and address avoidable contributing factors to disparities such as the ones listed above.

| | FUH-Adult Rate | FUH-Child Rate | FUA Rate |
|-------------------------------|----------------|----------------|----------|
| Michigan Medicaid Total | 62.16 | 73.90 | 27.03 |
| SWMBH Total | 69.18 | 76.65 | 27.32 |
| Asian American | 100 | N/A | 20 |
| Hispanic | 66.67 | 80 | 25 |
| American Indian/Alaska Native | 66.67 | 60 | 29.03 |
| White | 69.35 | 79.62 | 32.08 |
| African American/Black | 66.47 | 73.17 | 13.40 |
| Unknown | 76.09 | 44.44 | 19.28 |

SWMBH is eager to pursue this initiative and invite our partners and providers into this search for improved outcomes, improved quality of care and decreased cost. Some things we are offering, and providers can participate in include:

- ⇒ Attend racial and ethnic health disparities and health equities trainings offered by SWMBH. Sign up to receive SWMBH's periodic training opportunities via email by emailing traininginfo@swmbh.org and request to be added to the distribution list.
- ⇒ Do evidence-based research and stay informed.
- ⇒ Assess current level of bias and diversity individually and within practices/provider offices.
 - Harvard's Project Implicit, "a non-profit organization and international collaboration between researchers who are interested in implicit social cognition- thoughts and feelings outside of conscious awareness and control. The goal of the organization is to educate the public about hidden biases and to provide a 'virtual laboratory' for collecting data on the Internet." We encourage providers to take time assessing racial bias by engaging in independent tests like the ones provided [here](#).
- ⇒ Encourage all patients to follow-up with aftercare and educate on the importance.
- ⇒ Listen, use motivational interviewing, and address or educate regarding stigma or other barriers.

We look forward to continuing this partnership to improve member outcomes, improve quality care and decrease racial and ethnic health disparities and inequities. Please contact our Integrated Health Care department with any questions or ideas of how to partner with this initiative: carecoordination@swmbh.org.

New SWMBH Staff



Emily Flory

Opioid Health Home
Coordinator



Ramiah Johnson

Compliance Specialist II



Sara Damon

Triage and Support Specialist

MDHHS NFLOCD Update

The Department will continue to push out end dates during the public health emergency of LOCDs for beneficiaries **in Nursing Facilities and PACE**. LOCDs for NF and PACE with end dates between March and August will be pushed out another 180 days (March 1st)

For **MI Choice waiver and MHL HCBS waiver**, federal regulation will not allow LOCD end dates to be pushed out any further than one year. During the duration of the PHE, any LOCD with an end date that hasn't been pushed out one year yet, will be pushed out. LOCDs with end dates that can be pushed further between March and June will be pushed out by the end of March. (push will be on quarterly basis through PHE)

Beginning March 31st there will be MHL LOCDs expiring that will need to be conducted. Providers can complete these LOCDs remotely/virtually. (See MSA 20-30) The passive redetermination process is still running when iHCdata is transmitted to the state and may create a new eligible door LOCD as well.

Any LOCD re-evaluation that is conducted with initial results of a door 0 should NOT be entered as a door 0 (due to eligibility policy during COVID PHE), but rather entered as a door 8 under a frailty exception. A new code, '2019' should be selected in these instances and the comment "**LOCD eligibility maintained due to public health emergency**" placed in the comment box.

☐ At the conclusion of the PHE, providers will have six months to conduct a new LOCD on any beneficiary with a current door 8 with code '2019'.

☐ Door 8s with frailty code '2019' are not adoptable by other providers

• This guidance can be found in L letters that will be distributed in the near future and will also be sent out through Integrated Care.

FY2020 Performance Bonus Incentive Program Results

Jonathan Gardner, Director of Quality Assurance and Performance Improvement

Achieve 95% of Performance Based Incentive Program monetary award based on MDHHS specifications.

Metric Measurement Period: (10/1/19 - 11/15/20)

Metric Report Date: March 12, 2021 (or per MDHHS notice of award)

- A. **Identification of Veteran's eligible for services:** Timely submission of the Veteran Services Navigator (VSN) Data Collection form through DCH File transfer. Improve and maintain data quality on BH-TEDS military and veteran fields.
Measurement period: 10/1/19 – 3/31/20
- B. **Increased Data sharing:** Send ADT messages for purposes of care coordination through health information exchange.
Submit report addressing IT systems barriers and remediation efforts by 7/31/20.
- C. **Initiation and Engagement:** The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:
Initiation of AOD Treatment: The percentage of enrollees who initiate treatment within 14 calendar days of the diagnosis.
- D. **SWMBH will submit a qualitative narrative.**
Summary report to MDHHS, related to efforts, activities, and achievements with the following metrics: (By November 15, 2020)
 - 1. Comprehensive Care
 - 2. Patient-Centered Medical Homes
 - 3. Coordination of Care
 - 4. Accessibility to Services
 - 5. Quality and Safety

Metric Achieved

The 4-page Veterans Narrative Report was submitted through the DCH Portal on 6/1/20.
(100% compliance)

Metric Achieved

Report submitted on 7/31/20
(100% compliance)

Metric Achieved

MDHHS to provided final value via CC360 data source
(100% compliance)

Metric Achieved

Report to be submitted to MDHHS on 11/15/2020
And Results provided by MDHHS on 1/20/2021

100% Performance Bonus Incentive Earned!
(\$2,894,028.48)

The scoring below was based on PIHP/MHP Joint Metrics and PIHP-only deliverables. **SWMBH earned full points in all areas.** Total performance bonus earnings are shown/highlighted in yellow below.

| FY20 Total .75 Performance Bonus Incentive | | | | |
|--|--------------------------------------|----------------------------|--|-----------------------|
| | Total \$ Available (.75 withhold) | Total Withhold Unearned | Additional Performance Bonus Earned | Grand Total Earned |
| SWMBH | \$ 2,066,079.90 | \$0.00 | \$827,948.58 | \$ 2,894,028.48 |

(amount includes \$827,948.58 additional bonus earnings not captured by other PIHP's)

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FY2020 Performance Bonus Incentive Program Results Continued

Jonathan Gardner, Director of Quality Assurance and Performance Improvement

Breakdown of Performance Incentive Bonus Earnings:

| FY20 Total .75 Performance Bonus Incentive | | |
|--|--------------------------------------|----------------------------|
| | Total \$ Available (.75 withhold) | Total Withhold Unearned |
| SWMBH | \$ 2,066,079.90 | \$0.00 |

The Scoring below was based on PIHP/MHP Joint Metrics and PIHP-only deliverables. **SWMBH, again, earned full points in all areas.**

PIHP/MHP Joint Metrics

Joint metrics with the MHPs included: FUH measure performance and Implementation of joint care management processes. The final Follow-up after Hospitalization for Mental Illness within 30 Days (FUH) measure rates for the 1/1/2019-12/31/2019 measurement period were posted in CC360 in July 2020.

The points earned out of 65 total points available are displayed in the table below:

| Follow-up after Hospitalization for Mental Illness within 30 days CY2019 (65 points) | | | | | | | | |
|--|--------------------|--|------------------------|---|---------------------------|---------------------|--|----------------------------|
| | | Scored 6-20 Combos Meeting Standard | Scored 21-65 Combos | Scored 21-65 Combos Meeting Standard | Total Scored Combos | Points per Combo | Total Combos Meeting Standard | Score (maximum = 65) |
| SWMBH | Scored 6-20 Combos | 2 | 6 | 6 | 8 | 8.13 | 8 | 65 |

Beneficiaries for whom CC360 joint care plans have been developed are randomly selected:

Quarterly

To be reviewed by MDHHS staff.

Used to score the implementation of joint care management processes portion of the performance bonus.

| Joint Care Management Processes (35 points) | |
|---|---|
| | Joint care mgmt processes Yes = 35, No = 0 |
| SWMBH | 35 |

Points earned out of 35 total points available are displayed in the table to the above.

PIHP-only deliverables

PIHP-only deliverables included: A narrative report on patient-centered medical home-like participation. Quarterly Veteran Service Navigator data submissions. And a BHTEDS data quality narrative report.

Points earned along with dollar amounts are displayed in the table below:

| PIHP-only Incentive Score (100 points) | | | | | | | |
|--|---|--|--|--------|--|---------------------------------|------------------------------|
| | Patient Centered Medical Home Participation Yes = 50, No = 0 | VSN Quarterly Data Submission Yes=25, No=0 | BHTEDS Narrative Yes = 25, No = 0 | Score | Score Converted to Percentage | Total PIHP-only \$ Available | Total PIHP-only \$ Earned |
| SWMBH | 50 | 25 | 25 | 100.00 | 100% | \$1,033,039.95 | \$1,033,039.95 |



The Narrative Report also covered additional areas, including: Comprehensive Care, Patient-Centered Medical Homes, Coordination of Care, Accessibility to Services, Quality and Safety

You can access the full narrative report by clicking on this link: [2020 Performance Bonus Incentive Narrative Report](#)

Opioid Health Home Program

Emily Flory, Opioid Health Home Coordinator

Southwest Michigan Behavioral Health (SWMBH) launched its Opioid Health Home Program on October 1st, 2020 in Kalamazoo and Calhoun counties. Opioid Health Home is an initiative by MDHHS to provide intensive care management and care coordination services for Medicaid beneficiaries with an opioid use disorder (OUD). SWMBH joins three other PIHP regions in the state (Region 1, Region 2, and Region 9) with the launch of this program.

Opioid Health Home (OHH) is a model of care that coordinates physical health, behavioral health, substance use disorder, and social service needs. Customers continue to participate in individual or group therapy and/or Medication Assisted Treatment and receive OHH services in addition to these Medicaid funded services. OHH services are considered additional services to standard substance use disorder treatment to better integrate care for customers.

Opioid Health Home is a partnership between the PIHP (SWMBH) and substance use disorder service providers. OHH providers have an integrated team that works with their OHH customers to create a personalized care plan based on their identified needs related to their recovery. The OHH team consists of:

- ⇒ a Behavioral Health Specialist
- ⇒ a Nurse Care Manager
- ⇒ a Recovery Coach, Community Health Worker, and/or Medical Assistant
- ⇒ access to a Medical Consultant
- ⇒ access to a Psychiatric Consultant

Currently, OHH services are being provided at Victory Clinical Services in Kalamazoo, Victory Clinical Services in Battle Creek, and Summit Pointe in Battle Creek. Eligible customers must have active Medicaid or Healthy Michigan Plan, reside in Kalamazoo or Calhoun counties, and be diagnosed with an opioid use disorder.

Opioid Health Home providers receive a monthly case rate for each customer enrolled in the program who receives at least one OHH service per month. OHH services do not need to have the customer present, which allows providers to get reimbursement for services that they do behind the scenes that have not been previously billable to Medicaid. OHH services fall under the umbrella of care management, and include:

- ⇒ coordinating care with other service providers (primary care physicians, specialists, social services, etc.)
- ⇒ assisting in making appointments and arranging transportation
- ⇒ encouraging preventative care such as yearly



- ⇒ dental and vision exams, wellness visits, etc.
- ⇒ coordinating through transitions of care (being discharged from residential services, hospitalizations, jail, etc.)
- ⇒ helping customers build a sober support network
- ⇒ helping customers work through barriers to adherence to treatment (issues with transportation, reminder calls about appointments, etc.)
- ⇒ referring customers to social supports (housing, employment, education, etc.)
- ⇒ assisting cu
- ⇒ \strs in obtaining resources including disability, food stamps, unemployment, etc.

Opioid Health Home's goal is to help bridge the gap between the many needed services so that customers can focus on their overall health and wellness while they work to obtain and maintain recovery.

Opioid Health Home has the following objectives from MDHHS:

- ⇒ improve patient outcomes and long-term recovery
- ⇒ provide efficient, coordinated, and integrated behavioral and physical healthcare
- ⇒ increase access to healthcare
- ⇒ create a continuum of care
- ⇒ reduce healthcare costs, unnecessary hospital admissions, readmissions, and emergency room visits
- ⇒ increase the use of health information technology

To learn more about Opioid Health Home, visit MDHHS's website at: michigan.gov/OHH or SWMBH's website at: <https://www.swmbh.org/members/opioid-health-home>. For more information, contact SWMBH's Opioid Health Home Coordinator, Emily Flory, at 269-488-6598 or emily.flory@swmbh.org.

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

Quality and Excellence through Partnerships

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Portage, MI 49002

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Direct Number: 269-488-8922



WE'RE ON THE WEB!

WWW.SWMBH.ORG

Check out the SWMBH Provider Manual and Provider Directory, on our SWMBH website: www.swmbh.org. The website contains information about the SWMBH policies and procedures as well as helpful information on topics such as provider responsibilities, customer rights, utilization management and other helpful material.

Southwest Michigan Behavioral Health (SWMBH) is the Prepaid Inpatient Health Plan (PIHP) for eight Michigan counties, and is in partnership with the Community Mental Health (CMH) agencies of these counties. SWMBH, in partnership with the CMH's and local providers, provides mental health services to adults with severe and persistent mental illness, children with severe emotional disturbance, individuals with developmental disabilities, and individuals with substance use disorders. As the manager of services, SWMBH will make sure that services are provided to you based on your needs and goals and are within the guidelines set by the state of Michigan. SWMBH Strives to ensure that you and your family members are treated with dignity and respect.

