# **2022 Southwest Michigan Behavioral Health Successes and Accomplishments**

# **SWMBH 2022 Accomplishment Highlights**

# **(Please see the full list of Accomplishments below, or by clicking on the following link)**

* SWMBH’s most recent 2021-2022 Consumer Satisfaction Survey showed significant improvements in important areas, such as ‘*Improved Outcomes’* for Adults and ‘*Improved Functioning’* for Children.
* SWMBH has achieved an Unqualified Audit Opinion for FY 21, which means SWMBH was found to be in full compliance with managing resources. This also attests that; the auditors agree with the processes and the manner in which SWMBH handles and manages funds for all business lines.

# SWMBH conducted the annual Cultural Accelerator survey to measure employee engagement and staff satisfaction, showing a positive improvement in both areas for FY22.

* Completed 37 Trainings with a total attendance of 981- an increase of 647 training participants from last year. Topics included: SIS Assessment Orientation, Patients in Crisis: Life Threatening Risks of Opioids, Medical Marijuana, Vaping, safeTalk, Human Trafficking. Implicit Bias Training, Social Work Ethics Pain Management, Methamphetamine Prevention, Transgender Mental Health, Suicide Risk Assessment, Person Centered Thinking, EMDR, and Mindfulness.
* 99.7% of (710) available Habilitation Supports Waiver slots provided by the State have been filled for FY22 (from October 1, 2021 through September 30, 2022). SWMBH has continued to have the best HSW slot utilization rate throughout the State of Michigan over the past 5 years.
* SWMBH maintained 845 Autism Client Cases (up from 668 in 2021) and worked with CMHSPs to close out cases that had been left open unnecessarily to reflect proper enrollment numbers.
* Utilization Management completed 29,056 total authorizations for service; 17,839 Prospective Review Substance Use Disorder (SUD) events; 1,828 individuals who were admitted for psychiatric hospitalizations or crisis residential stays and 14,752 incoming SUD calls with an average phone queue time of 7 seconds or 98.68% of calls were answered in 30 seconds or less.
* SWMBH Veterans Service Navigator conducted meetings with approximately 120 new Veterans or Veteran Family Members (VFM) and participated in over 15 Veteran Community Events, providing education on services and programs available for our Veterans to take advantage of.
* There was a 43.9 % reduction in ER claims and 73.3% reduction in inpatient episodes, for the six months prior to ICT involvement versus six months post ICT involvement. Overall, there were less ED claims this year than in years prior (*65.1% decrease*).
* SWMBH has trained 2,365 community members on the use/administration of naloxone. A total of 2,694 naloxone rescue kits have been distributed, resulting in 89 reversals by community members and 121 reversals by First Responders.
* SWMBH achieved a 96% Compliance Score on the Michigan Department of Health and Human Services 2021-2022 Performance Bonus Incentive Program (PBIP) Metrics; translating into a $2,174,845 achieved bonus award for the Region.
* SWMBH performed very well on the most recent 2022 Health Service Advisory Group (HSAG) – Performance Measure Validation Audit; with 37 out of 37 total elements evaluated, receiving a designation score of “Met,” “Reportable” or “Accepted,” which represents 100% compliance.

## **Executive Officer Memberships, Engagements, and Accomplishments**

* Provided nearly 5 million dollars in Provider Network Stability Payments.
* Our Executive Officer serves as a Board Member of the Michigan Consortium of Healthcare Excellence (MCHE).
* Executive Officer is a Voting Delegate/SWMBH representative for the Community Mental Health Association of Michigan (CMHAM).
* Continued the development of the Public Policy/Legislative Initiatives Committee as a shared structure and process to improve SWMBH’s & CMHSP’s interaction, relations with, and value to state and federal elected officials and their senior staff.
* Organized the 7th Annual Regional Healthcare Policy Forum on October 7, 2022, comprised of state, and local presenters. Over 78 participants attended the event.
* Participated/joined/attended various State and Community Behavioral Health Transformation/ Redesign meetings, hearings, and tours.
* Executive Officer received Governor’s appointment as member of the Mental Health Diversion Council.

## **Finance**

* Had an Unqualified Audit Opinion for FY 21, which means the auditors agree with the processes and the manner in which SWMBH handles and manages funds.
* Risk Category, Medical Savings, and Internal Risk Fund were fully funded and managed successfully.
* Achieved a financially positive year end position for the Region.

**Operations**

* Developed and implemented the COVID-19 work plan.
* Revised and updated the Business Continuity Plan following 2 minor disruptions of power and phones.
* Changed the employee benefits selection platform to a new vendor, streamlining the open enrollment process.
* Reviewed and continued work on improving the office space to be more conducive to the hybrid work model and encourage collaboration between departments.
* The Employee Engagement Committee developed a monthly plan to bring remote and onsite staff together for team building activities on a regular basis.
* Conducted the Cultural Accelerator survey to measure employee engagement and staff satisfaction, showing a positive improvement in both area for FY22. However, work continues in this area given the current environment.
* Completed a salary market analysis for all SWMBH positions and increased individual salaries and grade ranges as needed to be competitive for labor in the current environment.
* Processed 12,012 Michigan Health Link mental health claims.
* Processed 372,750 SUD claims from all funding sources.
* Acted as the regional distribution site for PPE distribution from the State of Michigan for our CMHSP’s and network providers.
* Encouraged and advocated for SWMBH staff to get the COVID-19 vaccination, resulting in a current 90% vaccination rate.
* Our Chief Administrative Officer sat on the statewide behavioral health telehealth advisory council through CMHAM.

### **Certified Community Behavioral Health Clinics (CCBHC)**

* Developed and carried out a regional steering committee, along with three subgroups, to implement a regional CCBHC work plan.
* Participated in MDHHS’s CCBHC training and technical assistance series.
* Provided feedback and questions to MDHHS to help shape the development of the CCBHC Demonstration Handbook.
* Served as a liaison for CCBHC for the region in communicating requirements from MDHHS to the CCBHCs as well as communicating needs from the CCBHCs to MDHHS.
* Designed and implemented regional CCBHC workflows related to encounter reporting and payment; WSA enrollment and disenrollment; access, screening, and authorization; and joint care coordination.
* Provided education on CCBHC to the Recovery Oriented Systems of Care Committee.
* Processed over 300 enrollment recommendations from regional CCBHCs in the WSA.
* Designed and developed CCBHC marketing materials for both consumers and providers.
* Created a CCBHC Encounters Report, to verify service categories and locations.
* Implemented a CCBHC encounter quality checks, to ensure validity and accuracy of data.

## **Information Technology**

Audits:

* Successfully completed and submitted the 2022 Aetna security audit.
* Successfully completed and submitted the 2022 Aetna claim universe audit.
* Completed the 2022 SARAG format conversion and monthly audits.
* Completed and received full compliance on the HSAG Performance Improvement Project submission.

Reports and Dashboards:

* Created/built 51 new reports in our Tableau Data Analytics Tool.
* Recreated the Milliman Member Level Risk Data and Prevalence Reports for the CMHSPs.
* Updated the MMBPIS Indicator 4b report, per new MDHHS code book specifications.
* Created and updated OHH reports to easily be transferred to MDHHS.

State Reporting:

* Received formal MDHHS approval for the Racial Disparities Performance Improvement Plan.
* Helped to finalize FY23 encounter coordination of benefit reporting specifications.
* Pulled data for new MDHHS quarterly reports concerning Member Appeals, Member Grievances, Provider Credentialling, and Service Authorization Denials.
* Created Box Plot reports for Level of Care meetings.
* Completed IET Validation for FY21/22 PBIP.

Development:

* Created a new version of the Provider Network application.
* Made updates to the Veteran Navigator system.
* Created a new website for Narcan training.
* Resubmitted all CY21/22 Centene encounters in a new format.
* Developed an IT system health check status dashboard.

Implementations:

* Created resources needed for four CMHSPs to convert from Streamline to PCE.
* Completed an upgrade to the MCG software.
* Provisioned and deployed 8 iPads to the Customer Advisory Committee.

Support:

* Resolved an issue with Microsoft affecting 59 of our VPNs.
* Reduced the monthly average of staff reported support & performance alert tickets with Aunalytics from approximately 400 down to < 50.
* Improved the accuracy of billable units and onboard/offboard procedure of SWMBH managed endpoints.

Security:

* Implemented a monthly network vulnerability scan.
* Created an Intrusion Detection and Prevention policy and a Data Governance policy.
* Implemented multifactor authentication.
* Worked with Aunalytics SOC to complete implementation of tightened Security settings for SWMBH’s Microsoft 365 & Exchange environment (MS Defender Level 2 Hardening).
* Made significant improvements to the PHISH ER system so that infected messages are being found and automatically quarantined or deleted.
* Implemented Data Loss Prevention (DLP) rules & alert notifications to SWMBH’s Compliance Department for detection of PHI and/or HIPAA non-compliant email content.

BHTEDs:

* Completed BHTEDS changes required for FY23 and generated a new S update record for SUD.
* Developed tools to pull out missing locus scores from BHTEDS files.
* Followed up with CMHSPs to fix Treatment Service Setting Type 96 errors in BHTEDs files.
* Analyzed 182 BHTED Detox admissions from MDHHS and created a report.

Training:

* 3 IT staff were trained on Quest Analytics software.
* Completed quarterly phishing education campaigns with 100% SWMBH staff participation.
* Trained SWMBH staff on use of the Microsoft Teams application.

CCBHC:

* Created a CCBHC Diagnosis Eligibility Verification process.
* Updated the client registry process for CCBHC.
* Built custom logic to identify CCBHC encounters.
* Created a CCBHC Encounters Report.
* Implemented a CCBHC encounter quality check.
* Added a CCBHC filter to the Relias patient extract.
* Completed the CCBHC Cost Report Data Pull for Integrated Services of Kalamazoo.

System Performance:

* Completed a move of the primary database server to high performance storage and added memory to Tableau server.
* Completed SQL server performance tuning using cold archiving of older data exchange files.

Clinical Quality:

* Completed a Follow Up After Hospitalization (FUH) MHL quality improvement project.
* Completed a Readmissions MHL Quality Improvement Activity.

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## **Clinical Quality**

### Clinical Trainings:

* Completed 37 Trainings with a total attendance of 981- an increase of 647 training participants from last year. Topics included: SIS Assessment Orientation, Patients in Crisis: Life Threatening Risks of Opioids, Medical Marijuana, Vaping, safeTalk, Human Trafficking. Implicit Bias Training, Social Work Ethics Pain Management, Methamphetamine Prevention, Transgender Mental Health, Suicide Risk Assessment, Person Centered Thinking, EMDR, and Mindfulness.

### Levels of Care:

* Updated the Core Service Menu annual service utilization thresholds for Adults with Severe Mental Illness (SMI), Youth with Severe Emotional Disturbance (SED), and Adults with Intellectual/Developmental Disability (I/DD) populations.
  + Updated utilization monitoring reports for these populations with these new thresholds, and continued maintenance of the same.

### Home and Community-Based Services (HCBS) and 1915(i) SPA Transition:

* Participated in monthly State meetings and quarterly Implementation Advisory Group meetings to enhance communications and coordination of consumer care.
* Completed Compliance Validation for 109 cases for those receiving Michigan’s Medicaid Specialty Supports and Services Plan (aka - B3/1915(i) services including: Skill building, Supported Employment, and Community Living Supports) were fully implemented.
* Completed surveys for 16 non-respondent survey participants, validated compliance for all cases and provided CAP assistance to those that required remediation.
* Approved 28 new provider sites through the provisional approval process.
* Used data to evaluate the scope of beneficiaries receiving B3 services and developed and implemented a Regional strategy to transition the administrative function of eligibility determinations back to MDHHS, per the 1915(i)SPA transition requirements.

### Clinical Data Analytics:

* Validated state work on the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) measure for Region 4.
* Developed calculations for IET for the SWMBH CCBHC subpopulation and for the overall region.
* Initiated a formal Performance Improvement Project to reduce racial and ethnic disparities in Follow Up After Emergency Department Visits for Alcohol and Other Drug Use.
* Stratified Region 4 metric performance by race/ethnicity for HEDIS measures FUA, IET-14, IET-34, and SSD (in addition to FUH-A, FUH-C, and PCR), and evaluated for the presence of racial disparities between white, African American, and Hispanic/Latino populations in measure performance.
* Rolled out the new population health data analytics platform, Relias Population Performance. Fine-tuned data elements, added CCBHC filtering, and added additional metrics to the system.

Clinical Quality Reviews:

* The Clinical and SUD Quality teams completed reviews for 44 different service providers across 4 different service lines (General CMHSP Clinical and SUD Quality, Psychiatric Inpatient, and Applied Behavior Analysis).
* Reviewed 552 individual case files and provided feedback on ways to meet higher clinical standards.
* Managed, reviewed, and accepted Corrective Action Plans implemented because of audit results.

### Supports Intensity Scale (SIS) Assessments:

* Working with CMHSPs to increase productivity and completion rates, promoting the SIS with the eligibility requirements for the HSW or 1915(i) waiver benefits by October 1, 2024 when beneficiaries must have a SIS assessment completed in order to be considered for HSW or 1915(i) waiver benefits.

### Habilitation Support Waiver (HSW):

* 99.7% of (710) available Habilitation Supports Waiver slots provided by the State have been filled for FY22 (from October 1, 2021 through September 30, 2022).
  + The Board Ends Metric goal of ‘keeping 98% of HSW slots full throughout the year’ has been achieved for the past 5 years.
  + SWMBH has continued to have the best HSW slot utilization rate throughout the State of Michigan over the past 5 years.
* Supported 36 new beneficiaries with enrollment in the HSW.
* Participated in 11 close waiver transition coordination sessions to supports HSW enrollees needing to transition to or from other waivers and programs (such as TEFRA, CSHCS, CWP, and Mi Choice) to avoid service disruption.
* Facilitated an annual residential living arrangement validation project, geared towards supporting documentation and Behavioral Health Treatment Episode Data Set (BH TEDs) for 56 individuals to ensure proper payment rates and ensure the quality of data reporting.
* Provided 23 virtual and 2 on-site technical assistance sessions to support CMHSPs to meet technical requirements of the HSW.

Children’s Waiver Program (CWP):

* Supported 27 total children and families enrolled in the Children’s Waiver Program (CWP) affording them a pathway to Medicaid for needed services.
* Facilitated 6 additional children with successful applications to the CWP in FY22 (from October 1, 2021 to September 30, 2022).
* Supported 3 children transitioning off the CWP to other appropriate waivers as they aged-off eligibility of the CWP.
* Reviewed and approved two expedited Prior Review and Approvals (PRARs) authorizing additional service units for families in crisis.
* Provided 10 virtual technical assistance sessions to support CMHSPs to meet technical requirements of the CWP.

Serious Emotional Disturbance Waiver (SED):

* Provided monthly monitoring of overdue and coming due recertifications and provided information to CMHSPs for action.
* Provided technical assistance regarding transfers within and between regions, recertifications, and adoption documentation requirements to CMHSPs.
* Organized a SED 101 training seminar in partnership with MDHHS, to take place in October of 2022.

Applied Behavior Analysis (ABA) – Autism Benefits/Services:

* Continued implementation of the monthly performance monitoring system, which significantly decreased the total number of out of compliance cases (for time to ABA treatment, Individual Plan of Service (IPOS) completion, and evaluation updates) across the region.
* Maintained 845 Autism Client Cases (up from 668 in 2021) and worked with CMHSPs to close out cases that had been left open unnecessarily to reflect proper enrollment numbers.
* Completed ABA audits for 15 providers within the region, totaling 120 clinical case files and managing 96 corrective action plans across clinical and administrative elements.

Integrated Care:

* Completed ongoing assessments of health disparities related to FUA and FUH. Integrated Care is working to identify gaps and possible resolutions to close disparate gaps in care and access.
  + Worked extensively with each Medicaid Health Plan to identify barriers, gaps, ways to partner, and more.
  + Met frequently with health plans to discuss current efforts to reduce health disparities and collaborate where needed.
* The Transition Navigator position, a Mental Health Block Grant program, was implemented. The position assists members from discharge to engagement with outpatient services who have a behavioral health inpatient stay or SUD residential stay. This short-term care management modeled program assists with member provider advocacy, transportation to appointments, disease education, an integrated care focus and more. 137 members have engaged in Transition Navigation. Of those, 68 were from a behavioral health inpatient stay and 69 were from a residential SUD/detox setting.
* Collaborated with the Region’s CCBHC demonstration sites, Kalamazoo (ISK) and St. Joseph, to assess for qualifying diagnosis eligibility for members found in the WSA but not identified at the CMHSP as having a qualifying diagnosis. The Integrated Care Team has bridged care coordination between the regional CCBHC demonstrations sites and the MHPs and ICOs.
* Participated in monthly joint coordination meetings with hospital system Lakeland Health Network to further enhance integrated care services in the patient population of high ED utilizers. The collaborative goal is to improve patient outcomes and reduce barriers to proper healthcare by improving outpatient utilization management and social support infrastructure. Meetings result in increased collaboration, members being connected to needed community resources, and emergency department staff being notified of behavioral health services upon admission to the emergency department which helps to guide their treatment plans.
* Supported the PIHP/MHP Joint Workgroup monthly as well as participated in related subgroups. We have provided feedback for earlier upgrades to CC360 related to risk stratification criteria as well as the addition of SUD diagnoses on ED ADTs, which we believe will greatly affect our ability to affect the FUA and IET measures.

## **Compliance**

* FY21 Q1-Q3 Medicaid Services Verification Review results 95% (1,395 claims reviewed, 69 of those being invalid).
* Received a PASS on all contractually required quarterly reports submitted to the MI OIG, which outline Regional compliance activities.

## **Provider Network/SUD/Operations**

* Implemented FY22 code/modifier changes based on newly released MDHHS code sets for FY22 contracts.
* Modified the FY21 CMH Site review process to recognize areas where CMHSPs performed well the previous year and monitor areas where corrective action plans were previously required. File review sessions were held on a single day via a virtual platform so reviewers and CMHSP subject matter experts could discuss the files as they were being reviewed.

## **Utilization Management**

* Completed 861 MI Health Link Level of Care Utilization System (LOCUS) Assessments.
* Completed 1,035 MI Health Link (MHL) Care Coordination Plans.
* Completed 29,056 total authorizations for services.
* Completed 17,839 Prospective Review Substance Use Disorder (SUD) events. American Society of Addiction Medicine (ASAMs) are in a portion of these.
* Completed concurrent reviews for 1,828 individuals who were admitted for psychiatric hospitalizations or crisis residential stays.
* Handled 14,752 incoming SUD calls with an average phone queue time of 7 seconds. 98.68% of calls were answered in 30 seconds or less.
* Handled 2,904 incoming MHL calls with an average phone queue time of 8 seconds. 99.23% of MHL member calls were answered in 30 seconds or less.
* Completed 6,036 ASAM assessments for clients diagnosed with a SUD.
* Successfully piloted a project with Victory Clinical Services with the automated Authorization Request with Level of Care event in SWMBH’s Streamline MCIS.
* Completed the regional launch of MiCAL/988 as part of the national roll out of 988 Suicide & Crisis Lifeline.
* Completed the annual InterRater Reliability amongst Utilization Management clinical staff.
* Maintained benchmarks for all contractual guidelines answering incoming calls and providing authorization determinations by due dates despite staffing shortages.

## **Member Services**

* Maintained 7 SWMBH brochures.
* Published 3 Member newsletters.
* Participated in Mental Health and Wellness Expo, Wellness and Recovery Festival, Walk A Mile, Mental Health Summit, Trunk or Treat for Great Lakes Autism Center, and Growlers games to promote Substance Use Disorder, Prevention, Gambling, and our Veteran Navigator programs.  Participated in several Stand Down and Project Connect events throughout October
* Made over 504 follow up calls to members discharged from Substance Use Disorder residential settings.
* For non-MHL Funding Sources October 2021 – September 2022\*
* Completed 2 State Fair Hearings throughout the region.
* Completed 174 Grievances throughout the region.
* Completed 76 Local Level Appeals throughout the region.
* For MHL Funding first 3 Quarters (January 2022-September 2022)
* Completed 0 State Fair Hearings region wide.
* Completed 7 Grievances throughout the region.
* Completed 4 Local Level Appeals throughout the region.
  + We submitted 2 appeals to the Independent Review Entity (IRE) as required when a local level appeal is upheld (not found in favor of the member) One appeal was overturned by the IRE to be in favor of the member.
* Continued the Building Better Lives project focusing on improving members lives through Self Determination, Person Centered Planning, Independent Facilitation, Grievance and Appeals, and Advance Directives.
  + All gap analyses were completed for Self Determination, Person Centered Planning, and Independent Facilitation.  Next steps have been initiated to provide resources and trainings for staff and members.
  + Gap analysis will be completed for Due Process and Advance Directives in FY 23.
* Maintained the Customer Advisory Committee virtually for most of the year
  + Provided CAC members iPads and training to support virtual participation in CAC and other SWMBH committees and events.
* Supported CAC members to participate in local and state level events.

### Outreach:

* Supported the SWMBH Facebook page by providing resources and guidance to anyone seeking additional information on key Behavioral Health, Mental Health, Substance Use Treatment and Gambling Addiction resources throughout the region.
  + 30 posts were made supporting various regional events and behavioral health resources.
  + SWMBH’s Facebook page reached 40,113 individuals.
* Continued the partnership with the Kalamazoo Growlers to outreach on three different prevention programs: Problem Gambling, Substance Use Disorder, and Veteran Navigator.
  + Updated video promoting Veteran Navigator Program with new Veteran Navigator to be promoted on the Growlers Facebook page.

### Veteran Navigator:

* Conducted meetings with approximately 120 new Veterans or Veteran Family Members (VFM).
* Worked with a total of 80 Veterans/VFM’s.
* Participated in 15 Veteran community events such as Stand Downs.
* Participated in 12 virtual and 66 live meetings for Veterans.
* Initiated contact and relationships with various community agencies such as United Way, Kalamazoo YWCA Domestic Violence Program, Lest We Forget, and VFW’s and American Legions in the region.
* Attended the Wall the Heals tour.
* Was invited to throw out the first pitch at a Kalamazoo Growlers Baseball game.
* Initiated CMHSP meet and greets with Customer Service and key clinical staff to implement Veteran Navigator resource in counties without a local Veteran Navigator.

### **Michigan Health Link and Integrated Care Programs**

* Coordinated and facilitated Integrated Care Team monthly meetings with each of the seven Medicaid Health Plans (MHP) and bimonthly meetings with both Aetna and Meridian ICOs in the region, with goals to reduce ED utilization and inpatient admissions for individuals opened to Integrated Care Teams during FY22.
* Participated in over 80 Integrated Care Team meetings with MHPs to coordinate care, follow up on care post-hospitalization, and work toward providing resources and support to encourage appropriate utilization of health services.
* Attended collaborative monthly meetings joining Aetna ICO, Family Health Center, SWMBH complex case management, and ISK CCBHC care coordination to discuss high need members.
* Participated in monthly joint coordination meetings with a MHP (Aetna) and FQHC to review members who are high Emergency Department (ED)/Inpatient (IP) utilizers. The goal of coordination is to address barriers to care, social determinants of health, and other issues that would lead to a decrease of unnecessary utilization of services.
* There was a 43.9 % reduction in ER claims and 73.3% reduction in inpatient episodes, for the six months prior to ICT involvement versus six months post ICT involvement. Overall, there were less ED claims this year than in years prior (65.1% decrease). It is speculated that this could have been affected by COVID-19 and that people were less likely to use the ED until they were severely ill.
* Followed workflow process for Complex Case Management. Outreached members who met the eligibility of having complex medical needs and frequent IP or ED visits. Program eligibility criteria and processes continue to be reviewed and assessed to assure the best benefit.
* Continued the process for ensuring support and resources during care transitions for MHL members in collaboration with ICOs. Provided education to ICO care coordinators about the PIHP system to help improve integration, coordination, and partnerships.
* Worked closely with both ICOs and cross-functional internal program to transition complex case management of identified MHL members to the ICOs after 12/31/22 with minimal impact on members.
* Established guidelines to coordinate on members through discharge, until follow up is complete 30 days post-discharge. This process has resulted in members receiving after care, being educated about the importance of after care, and resolution of access issues.
* Provided continuous collaborative member oversight and clinical reviews for CMHSPs and providers to ensure quality care.
* The Integrated Care team collaborated with SWMBH’s IT Department to develop a report to automate the process and utilize the EHR at a higher functionality. This project was started in FY20 but continued to collaborate and refine the program throughout FY22. It is now a part of weekly processes and functions well.

## **Substance Use Disorder (SUD) Interventions**

Naloxone/Narcan Program:

* Provided 85 group sessions for naloxone training and overdose education for community members.
* Provided 1,004 individual training sessions on naloxone administration.
* Total number of community members trained: 2,365 resulting in 2,694 naloxone rescue kits distributed.
* 89 overdose reversals were reported by community members.
* Partnered with 93 first responder agencies (law enforcement agencies and fire departments) and have issued 933 naloxone kits.
* Currently have over 2,200 naloxone kits distributed to First Responders in the region.
* Developed and launched an online naloxone training program for law enforcement agencies and volunteer fire departments.
* 121 overdose reversals were reported by first responder agencies.
* Purchased first naloxone dispensing machine in the region located at the Kalamazoo County jail.

State Opioid Response Program (SOR2):

* Completed the final year of the program.
* Provided $1,500,000 of additional funding.
* Expanded prevention programming to youth community centers and disparate populations.
* Allowed for the continuation of various overdose education and naloxone distribution activities.
* Provided funding for Recovery Home staffing for 6 halfway houses.
* Funded Recovery Coach outreach services in Kalamazoo and Berrien counties, including outreach to libraries in Kalamazoo County.
* Maintained the utilization of recovery coaches in emergency departments using Project ASSERT (Alcohol & Substance abuse Services, Education and Referral to Treatment) in Kalamazoo, Calhoun, and Berrien counties.
* Initiated Recovery Coach services in Van Buren County.
* Added SUD specific case management positions in Berrien, Branch, St. Joseph, and Cass counties.
* Expanded SUD services in the St. Joseph County jail.
* Provided medication-assisted treatment (methadone) in the Kalamazoo County jail.
* Implemented SBIRT in two Federally Qualified Health Clinics (FQHC) by utilizing recovery coaches in St. Joe and Kalamazoo counties; implemented contingency management at one FQHC.

COVID-19 Supplemental Funding and Programming for FY22:

* Applied for funding and received $2,351,619. Used funds for:
* Expanded prevention services and delivering evidence-based practices in all counties.
* Additional staff support for the Recovery Center in Berrien County, 1st Step in Calhoun County, and the Opioid Overdose Response Program in Kalamazoo County.
* Expanded Opioid Health Home (OHH) Services to customers who live outside of Calhoun and Kalamazoo Counties.
* Staffing support for OHH expansion and implementation in Berrien County.

SUD American Rescue Plan (ARPA) Grant:

* Received grant for $604,060 and were able to provide or begin to provide:
* Additional programs of prevention aimed toward youth as well as student assistance programming in school systems.
* Incentives to residential and medication assisted treatment providers for same day appointments.
* Telehealth equipment and technology for 8 different providers to assist them with telehealth work and technology upgrades.
* Funding to create a telehealth hub at the Recovery Institute in Kalamazoo.
* Began planning for the Recovery Institute in Kalamazoo to become a Recovery Community Organization.
* Additional funding for two recovery homes to have adequate staffing in Kalamazoo and Benton Harbor.
* Funded training for Opioid Health Home programs and care management work.

Opioid Health Home (OHH):

* Began expansion efforts including onboarding a new Health Home Provider (HHP) beginning 10/1/2022.
* Utilized COVID-19 supplemental grant funds to expand to out of county enrollees at HHPs.
* Current enrollment of approximately 360 customers.
* Provided over 7,000 OHH services between three HHPs.
* Facilitated training opportunities to community health outreach workers.
* Utilized ARPA grant of $10,000 for OHH-related training opportunities for HHPs.
* Partnered with Health Management Associates to identify clinical standards of care.
* Provided technical assistance to OHH partners.
* Streamlined OHH care plan processes to build into SWMBH’s SmartCare system.
* Met or exceeded both internal SWMBH and MDHHS pay for performance metrics.

Treatment Services:

* Provided SUD treatment services to almost 4,700 customers.
* Provided PA2 funding and oversight to 46 treatment programs.
* Maintained and expanded women specialty services including new funding for a women’s treatment program in Calhoun County.
* Implemented ASAM Continuum as the standardized biopsychosocial assessment for SUD services.
* Trained 49 new clinicians in ASAM criteria.
* Added a new male recovery house in the city of Kalamazoo.
* Expanded residential services to ensure that customers receive timely services.
* Maintained the addition of an Addictionologist for consultation and integration of substance use disorders and medical care.
* Assisted and trained providers in entering accurate, timely, and complete BH TEDS admissions to meet MDHHS standard of 95% matching admission to encounters.
* Continued sustainability assistance for providers.
* Successfully completed multiple MDHHS site reviews

Prevention Services:

* Held 92 curriculum-based prevention evidence-based groups with multiple sessions each group, serving a total of 4,085 individuals.
* Expanded offer of prevention services, outreach efforts, and engagement of Hispanic groups in St. Joseph and Van Buren counties.
  + Recruited members from the Hispanic Community to become active and involved members of the Substance Abuse Task Forces of St. Joseph and Van Buren Counties.
  + Increased the number of Hispanic clients served by prevention services in St. Joseph and Van Buren Counties.
  + Developed a Facebook page in Spanish in St. Joseph County to increase reach of SUD prevention campaign messages in local Hispanic communities.
  + Increased capacity to provide curriculum-based services in Spanish language: served 40 Hispanic clients in educational evidence-based practice (EBP)
  + 6 clients were served in individualized sessions in Spanish language through the newly created SWMBH online SUD Prevention EBP service for persons with limited English proficiency.
* Helped organize a regional conference focused on the rising trend of methamphetamine-related overdose/deaths in our region and on the development of a new protocol for withdrawal management, medication assisted treatment, and recovery of the increasing stimulant disorders.
* Collected 9,378 lbs. of unused and expired medication through year-round efforts maintained by local programs (pharmacy collection program is not counted in this number).
* Synar tobacco retailer compliance measure: Score of 89% compliance level. The minimum compliance rate for PIHP’s is 80%. Those that fall below the established benchmark risk

losing their allocated block grant funding. Background: Each year, MDHHS randomly selects tobacco retailers of each county, and assigns PIHPs to conduct covert compliance inspections of these retailers during a specific time of the year (June 2022). In addition to the Synar Compliance Inspections, the PIHP conducts year-round compliance checks and education efforts of tobacco retailers, alcohol retailers and vaping devices retailers in each county.

* All 10 SUD prevention providers are on pace to surpass the required minimum performance rating of 85%.
* Maintained [WinThemBack.org](file:///C:/Users/jsmith2/Work%20Folders/Desktop/winthemback.org) where individuals are re-directed to the SWMBH website to access information related to problem gambling symptoms, warning signs, and risk factors.
* Continued to screen customers for potential gambling disorders through the SWMBH call center.
* Produced holiday gambling awareness campaign “It’s important to know when to stop.”

## **Substance Use Disorder Grants**

* Transition Navigator Grant of $298.880 to assist adults with SMI or Co-Occurring Disorders in inpatient psychiatric hospitals or other residential settings to transition home or to a safe environment for further recovery.
* Grant of $101,120 for transportation to and from Crisis Housing in Kalamazoo or Grand Rapids.
* Veterans Navigator Grant for $100,000.
* Clubhouse Spend-down Grant for $100,000 to cover services for those with Medicaid spend downs in Clubhouse.
* Under COVID-19 Mental Health Block grants issued in summer of FY21 we received two different grants both seeking the workforce development of peers or persons with lived experience as Outreach workers and designed to help people with the effects of the pandemic.
* Family Warmline and Family Outreach workers for children and families with SED children as well as the Gatekeeper program for suicide awareness and prevention for middle school and high school students through Gryphon Place. Each CMHSP will have $100,000 per year to employ outreach workers who have lived experience, totaling $595,000 for FY22.
* $400,000 was received and distributed for Crisis Training and Outreach workers, for Adults with Mental Illness and Co-occurring disorders throughout the pandemic and for assistance in managing symptoms through Outreach workers with lived experience and Suicide Awareness and Risk Management training was provided for over 80 clinicians.
* The ARPA grant for CCBHC non-Medicaid services was acquired through the block grant for $243,000 and funds were distributed as qualified to Kalamazoo and St Joseph County CMHSPs to offset costs of non-Medicaid clients.

## **Quality Assurance and Key Performance Metrics**

* Updated all Quality policies and procedures to meet current NCQA accreditation standards, as well as State and Federal contractual obligations.
* Organized, distributed, and completed analysis on Regional Survey projects, including the annual Consumer Satisfaction Survey, the Person in Recovery Survey, Utilization Management and Access Survey, and the Physical Health/Behavioral Health Communications Survey.
* Organized and conducted consumer-based focus groups in February/March 2022 to gain additional feedback on Regional Programs and Services, targeted towards improvement efforts.
* Collected information for the annual Performance Bonus Incentive Project (PBIP) Narrative Report, which represents a collection of regional achievements in the areas of: Comprehensive Care, Patient-Centered Medical Homes, Coordination of Care, Accessibility to Services and Quality, and Safety of Care.
* Achieved a 96% Compliance Score on the 2021-2022 Performance Bonus Incentive Program (PBIP) Narrative report, translating into a $2,174,845 achieved bonus award from MDHHS.
* Achieved 100% of possible 2021-2022 Meridian Health Plan Quality Withhold measures, which allowed SWMBH to capture/retain all bonus dollars.
* Achieved 90% of possible 2020-2021 Aetna Health Plan Quality Withhold Measures, which allowed SWMBH to capture/retain all bonus dollars.
* Met 100% of 2022 MHL contractual obligations and completed 11 monthly core reports, 4 quarterly reports, and many ad hoc reports reflecting access measures and analysis.
* Improved MHL Level II Assessment follow-up rates: (follow-up with patients released from an inpatient facility with 15 days or less).
  + 2019 – 98.11% 2020 - 98.44% 2021 – 99.63% 2022 – 99.77%
* Achieved a (+0.5%) improvement in the ‘Improved Functioning’ category in our 2021-2022 Customer Satisfaction Survey Scores (Adult Survey – MHSIP).
* Improved analysis and reports developed in Tableau Data Analytics tool around Functional Assessment tools, including Level of Care Utilization System; Supports Intensity Scale, American Society of Addiction Medicine, and Child and Adolescent Functional Assessments Scale.
* Helped to organize and facilitate 11 annual audits/reviews by various oversight agencies/external stakeholders, including HSAG, MDHHS, NCQA, Aetna, and Meridian.
* Led and facilitated the formulation of the 2022-2023 Board Ends Metrics in collaboration with all SWMBH functional areas and Regional Committees.
* Formulated monthly MHL Committee analysis reports on key metric areas, which allowed SWMBH to identify and address areas needing improvement.
* Facilitated the regional Quality Management Committee (QMC) and MHL Committee Meetings, along with identification of Regional Improvement Efforts and Performance Improvement Projects.
* Successfully completed the 2022 Provider Communications Survey project, which showed improved outcomes.
* Successfully completed and received a score of full compliance on the 2022 MDHHS HSW/SEDW/CWP audit.
* Successfully completed and received a score of full compliance on the annual DHIP CAFAS/PECFAS report submission to MDHHS.

## **Board Ends Metrics Achieved during FY22 (October 1, 2021 – September 30, 2022)**

|  |  |  |
| --- | --- | --- |
| **Board Ends Metric** | **Metric Result** | **Board Approved Date** |
| SWMBH will achieve 225 enrollees for the Opioid Health Homes Program (OHH) during year 1 of implementation. | **Metric Achieved**   1. 344 Enrollees in the OHH Program as of 9/17/21 2. *300* has been established as the OHH program retention value. | Board Presentation and Approval on  January 14, 2022 |
| Implementation of the “*ASAM Continuum SUD Standardized Assessment Instrument”* for FY21 by 10/1/2021 Per MDHHS Contract | **Metric Achieved**   1. SWMBH has trained 154/166 (92.8%) clinicians to date. The trainings started the last week of July and concluded the second week on September. 2. Streamline installed the ASAM Continuum interface into our production environment on 9/27/21. Project is on schedule to be completed and live by 10/1/21. 3. Automated processes for analyzing the ASAM data/results/reports are being developed and scheduled for completion by 2/11/21. | Board Presentation and Approval on  February 11, 2022 |
| Each quarter, at least 53% of parents and/or caregivers of youth and young adults receiving Applied Behavior Analysis (ABA) for Autism will receive Family Behavior Guidance. This service supports families in implementing procedures to teach new skills and reduce challenging behaviors. | **Metric Achieved**   * Q1: 60.5% (207/342) * Q2: 59.7% (212/355) * Q3: 58.2% (217/373) * Q4: 54.7% (201/368) * Ave. **58.27%** | Board Presentation and Approval on  August 12, 2022 |
| 24/28 or 85% of Michigan Mission Based Performance Indicators achieve the State indicated benchmark for 4 consecutive quarters for FY 21. | **Metric Achieved**  Measurement Period Concludes on 12/30/21. Final Consultative Draft from MDHHS will be received by November/December 2021  Q1: 6/7  Q2: 7/7  Q3: 7/7  Q4:7/7  27/28 Indicators ‘Met’ the Indicated benchmark – **96.4%** | Board Presentation and Approval on  January 10, 2022 |
| SWMBH will meet and exceed the Behavioral Health Treatment Episode Data Set (BH TEDS) compliance benchmarks established by MDHHS for FY21. | **Metric Achieved**  **Status as of 9/27/21:**   * MH: 96.18% * SUD: 98.45% * Crisis: 97.68 | Board Presentation and Approval on  January 14, 2022 |
| SWMBH will achieve 90% of the available CY20-21 monetary bonus award to achieve (*contractually specified*) quality withhold performance measures, agreed upon by the Integrated Care Organizations (ICO's). | **Metric Achieved**  2020-2021 Rates:   * Meridian: 100% * Aetna 90% | Board Presentation and Approval on  February 11, 2022 |
| Achieve 95% of Veteran's Metric Performance-Based Incentive Program monetary award based on MDHHS specifications. | **Metric Achieved**  Notice provided by MDHHS on 1/19/2022  \*VSN Data has been submitted and received through the DCH file transfer successfully.  \*Data Quality Narrative Report send and received by MDHHS on 7/1/21.  **Final PBIP Results received in January 2022** | Board Presentation and Approval on  March 4, 2022 |
| Achieve 95% of Increased Data Sharing Performance Bonus Incentive Program (PBIP) monetary award based on MDHHS specifications. | **Metric Achieved**   * ISK has successfully demonstrated the ability to submit ADT messages through the MIHIN pipeline. * ADT Narrative report was submitted and received by MDHHS on 7/31.21.   **Final PBIP Results received in January 2022** | Board Presentation and Approval on  March 4, 2022 |
| SWMBH will submit a qualitative narrative report to MDHHS receiving no less than 90% of possible points; by November 15, 2021, summarizing prior FY efforts, activities, and achievement of the PIHP and CMHSPs, specific to the identified areas. | **Metric Achieved**   SWMBH received full credit (40 points) or 100% on the submitted qualitative narrative report, as reflected on final results report delivered from MDHHS  (Total amount earned: $2,187,915.69) | Board Presentation and Approval on  April 8, 2022 |
| Achieve 95% of possible points on collaboration between entities for the ongoing coordination and integration of services for shared MHL consumers. | **Metric Achieved**  The final MDHHS – PBIP report indicated that; SWMBH received 35/35 points or 100% satisfying elements A and B  This metric is largely based on combination calculations between the MHP and PIHP in CC360. | Board Presentation and Approval on  March 8, 2022 |
| Achieve Compliance on Follow-up After Hospitalization for Mental Illness within 30 days (FUH) and show a reduction in disparity with one minority group. | **Metric Achieved**  **Current SWMBH Rates:**   * Adult: 68.13% * Child: 77.51% | Board Presentation and Approval on  January 14, 2022 |
| Regional Habilitation Supports (HSW) Waiver slots are full at 98% throughout the year. (10/1/21 – 9/30/22) | **Metric Achieved**    99.7% of HSW slots have been filed in FY 21, per the MDHHS status report.  \*SWMBH has been the best performing PIHP in the State for 4 consecutive years.  SWMBH Maintains 610 Regional Slots. | Board Presentation and Approval on October 14, 2022 |
| 2021 Customer Satisfaction Surveys collected by SWMBH are at or above the 2020 results for the identified categories. | **Partially Achieved**  The Annual Satisfaction Survey Project was completed on 2/5/2022.     * The MHSIP (adult) ‘*Improved Functioning’* category observed an improvement of +1.77% (*86.87%)* over the previous year’s result (*85.1%). 1pt* * The YSS (youth) ‘*Improved Outcomes’* category observed a decrease of   -4.05% (*77.25%)* under the  previous year’s result (*81.30%).*   * Complete a study exploring other survey distribution methods and automation of results collection (focus groups) * process. 1pt | Board Presentation and Approval on  March 8, 2022 |
| 2022 HSAG Performance Measure Validation Audit Passed with  (90% of Measures evaluated receiving a score of "Met") | **Metric Achieved**  **Draft report received on 8/27/22**  2022 Results:  37/37 (100%) of measures evaluated achieved full compliance | Board Presentation and Approval on October 14, 2022 |

## **Audits and Accreditations**

* FY22 Financial Compliance audit with no findings.
* 2022 Health Service Advisory Group (HSAG) – Performance Measure Validation Audit; with 37 out of 37 total elements evaluated, receiving a designation score of “Met,” “Reportable” or “Accepted,” which represents 100% compliance.
* 100% Compliance on 2022 Aetna Annual Delegation Audit, which includes reviews of: Case Management, Customer Service, Grievance and Appeals, and Utilization Management.
* 100% Compliance on 2022 Aetna (Medicare) Compliance Program Effectiveness Audit.
* 100% Compliance on 2022 Aetna Claims Audit.
* 100% Compliance on 2022 Meridian Health Plan Delegated Credentialing Audit.
* Participated and achieved full compliance during the 2022 Meridian Center for Medicare/Medicaid Services (CMS) Service Authorization Requests, Appeals and Grievances (SARAG) Delegation Audit.
* Participated and achieved full compliance during the Aetna CMS SARAG Delegation Audit.
* Achieved 100% compliance on 2022 MDHHS Substance Use Disorder (SUD) Administrative Audit.