

NorthCare Network

2018 Fiscal Year

Annual Performance Report



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Mission Statement

NorthCare Network ensures that every eligible recipient receives quality specialty mental health and substance use disorder services and supports through the responsible management of regional resources.



NorthCare Network

From the Chief Executive Officer Dr. Tim Kangas, NorthCare Network

Dear Friends of NorthCare Network,

It is my honor and privilege to be a part of the NorthCare team! As you review the 2018 annual report you will get a glimpse of all the hard work and dedication that the NorthCare team and its partners have done over the past year. I am truly humbled at the level of dedication and commitment exhibited by our team, the CMHSPs, and community partners.

Since I have started, I have had the pleasure of meeting many people throughout our region. I appreciate the NorthCare Network Governing Board, NorthCare staff, CMHSP CEOs, and SUD providers taking the time to educate me on the great initiatives currently under way. Together, we continue to look at long term goals for the coordination of services. I am pleased with where we are in serving our consumers in the Upper Peninsula and excited about where we will go together in the future.

For those that I have not had a chance to meet, I am including a press release from the NorthCare Network Governing Board that will give you more information about myself and my background. I look forward to meeting more people throughout the year.

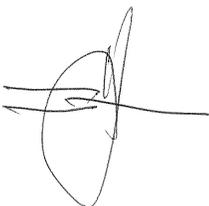
The NorthCare Network Governing Board is pleased to announce that Dr. Timothy Kangas, Ph.D., MPA, was recently hired as the new Chief Executive Officer. Dr. Kangas replaces William Slavin, who retired on December 14, 2018. Previously, Dr. Kangas served as the Chief Operating Officer at the Armed Forces Retirement Home (AFRH) managing two facilities to ensure the delivery of quality programs and services throughout the agency's continuing care retirement community for veterans. From 2007 to 2008, Kangas served as a senior advisor for the U.S. Department of State's Provisional Reconstruction Team in Iraq. There, he was responsible for the establishment of a provincial reconstruction strategy for essential services and infrastructure on a forward operating base in Baqubah, Iraq.

Kangas was an elected member of the Dewitt City Council and served on many local boards and commissions. He was also an aide to former U.S Representative Bob Davis and for nine years served as a combat medic with the 107th Engineering Battalion of the Michigan Army National Guard.

Dr. Kangas attended Northern Michigan University earning a Bachelor's degree in Psychology and Master's degree in Public Administration. He received his Doctorate in Public Administration and Public Affairs from Western Michigan University. Dr. Kangas is a native of L'Anse and his wife, Deb (Ojala), is a native of Baraga. They have three children Kortney, Ciara and Alec. He and his wife are looking forward to being back in the Upper Peninsula and closer to family.

Again, I am excited to be here at NorthCare Network and am looking forward to all that NorthCare is working towards.

Sincerely,



Dr. Tim Kangas, CEO

Our Vision

NorthCare Network envisions a full range of accessible, efficient, effective and integrated quality behavioral health services and community based supports for residents of Michigan's Upper

NorthCare in the Community

NorthCare has been involved with the community on many different occasions and participated in local healthcare awareness events.



Staff participated in Pathways' second annual Walk-a-Mile -in-My-Shoes Rally at Marquette Commons on May 24, 2018 (above), as well as the NAMI Walk-A-Mile event in Marquette's lower harbor on August 18, 2018 (top right).



For the third year, NorthCare staff participated in the Out of Darkness Suicide Prevention Walk at Al Quaal in Ishpeming, MI on Sept. 8, 2018



NorthCare Network had a table at the Disable the Label event at the Westwood Mall in Marquette, MI on March 16, 2018.

NorthCare Network 2018 Governing Board Members

EXECUTIVE OFFICERS

Chairperson



Pat Rozich
Copper Country

Vice-Chair

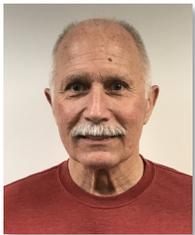


Bill Davie
Pathways

Secretary



George Botbyl
Pathways



Joe Bonovetz
Gogebic



Pat Bureau
Pathways



George Ecclesine
Hiawatha



Mike Koskinen
Copper Country



Ann Martin
Northpointe



Gerald McCole
Northpointe



Jim Moore
Hiawatha



Mari Negro
Northpointe



Margaret Rayner
Gogebic



Dr. John Shoberg
Hiawatha



Jim Tervo
Copper Country



Steve Thomas
Gogebic

Board Members Not Pictured:

Bob Barr, Hiawatha Alternate
Katie Carlson-Lynch, Pathways Alternate
Dan Siirila, Gogebic Alternate

Governing Board Past Chairpersons

Rudy Kempainen
Karen Raether
Dan LaFoille

Substance Use Disorder Policy Board Members

Alger County **Catherine Pullen**
 Baraga County **Michael Koskinen**
 Chippewa County **James Moore, *Chairperson***
 Delta County **David Rivard**
 Dickinson County **Ann Martin**
 Gogebic County **Dan Siirila (Oct.–June)**
Joe Bonovetz (July–Sept.)
 Houghton County **Scott Ala (Oct.–Feb.)**
Tim Palosaari (Mar.–Sept.)
 Iron County **James Brennan III**
 Keweenaw County **Randy Eckloff**
 Luce County **Nancy Morrison**
 Mackinac County **Jim Hill**

Marquette County **Stephen Adamini**
 Menominee County **John Nelson**
 Ontonagon County **Robert Nousiainen**
 Schoolcraft County **Craig Reiter, *Vice-Chair***



REMEMBERING

David Nykanen passed away on November 20, 2017. David served as the Ontonagon County member of the SUD Policy Board. He was appointed to the board by the Ontonagon County Commissioners.

Congratulation's on your Retirement!

William Slavin, Former CEO of NorthCare Network retired on December 14, 2018.



Performance Report Card

NorthCare Network is monitored each year for performance in a variety of ways, one of which is through an independent review organization. The Health Service Advisory Group (HSAG) is the External Quality Review Organization (EQRO) contracted by Michigan Department of Health and Human Services (MDHHS) to conduct a 3-part survey of all Prepaid Inpatient Health Plans (PIHPs) in Michigan. This external review is mandated by the Balanced Budget Act of 1997 (BBA) and is conducted in accordance with the Centers for Medicare and Medicaid Services External Quality Review (EQR) guidelines. This three-part review consists of:

1. **Compliance Monitoring** is an assessment of NorthCare's compliance with applicable BBA and MDHHS contract requirements. HSAG did not conduct the compliance monitoring review in fiscal year 2017; however, they did review eight of the 17 standards in August 2018 (FY18). The remaining nine standards will be reviewed during FY19. Several modifications to the review process were made for this year's compliance monitoring review compared to previous years. *The decrease in scores is in part a result of changes in the Managed Care regulations outlined in the BBA and state approvals versus federal regulations. HSAG noted areas for improvement and required corrective action. NorthCare's Plan of Correction is approved by MDHHS and HSAG.*

Areas Reviewed for Compliance Monitoring Review (NA indicates standards not evaluated for that year)	FY13	FY14	FY15	FY16	FY17	FY18
Quality Assessment & Performance Improvement Plan & Structure	100%	NA	100%	NA	NA	NA
Performance Measures	NA	NA	100%	NA	NA	NA
Practice Guidelines	NA	NA	100%	NA	NA	NA
Staff Qualifications	100%	NA	100%	NA	NA	NA
Utilization Management	96%	100%	100%	NA	NA	NA
Customer Services	NA	NA	100%	NA	NA	87%
Enrollee Grievance Process	100%	NA	100%	NA	NA	92%
Enrollee Rights & Protections	NA	100%	100%	NA	NA	NA
Subcontracts & Delegation	NA	NA	100%	NA	NA	91%
Provider Network	NA	NA	100%	NA	NA	92%
Credentialing	NA	100%	100%	NA	NA	NA
Access & Availability	97%	NA	94%	100%	NA	95%
Coordination of Care	NA	NA	100%	NA	NA	NA
Appeals	100%	NA	89%	100%	NA	78%
Disclosure of Ownership, Control, & Criminal Convictions	NA	NA	72%	100%	NA	100%
Confidentiality of Health Information NEW	NA	NA	NA	NA	NA	NA
Management Information Systems NEW	NA	NA	NA	NA	NA	83%
Overall	99%	100%	98%	100%	NA	87%

2. **Performance Measure Validation (PMV)** is a comprehensive review of our state mandated performance measure, encounter, and demographic data. HSAG looks at how the data is collected, calculated, and reported and evaluates the accuracy, completeness and timeliness of our data. They found our data integration, data controls and performance indicator documentation to be acceptable. Identified strengths include utilizing one system for collecting, housing, and processing NorthCare data. HSAG had no concerns with how NorthCare Network received and processed eligibility data, claims, and encounters, or Behavioral Health Treatment Episode Data Set (BH-TEDS) data. HSAG found that NorthCare Network had appropriate oversight of its five affiliated Community Mental Health Service Programs (CMHSPs).

Performance Report Card (cont.)

The following chart represents a six-year comparison of indicators that measure timeliness of service delivery. We received a "fully compliant" rating on all performance measures reviewed and have maintained or improved in four of the five indicators noted below. *The following data is a comparison of Quarter three data across the six years.*

Performance Measures	2013	2014	2015	2016	2017	2018
Percentage of Children Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition Was Completed Within Three Hours	100%	100%	94%	100%	100%	97%
Percentage of Adults Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition Was Completed Within Three Hours	99%	98%	100%	100%	100%	100%
Percentage of new persons receiving an assessment w/in 14 days of request for non-emergency service.	99%	98%	98%	99%	93%	96%
Percentage of new persons starting on-going services w/in 14 days of non-emergent assessment.	98%	99%	99%	98%	98%	99%
Percentage of children discharged from psychiatric inpatient unit who are seen for follow-up care w/in 7 days of discharge.	100%	83%	100%	100%	100%	100%
Percentage of adults discharged from psychiatric inpatient unit who are seen for follow-up care w/in 7 days of discharge.	100%	98%	95%	100%	97%	87%
Percentage of discharges from a substance abuse detox unit who are seen for follow-up care w/in 7 days of discharge.	100%	100%	100%	100%	100%	100%

- 3. Performance Improvement Project (PIP) Validation** is the evaluation of the PIP required by the MDHHS. HSAG's validation review is to determine if the PIP is written and conducted in a way that can assure valid and reliable outcomes and that the outcomes show statistically significant improvement that is sustained over time.

One study was discontinued as our region met and sustained the targeted improvement in FY18. The topic for this study, which started in FY2014, was to increase the percentage of adults with mental illness who indicate a medical diagnosis of obesity, in the self-reported health measures to receive a medical nutritional therapy service from a primary care provider. This project is designed to increase proper referrals and follow-up for these individuals. HSAG's Validation Report stated, "The PIP validation evaluated the technical methods of the PIP (i.e., the study design). Based on its technical review, HSAG determined the overall methodological validity of the PIP." All elements reviewed were met at 100%. In Fiscal Year 2018, NorthCare Network sustained improvement over baseline with 3.2% of individuals in the study receiving a medical nutritional therapy service from a primary care provider. This is .8 percentage points over our goal of 2.4% and 2.1 percentage points over baseline.

With that project being discontinued, a new project was implemented which is to ensure individuals receive a follow-up appointment after hospitalization for mental illness within 7-days of discharge for members ages 6 years and older. The goal of this PIP is to increase follow-up visits with a mental health practitioner within seven days after an inpatient discharge for selected mental illness diagnoses. Follow-up after inpatient discharge is important in continuity of care between treatment settings and in ensuring that members receive care and services. Members receiving appropriate follow-up care with a mental health practitioner can reduce risk of repeat hospitalization. This PIP topic represents a key area of focus for improvement. Baseline data will be from calendar year 2018 and is not yet available. HSAG's assessment of the validity and reliability of the results based on CMS validation protocols determined this project design to have a high confidence in reported results. All critical evaluation elements were met, and 80 to 100 percent of all evaluation elements were met across all activities. The next assessment will be of the implementation phase of this project.

Additional Performance Improvement Projects (PIPs)

NorthCare continues to work on our ongoing **Engagement PIP**. By engaging consumers into treatment, it is hoped that eligible consumers will receive necessary services, improving their quality of life. NorthCare is tracking the number of individuals that were discharged within 90 days, after entering into services, and therefore were not engaged in services at the CMHSP. In FY18, 16.31% of consumers were discharged from the CMHSP within 90 days of entering in to services and in FY17 it was 14.84%. Three boards had an improvement in engagement by decreasing the number of persons that were discharged within 90 days from FY17 to FY18 (Copper Country CMH, Hiawatha Behavioral Health and Northpointe Behavioral Health Systems). And one board had a decline in engagement from FY17 to FY 18 (Pathways CMH). NorthCare is looking at developing region-wide processes to ensure each board is actively engaging people to treatment.

Copper Country CMH		Northpointe BHS	
FY18 Admissions	274	FY18 Admissions	423
FY18 Discharges 0 - 90 days	55	FY18 Discharges 0 - 90 days	44
Percent discharged in 90 days or less	20.07%	Percent discharged in 90 days or less	10.4%
Gogebic County CMH		Pathways CMH	
FY18 Admissions	143	FY18 Admissions	729
FY18 Discharges 0 - 90 days	27	FY18 Discharges 0 - 90 days	133
Percent discharged in 90 days or less	18.88%	Percent discharged in 90 days or less	18.24%
Hiawatha BH		NorthCare	
FY18 Admissions	313	FY18 Admissions	1882
FY18 Discharges 0 - 90 days	48	FY18 Discharges 0 - 90 days	307
Percent discharged in 90 days or less	15.34%	Percent discharged in 90 days or less	16.31%

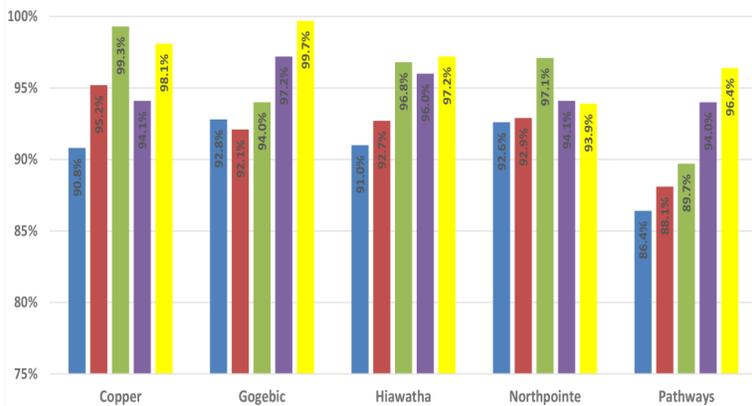
Documentation Improvement PIP

As a result of various auditing and monitoring processes, the need for consistent documentation tools and training across the region has been identified. One example is the FY17 Medicaid Service Verification process where 13 service lines were found to be invalid due to inadequate documentation. NorthCare is working to address documentation through a performance improvement project focusing on documentation for paraprofessional services. NorthCare staff are working with regional contractors and sub-contractors to develop a paraprofessional note. In addition, NorthCare had developed a training geared toward the documenting of paraprofessional services. FY18 Medicaid Service Verification is the first remeasurement period for this project and resulted in a total of 7 service lines found to be invalid. Each of these services have been appropriately addressed.

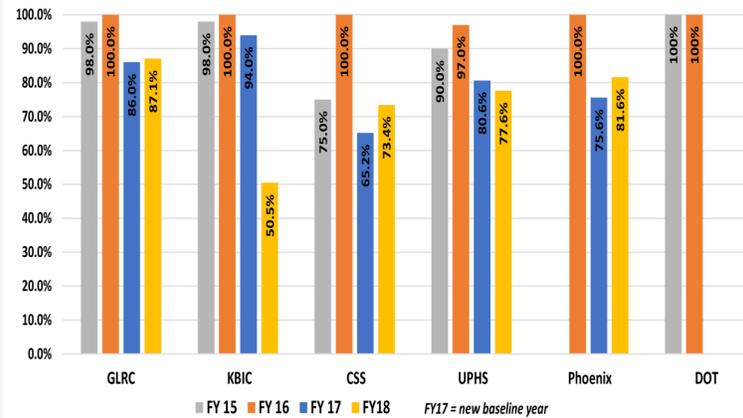
Site Review Scoring Comparison

Our provider network site review comparison scores, throughout the past few years, are below for both our CMHSPs and SUD providers.

NorthCare Member CMH Provider Monitoring
5 Year Comparative Scoring



SUD Provider Site Review Comparison



MI Mission-Based Performance Indicator System 2018

NorthCare Network Performance Measure Scores for Qtr 3 FY18
Michigan Mission-Based Performance Indicator System

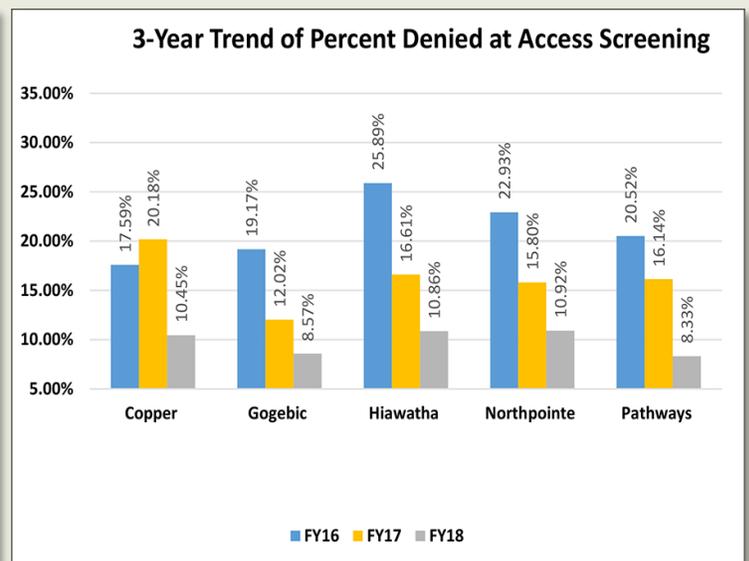
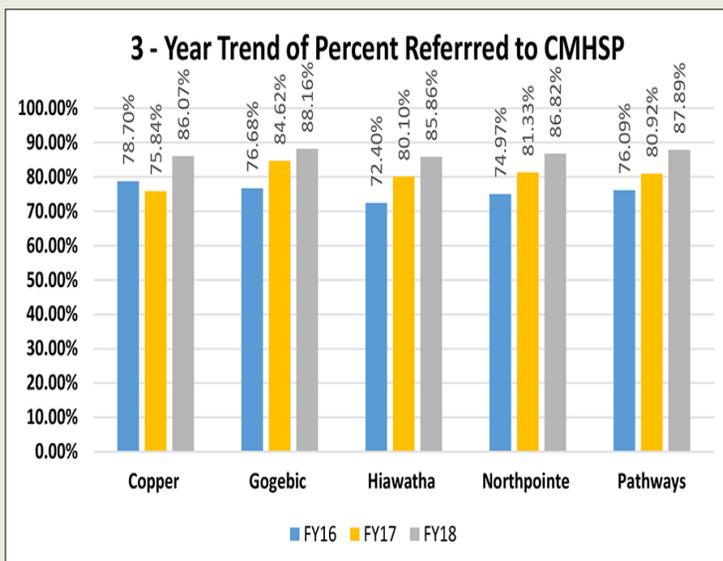
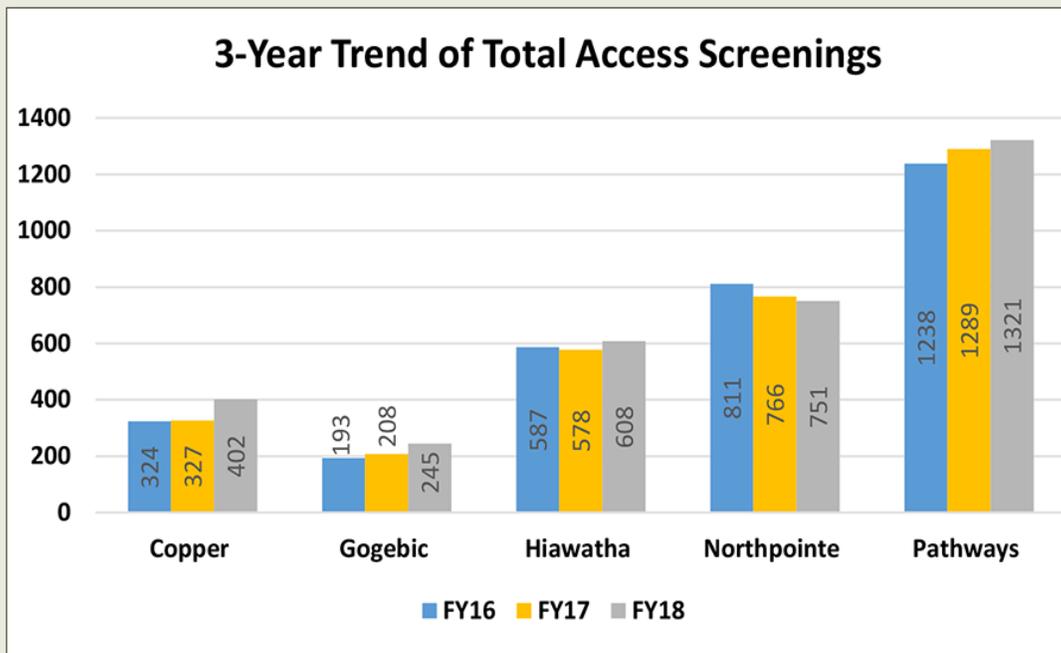
Indicates measures below MDHHS standard	(1) Timeliness--Inpatient Screening		(2) Timeliness--Face to Face Assessment						(3) Timeliness--First Service					
	Children	Adults	Children w/SED	Adults w/MI	Children w/DD	Adults w/DD	Medicaid SA	Total	Children w/SED	Adults w/MI	Children w/DD	Adults w/DD	Medicaid SA	Total
NorthCare	96.77%	100.00%	98.66%	100.00%	100.00%	100.00%	90.97%	95.98%	98.15%	98.05%	94.12%	100.00%	99.07%	98.56%
Statewide Average	98.21%	97.96%	96.40%	97.43%	98.85%	97.82%	97.02%	97.49%	96.08%	97.20%	97.64%	96.92%	97.87%	97.28%
MDHHS Standard	>=95%	>=95%	>=95%	>=95%	>=95%	>=95%	>=95%	>=95%	>=95%	>=95%	>=95%	>=95%	>=95%	>=95%

	(4) Continuity of Care			(5)	(6)	(8) Competitive Employment*			(9) Minimum Wage*			(10) Inpatient Recidivism		(13/14) Private Residence*	
	Follow-up Care-Children	Follow-Up Care-Adults	Follow-up Care-Detox	Penetration Rate	HSW Rate	Adults w/MI	Adults w/DD	Adults w/MI-DD	Adults w/MI	Adults w/DD	Adults w/MI-DD	Children	Adults	Adults w/DD	Adults w/MI
NorthCare	100.00%	87.23%	100.00%	7.57%	98.39%	15.93%	5.18%	7.05%	92.09%	92.11%	90.91%	7.69%	2.78%	16.05%	50.56%
Statewide Average	97.90%	96.20%	97.51%	7.15%	95.36%	NA	NA	NA	NA	NA	NA	8.32%	11.96%	NA	NA
MDHHS Standard	>=95%	>=95%	>=95%	NA	NA	NA	NA	NA	NA	NA	NA	<=15%	<=15%	NA	NA

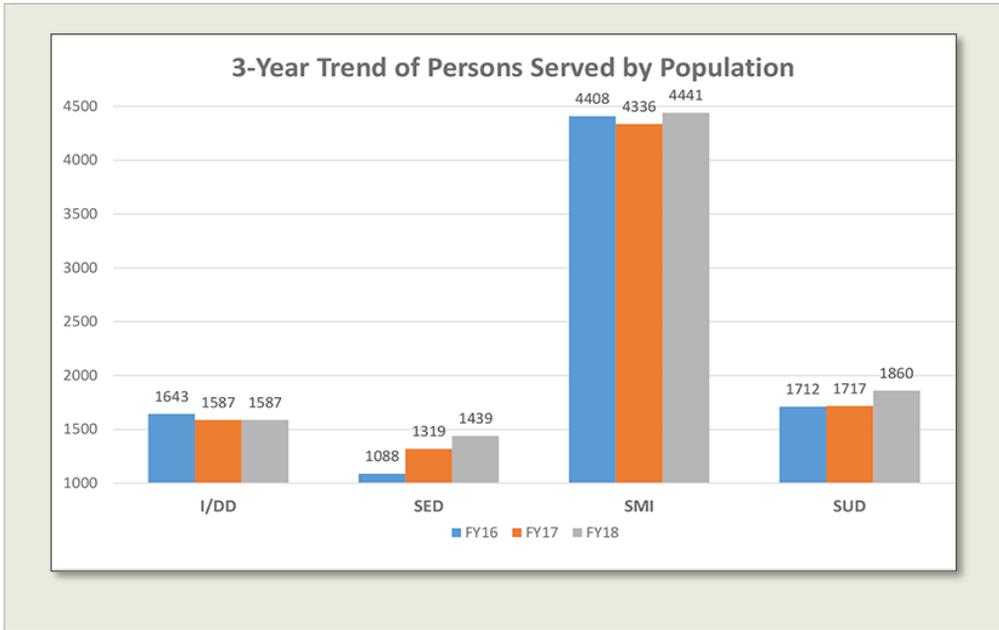
The Michigan Mission Based Performance Indicator System is part of the quality measurement system from MDHHS for state-wide data reports on the accountability for the public mental health system. The measures cover the domains of Access, Efficiency and Outcomes. Data for measurers marked with an asterisk (*) is from 2018 HSAG Performance Measure Validation Report which reviewed Qtr 1 FY18 (October-December 2018) data.

Access Screenings for Mental Health Services

There has been an overall increase in the total amount of mental health access screenings over the last three years (FY16 – FY18). This is represented in the graphs below. Of the total number of access screenings there has been, on average, an increase in the percent of consumers referred to the Community Mental Health Service Programs (CMHSP) for mental health services. See below for 3 years of data related to our Mental Health access screenings.



Persons Served by Population: 3-Year Trend



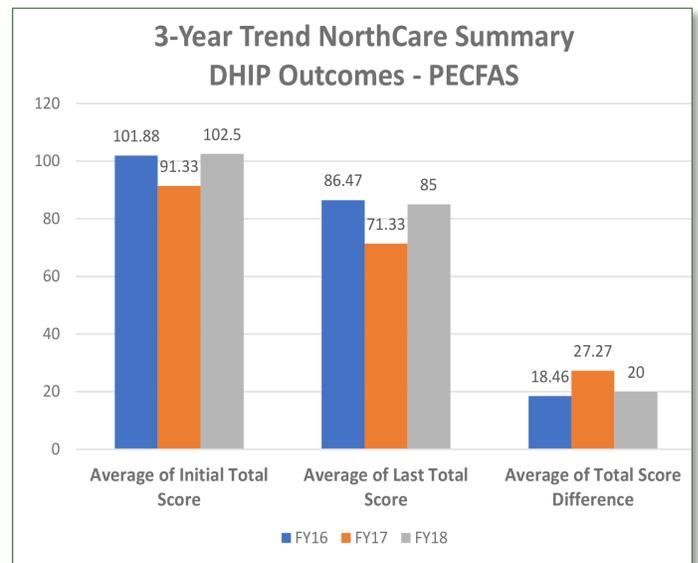
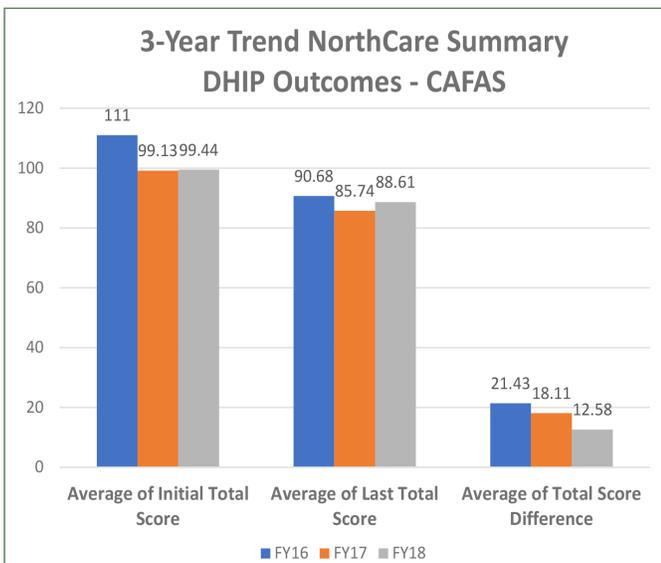
The graph to the left depicts a 3 - year trend of the persons served by population regionwide.

Graph Key:

- I/DD - Intellectual/ Developmental Disability
- SED - Serious Emotional Disturbance
- SMI - Serious Mental Illness
- SUD - Substance Use Disorder

DHIP CAFAS and PECFAS—Outcomes

The local CMHSPs receive MDHHS Incentive Payments (DHIP) for children and youth that are served in the Michigan Foster Care or Child Protective Services system. The average initial Child and Adolescent Functional Assessment Scale (CAFAS) and Pre-School Child Functional Assessment Scale (PECFAS) scores of the children and youth for which the incentive payment was received were compared to the average of the last CAFAS/PECFAS scores during a fiscal year. The graphs below depict the comparison and 3-year trend of the average scores. Below you will see that the last CAFAS/PECFAS scores trended lower than the initial scored, representing **overall improvement** in the children/youth’s behavioral health.



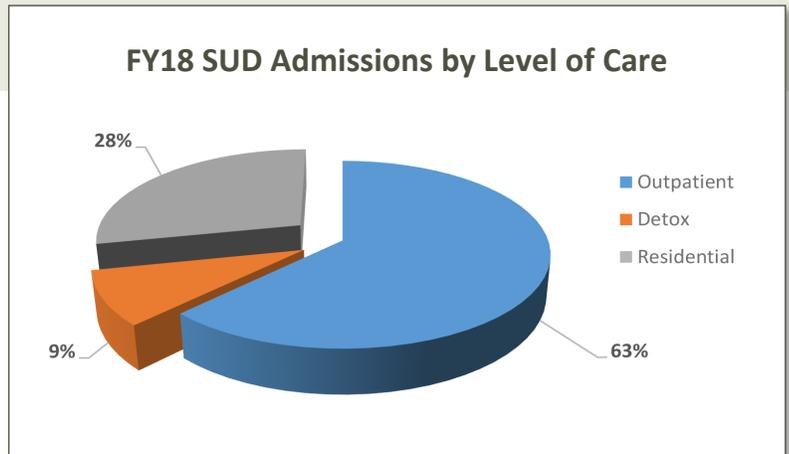
Substance Use Disorder Treatment Statistics

The graph to the *left* breaks up the total Substance Use Disorder (SUD) admissions by level of care for FY18. The charts *below* compare other SUD statistics.

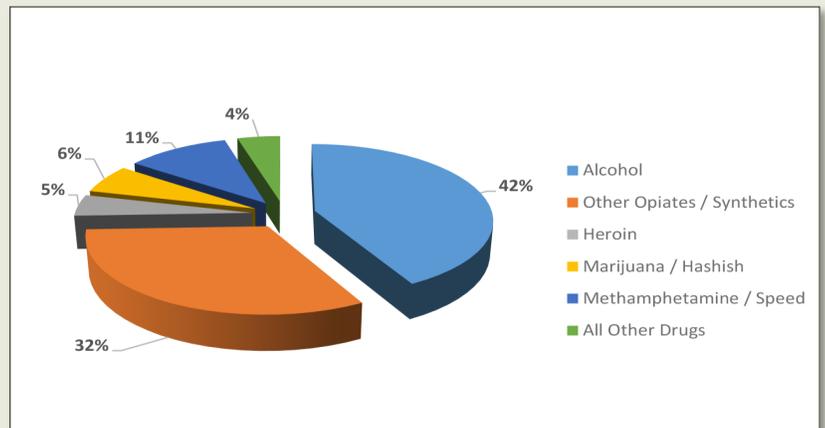
During 2018, admissions to SUD treatment increased by 7% over 2017 to 2,280. Readers may be surprised that the primary drug used as reported at admission to treatment was alcohol, followed by other opiates/synthetics. While there were slight changes between the percent use of alcohol and opiates/synthetics, there was a noticeable increase in methamphetamine use from 2017 to 2018. During 2017, meth was reported to be the primary drug at admission for 5.03% of those admitted to treatment. It increased to 10.66% in 2018. NorthCare, in partnership with its prevention, recovery, and treatment providers, collaborated to offer evidence-based programming for residents of the Upper Peninsula. With

specialty grant programming in 2018, providers were able to receive additional training in evidence-based practices, expand program opportunities with efforts to combat the opioid epidemic and strengthen recovery programming.

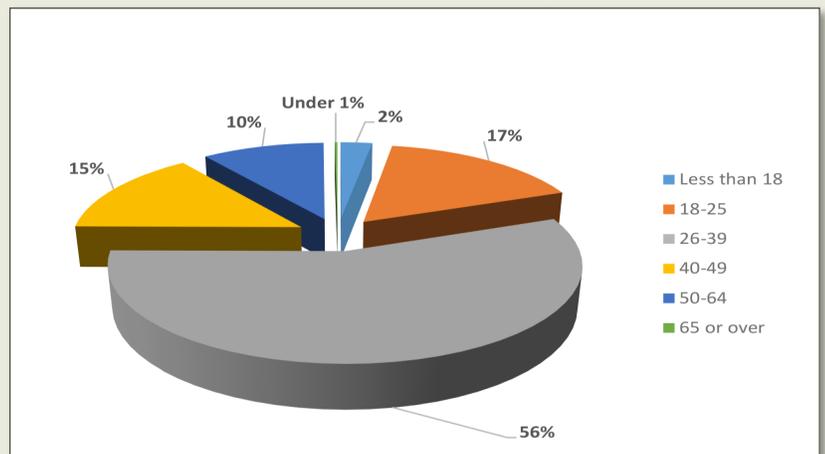
Total # of Screenings for SUD Residential	
Medicaid	
FY 16	639
FY 17	727
FY18	804
Non-Medicaid	
FY 16	327
FY 17	242
FY18	311
Total	
FY 16	966
FY 17	969
FY18	1115



FY18 SUD Admissions by Primary Substance at Admission



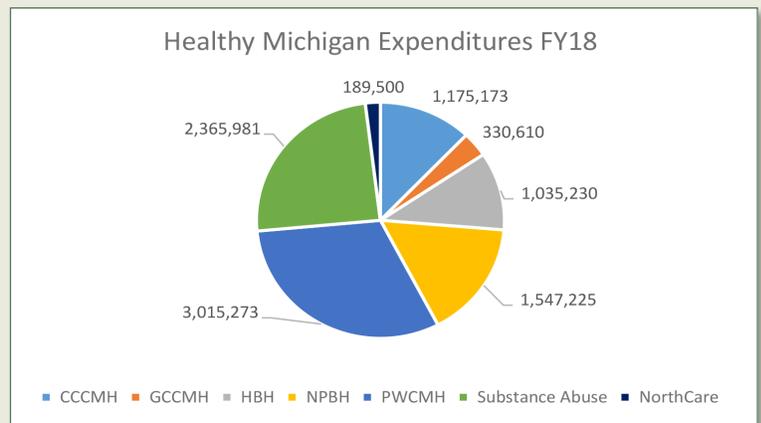
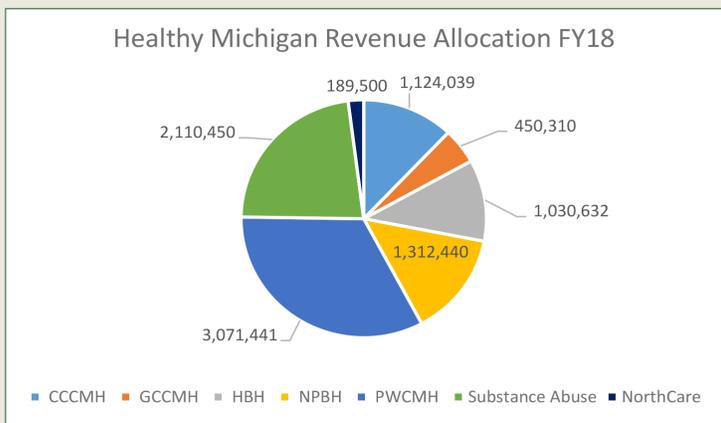
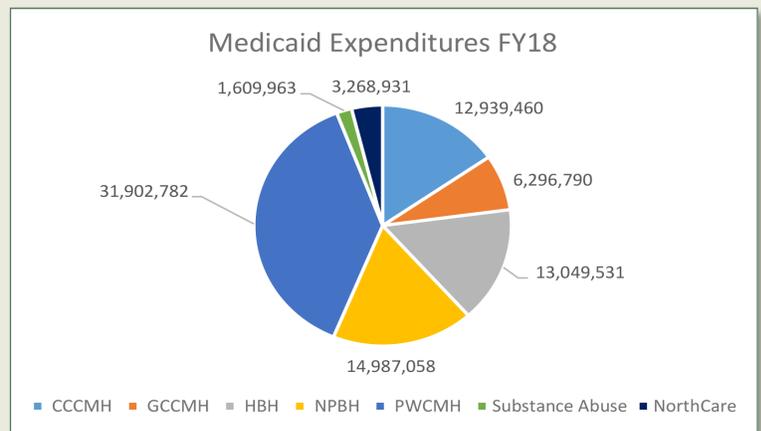
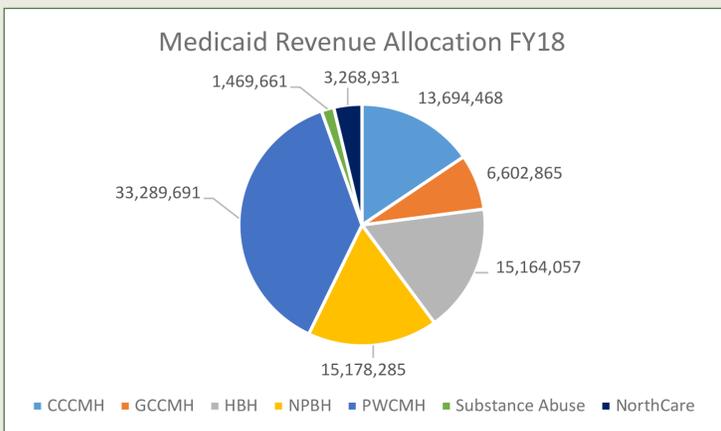
FY18 SUD Admissions by Age Group



NorthCare Finances

NorthCare Network is responsible for the management of Medicaid and other Block Grant funds to provide services to beneficiaries with mental illnesses, intellectual/developmental disabilities, and substance use disorders across the 15 counties in the Upper Peninsula of Michigan. NorthCare Network receives the Medicaid funds and then advances these funds per MDHHS contract to the five CMHSPs as well as other providers.

NorthCare Network can utilize Medicaid carryforward funds in one of two ways. First, money can be transferred into an Internal Service Fund to protect the region if Medicaid or Healthy Michigan is overspent in a future year. Second, money can be directed toward improvements in clinical services or creating administrative efficiencies to reduce future expenditures. NorthCare Network’s Internal Service Fund is currently 94% funded and continues to assess areas of improvement to streamline functions and accessibility to care. Regional savings for Fiscal Year 2018 were: \$4,335,461 and \$112,308 for Medicaid and Healthy Michigan, respectively.



CCCMH - Copper County Community Mental Health **GCCMH** - Gogebic County Community Mental Health
HBH - Hiawatha Behavioral Health **NPBH** - Northpointe Behavioral Health Systems
PWCMH - Pathways Community Mental Health

Recovery Oriented System of Care

Recovery Oriented Systems of Care (ROSC) is a part of the annual contract between the Michigan Department of Health and Human Services (MDHHS) and NorthCare Network. The policy enforces that supports and services provided to behavioral health consumers are based in recovery.

The ROSC is the *system* of care that supports an individual's journey toward recovery and wellness through creating and sustaining networks of formal and informal services and supports with the goal of promoting life enhancing recovery and wellness for individuals, families, and communities (ROSC TSC 2010).

Recovery (SAMSHA)

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

The following elements are integral to ROSC:

- ◆ Holistic and integrated services beyond symptom reduction
- ◆ Person-driven
- ◆ Continuity of care - assertive outreach and engagement; and ongoing monitoring and support
- ◆ Culturally responsive services
- ◆ Occurs via many pathways
- ◆ Peer supports and services
- ◆ Community health and wellness
- ◆ Family and significant other involvement
- ◆ Systems/services anchored in the community
- ◆ Evidence- and Strength- based practices
- ◆ Trauma informed
- ◆ Based in respect

FY17 was the first year of surveying for the ROSC. Consumers who had ongoing services at either a Community Mental Health Service Programs (CMHSP) or Substance Use Disorder (SUD) provider within the past six months were sent a survey in late July 2017. Surveys were also sent to CMHSP and SUD providers and administrators. The survey evaluates six key areas and provides an overall recovery score. The six areas are:

- ◆ Life Goals
- ◆ Consumer Involvement
- ◆ Diverse Treatment Options
- ◆ Consumer Choice
- ◆ Tailored Services
- ◆ Inviting Space

The lowest rated area by consumers was **consumer involvement**, followed by **diverse treatment options**. Based on those results, a plan was created to improve areas where NorthCare did poorly. The following activities occurred in FY18 to address the ROSC results.

- NorthCare implemented the myStrength program. myStrength is an online resource that provides evidenced-based practice recommendations to you based on how you are feeling. This program is open to the community. More information is available at <https://mystrength.com>
- The regional Home and Community Based Services (HCBS) team meets monthly to ensure that consumers living in residential placements or working with supported employment have consumer choice and community inclusion. Individual HCBS corrective action plans address potential needs related to the person-centered planning process and Individual Plan of Service (IPOS) creation.
- SUD staff are working on project ASSERT (Alcohol and Substance Abuse Services Education Referral Treatment) to put peer-recovery coaches in the ER at War Memorial Hospital 10 hours a week.
- There were anti-stigma trainings at area hospitals to reduce stigma associated with substance abuse.
- The Screening tool in the Electronic Medical Record has been updated to include gender options other than Male or Female; these include: "Identifies as Male, Identifies as Female, Female to Male, Male to Female, Genderqueer, Other, Choose not to disclose" Additionally, Sexual Orientation is a new field and can be listed as "Heterosexual, Homosexual, Bisexual, Other, Unknown, Choose not to disclose." This is in direct response to one growth area mentioned on the ROSC related to participants opportunity to discuss their sexual needs.

Recovery Oriented System of Care (Cont.)

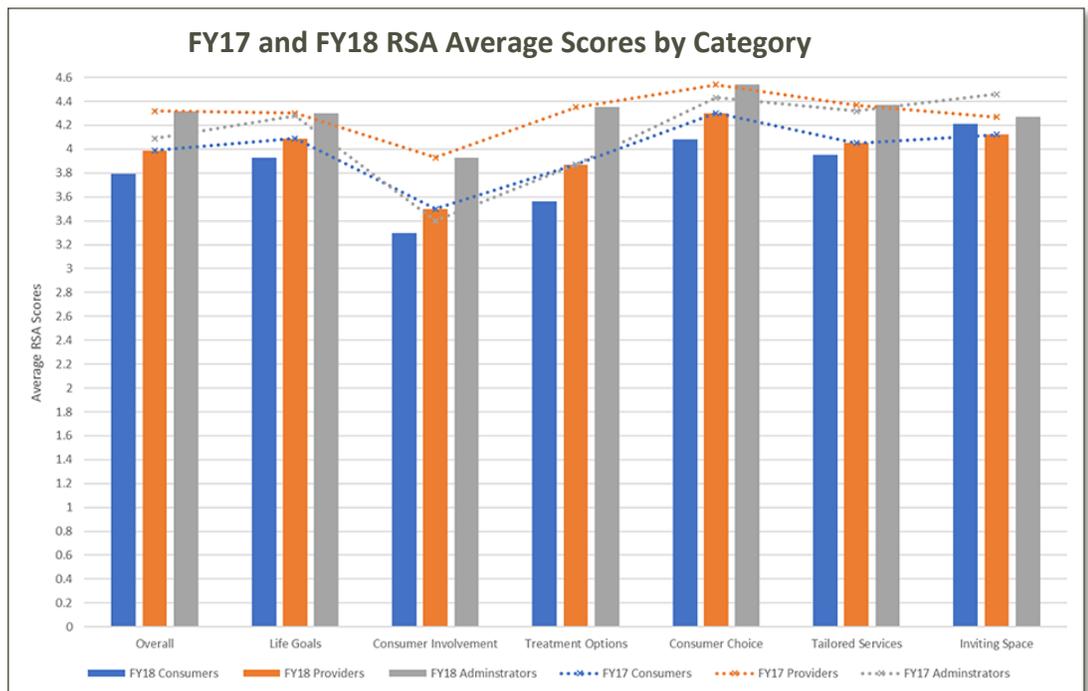
- Hiawatha Behavioral Health opened a Clubhouse.
- Pathways CMH worked with Marquette jail to complete a pre-admission screening site to allow individuals to be screened for jail diversion without being booked into jail or taken to the ER.

FY18 was the second year of evaluating the ROSC. Consumers who had ongoing services at either a CMHSP or SUD provider within the past six months were sent a survey in October 2018. The results were then tabulated and compared to results obtained in FY17. Based on the following results, a plan will be created to address the areas of need and that plan will be implemented in FY19.

The graph on right reflects the scores in FY17 (dotted line) vs FY18 (bar) by respondent type. Across both years, consumers scored the questions lower than staff did, and Consumer Involvement continues to be the lowest rated category.

In FY19 NorthCare will work to improve areas that were scored poorly.

Blue: Consumers
Orange: Providers
Grey: Administrators



Home and Community Based Services (HCBS) Transition

NorthCare Network continues to work with our Network Providers towards full compliance with the HCBS Final Rule. The Rule is intended to ensure individuals who have disabilities have the same access to the community and choices as individuals who do not have disabilities. The ultimate goal of the Rule is to ensure the services and support individuals receive are allowing them the independence to make their own decisions, participate in their community life, and ensure that individual’s rights are respected. In FY18 NorthCare Network Providers were able to complete 100% of the required out of compliance corrective action plans for the Habilitation Support Waiver (HSW) phase of the transition process. Regionally, our providers will continue working with MDHHS to overcome an issues related to any Heighten Scrutiny (HS) compliance status. Moving forward in FY19, we will continue to work hard to ensure compliance with the HCBS Final Rule .

Evidence-Based Practices Update

Family Psychoeducation (FPE). Currently, NorthCare contracts for FPE supervision. In 2018, three staff completed the yearlong supervision requirement. In FY18 there were FPE groups running in Dickinson, Iron, and Houghton Counties. While one was attempting to be started in Marquette County. There were no skills workshops billed in FY18. The right hand chart shows the utilization of FPE across the region. Twelve unique consumers benefited from this service, a decline from FY17. There will be a FPE learning collaborative offered in May 2019 to revitalize this service.

Location by County	FPE Group (G0117 Encounter)	FPE Joining (T1015 Encounter)
Dickinson	37	4
Iron	23	1
Houghton	10	0
Marquette	0	3

Peer Supports Services (PSS). There are five types of Peers listed in the Medicaid Provider Manual. They include:

Youth Peer Support: designed to support youth with a serious emotional disturbance through shared activities and interventions.

Parent Support Partner: designed to support parents and families of children with serious emotional disturbance.

Peer Mentor: designed to support adults with an intellectual or developmental disability to achieve community inclusion.

Peer Support Specialist: designed to provide adjunct support to outpatient services for adults with a serious mental illness.

Peer Recovery Coach: designed to provide adjunct support to outpatient services for individuals with a substance use disorder.

Peer Recovery Coaches were available in Marquette, Dickinson, Delta, Luce, Houghton and Chippewa counties. NorthCare is working to expand available services. There were 6437 encounters in FY18 for Mental Health peer services. In Houghton County, two of those services were for youth peer support. Additionally, there were 3478 claimed units of Drop-in Services being utilized, see chart below for regional drop - in encounter data.

Location	Count of Encounters	Number of Consumers Served
Brantley Drop-in Center	802	13
Get Away Drop-in Center	579	12
Gogebic- Serenity Center	1141	36
Our Place Community Center	398	4
Rainbows End Drop-in Center	558	17

Mobile Intensive Crisis Stabilization Services for Children.

On 9/1/17, MDHHS issued MSA Bulletin 17-25 requiring the implementation of intensive crisis stabilization services for children. This program is for children receiving CMHSP services when there is a crisis requiring assistance but not requiring immediate inpatient psychiatric hospitalization. During FY18 the program progressed from development to implementation stage. From July 1, 2018 to December 31, 2018 there were 15 requests for Mobile Crisis Services.

ICSS- Mobile Crisis for Children	
7.1.18-12.31.18	
Location	Number of Requests
Copper Country CMHSP	5
Gogebic County CMHSP	None
Hiawatha Behavioral Health	3
Northpointe Behavioral Health	4
Pathways CMH	3

Clubhouse. In FY18, there were 5676 clubhouse encounters serving 94 unique consumers across three clubhouse locations. Hiawatha Behavioral Health has added a clubhouse and expects to be approved at the end of January 2019. Gogebic Community Mental Health received a waiver for this service in FY18, so they are not required to have a clubhouses. See chart below for regional Clubhouse encounter data.

Location	Count of Encounters	Number of Consumers Served
Copper Country—Northern Lights Clubhouse	3618	45
Marquette—South Shore Place	936	25
Menominee—House of Dreams	1122	24

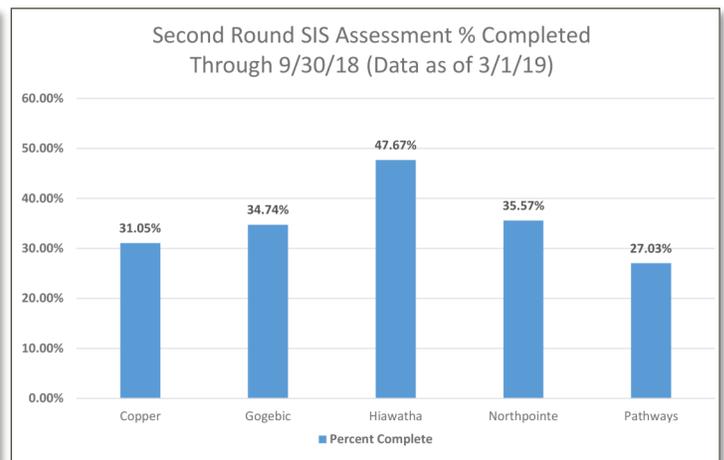
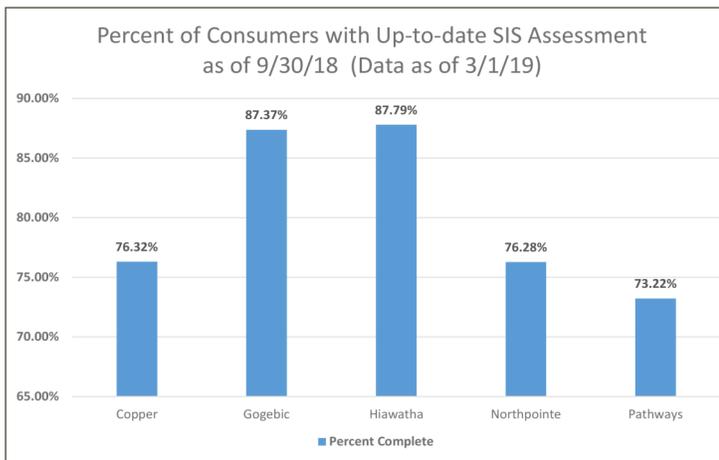
URAC Accreditation Review

In September of 2018, NorthCare was randomly selected by URAC for a mid-cycle Accreditation Monitoring Validation Review. This review was conducted to confirm ongoing compliance with accreditation standards. NorthCare’s monitoring review letter states, “During this virtual review on October 24, 2018, which encompassed operations for 200 W. Spring Street, Suite 2, Marquette, MI 49855, URAC found that all applicable and auditable Mandatory standards and/or elements of performance (EP) were compliant. It is a hallmark of a quality organization to maintain URAC accreditation requirements throughout the accreditation cycle.”

NorthCare Network initially received Health Plan Accreditation from URAC in 2014. URAC’s mission is to promote continuous improvement in the quality and efficiency of healthcare management through processes of accreditation, certification, education, and measurement. Founded in 1990, URAC is the independent leader in promoting healthcare quality through accreditation, certification, education, and measurement. URAC is a nonprofit organization developing evidence-based measures and standards through inclusive engagement with a range of stakeholders committed to improving the quality of healthcare. Our portfolio of accreditation and certification programs span the healthcare industry, addressing healthcare management, healthcare operations, health plans, pharmacies, telehealth providers, physician practices, and more. URAC accreditation is a symbol of excellence for organizations to show-case their validated commitment to quality and accountability.



NorthCare Network SIS Completion



NorthCare conducts Support Intensity Scale (SIS) assessments once every three years with individual who meet the expected criteria set forth by MDHHS. The first graph represents the percentage of individuals who require a SIS assessment and have had one within the required timeframe (every three years).

The second 3 - year round of SIS assessments began on 10/1/2017 and goes until 9/30/2020. We continue to work on completing all required assessments within the 3 year time frame. The second graph represents our completion as of 3/1/2019.

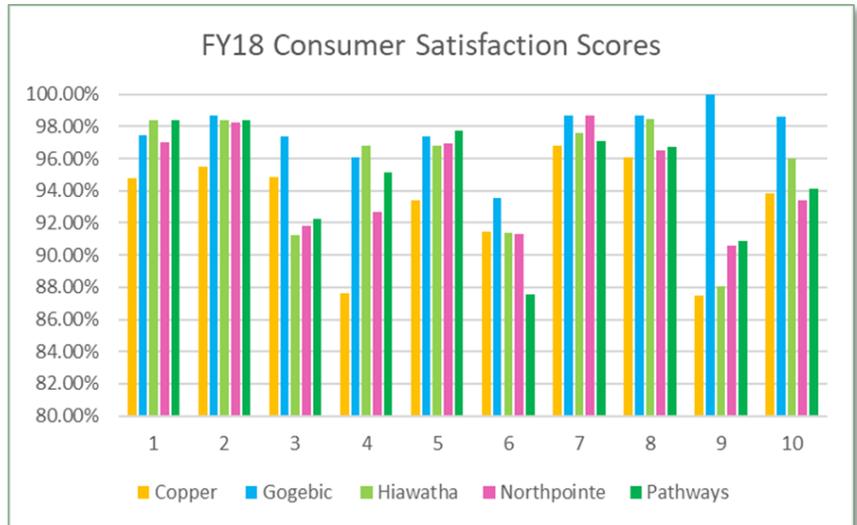
Those individuals that declined a SIS assessment or their case was closed prior to the 3-year period ending are not represented in this data.

Consumer Satisfaction

Community Mental Health Consumer Satisfaction Survey Results

The NorthCare region scored well on the annual Consumer Satisfaction Survey. *Consumers were surveyed on the following questions:*

1. Appointments are scheduled at times that work best for me.
2. I am informed of my rights.
3. I feel better because of the service received.
4. I know what to do if I have a concern or complaint.
5. Staff are sensitive to my cultural/ethnic background.
6. I was able to get the type of service I needed.
7. My wishes about who is and who is not given information about my treatment are respected.
8. My wishes about who is and who is not involved in my treatment are respected.
9. I am satisfied with the telephone crisis service when calling the crisis line after 5 p.m. on weekdays and/or on weekends. *
10. I would recommend these services to a friend or relative.



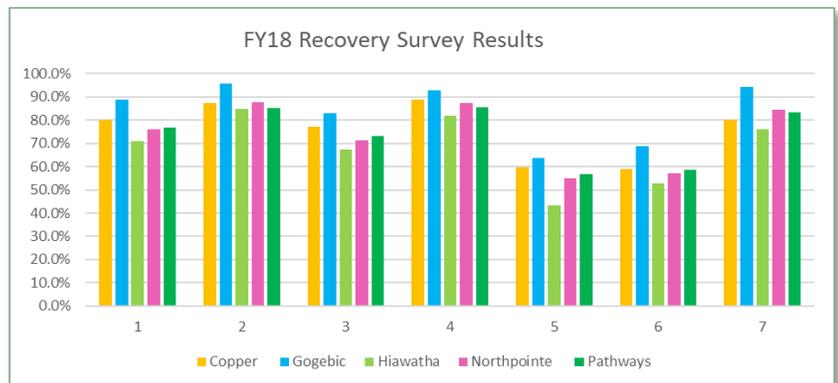
The data in the graph above represents overall consumer satisfaction rates throughout all five CMHSP in the NorthCare Region.

*For Q9, consumer have the option to indicate that they have never utilized the crisis line after 5pm or on weekends—therefore the percentage of overall satisfaction for this questions is overall lower than the others.

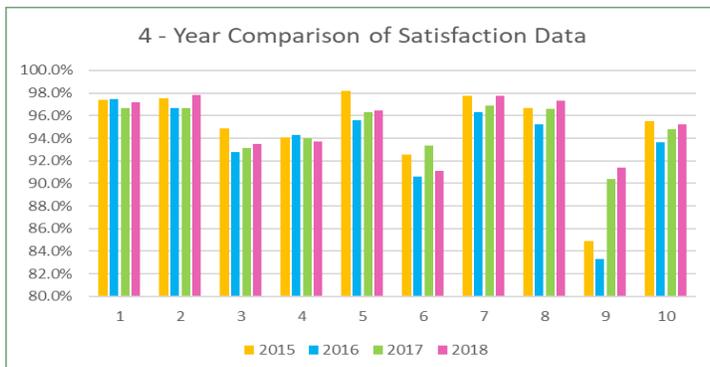
Community Mental Health Recovery Satisfaction Survey Results

Consumers are also asked to share their opinions regarding their recovery. The questions answered were:

1. I am hopeful about my future.
2. I am willing to ask for help.
3. I believes that I can meet my current personal goals.
4. I have people I can count on.
5. Coping with my mental illness is no longer the main focus of my life.
6. My symptoms interfere less and less with my life.
7. My services and supports from CMHSP are helping me in my recovery.



The results for the listed questions are represented in the graph above.



To the left is a 4-year Comparison of overall Consumer Satisfaction related to the first set of satisfaction questions above.



Integrated Health Care

Building on information technology infrastructure work started in 2014, NorthCare Network continued to expand services and supports for Integrated Health Care and population health management in 2018. This work is supported by a Michigan Department of Health and Human Services Medicaid Block Grant. With this support, NorthCare Network has developed systemic, region-wide initiatives to address care for individuals with behavioral health needs and complex co-morbid conditions like cardiovascular disease and diabetes.

In 2018, NorthCare Network served a total of 7,140 individuals through population health initiatives in collaboration with the Medicaid Health Plan in our region, Upper Peninsula Health Plan (UPHP). Together, NorthCare and UPHP manage an Integrated Care Team to serve “high risk” individuals identified through population health analytic tools. We served 35 individuals during the past year in this program. NorthCare has also used data tools to identify care gaps around inpatient psychiatric care and after-care to enhance individual recovery. Work concerning hospitalizations in 2018 focused on benchmarking and developing system-wide protocols to address barriers to recovery.



Efforts to address metabolic syndrome through diabetes prevention demonstrated a 2.9% improvement over 2017 benchmarking. Diabetes management for individuals already diagnosed with diabetes and receiving services through NorthCare Network providers improved by 6.9%. In addition to clinical management of these conditions, NorthCare produced educational materials on smoking cessation, sleep, hygiene, and reading food labels.

New in 2018 is the availability of myStrength, a mobile and web-based self-help tool for emotional health. MyStrength is available to all residents of the Upper Peninsula thanks to the support of MDHHS.

Technology Advances to Improve Care at NorthCare Network

During FY18, NorthCare Network continued to work toward introducing new and improved functionality to the ELMER electronic health record system by starting new projects, including implementation of automated appointment reminders. By implementing a system that allows for the electronic health record to directly send out reminders to consumers of upcoming appointments, the region hopes to increase consumer engagement and identify administrative workflow efficiencies.

NorthCare Network also began work on a Performance Improvement Project (PIP) to address follow up after hospitalization for mental illness. To provide data for this project, NorthCare worked closely with the vendor of our population analytic tool to create a robust report that takes advantage of both physical and behavioral health claims data. This helps provide a complete picture of the services consumers who are admitted to an inpatient psychiatric unit receive after they are discharged and how these services line up with nationally recognized measurements.

NorthCare Network is committed to protecting our consumers’ privacy. In 2018, ongoing evaluation of information security, both at the infrastructure and application levels of many interoperative systems, was a priority for our information technology staff. Continued assessment of systems that store, process, and transmit protected health information will continue to be a top priority for NorthCare Network to maintain compliance with the high standard of security and integrity to which we are held.

