

# NorthCare Network

2019 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.*



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

## Dear Friends of NorthCare Network,

NorthCare Network is excited to share our annual performance report. NorthCare Network is the Prepaid Inpatient Health Plan (PIHP) for the Upper Peninsula contracted through the Michigan Department of Health and Human Services (MDHHS) to manage and provide a comprehensive array of specialty mental health and substance abuse services and supports to Medicaid and Health Michigan Plan beneficiaries. Our performance is measured by metrics, compliance monitoring, financial audits, and site reviews to name a few. We are monitored by MDHHS, Health Services Advisory Group (HSAG), our Governing Board, and consumers. Each year we strive to improve our performance.

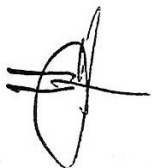
This report reflects the hard work of our entire provider network and staff as they continue to serve our consumers across the U.P. They are the key to our success. This past year, I had the opportunity to attend board meetings at each of the five Community Mental Health Service Programs (CMHSPs) and to meet with our Substance Use Disorder (SUD) Providers as we work together to continue to provide services to our consumers.

We continue to put “people before profits” with any savings accrued during the year reinvested back into the public behavioral health system. We are continuing to work on long-term goals for the coordination of services. NorthCare Network has a deep commitment to prevention programming and supporting families and individuals to fulfill their life goals. We are a leader in the state with our staff expertise, community involvement, and financial commitment to prevention programming and engagement. We recognize that in order to affect generational issues we need to have a long-term commitment to using evidenced-based programming to effectively make change. NorthCare Network will continue to utilize its resources to invest in future generations of the U.P. in an effort to make long-term change.

Thank you to our Governing Board Members, SUD Policy Board Members, CMHSPs, SUD Providers, Provider Network, Staff, Consumers, and the U.P. Communities and their County Commissioners for continuing to support the public behavioral health system.

As I reflect on my first year here as CEO, I am proud to be part of this great team.

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 Peninsula.*



# In the Community

NorthCare Network has been involved with the community on many different occasions and participated in local healthcare awareness events. Below are some highlights from 2019.



Staff participated in Pathways' third annual Walk-a-Mile-in-My-Shoes Rally at Marquette Commons on May 24, 2019 (above and lower left picture). Staff also attended the Beating the Winter Blues Health Fair (bottom right) on February 2, 2019, at Ishpeming Armory.

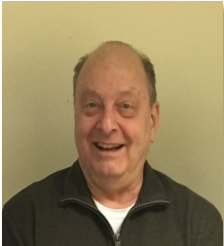




# NorthCare Network 2019 Governing Board Members

## EXECUTIVE OFFICERS

### Chairperson



**Pat Rozich**  
Copper Country

### Vice-Chair

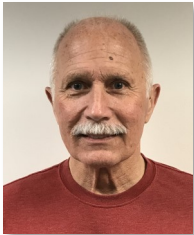


**Bill Davie**  
Pathways

### Secretary



**George Botbyl**  
Pathways



**Joe Bonovetz**  
Gogebic



**George Ecclesine**  
Hiawatha



**Jan Hafeman**  
Northpointe



**Tom Korpi**  
Northpointe



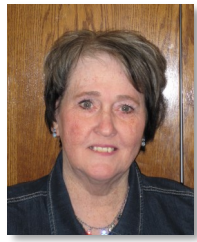
**Mike Koskinen**  
Copper Country



**Fred Margrif**  
Pathways



**Jim Moore**  
Hiawatha



**Mari Negro**  
Northpointe



**Margaret Rayner**  
Gogebic



**Dr. John Shoberg**  
Hiawatha



**Jim Tervo**  
Copper Country



**Steve Thomas**  
Gogebic

### Board Alternates:

**Bob Barr**, Hiawatha  
**Katie Carlson-Lynch**, Pathways  
**Ann Martin**, Northpointe  
**Dan Siirila**, Gogebic

### Governing Board Past Chairpersons:

**Rudy Kempainen**  
**Karen Raether**  
**Dan LaFoille**

### Thank you:

Thank you to our outgoing  
board members for serving  
on the Governing Board:

**Pat Bureau**, Pathways  
**Gerald McCole**, Northpointe

# Substance Use Disorder Policy 2019 Board Members

Alger County      **Catherine Pullen**  
 Baraga County    **Michael Koskinen**  
 Chippewa County   **James Moore, Chairperson**  
 Delta County      **David Rivard**  
 Dickinson County   **Kevin Pirlot**  
 Gogebic County    **Joe Bonovetz**  
 Houghton County   **Roy Britz**  
 Iron County        **James Brennan III**  
 Keweenaw County   **Randy Eckloff**  
 Luce County        **Nancy Morrison**  
 Mackinac County   **Jim Hill**  
 Marquette County   **Stephen Adamini**  
 Menominee County **Steve Gromala**

Ontonagon County   **Robert Nousiainen**  
 Schoolcraft County **Craig Reiter, Vice-Chair**

**THANK YOU**

**to our outgoing board members  
for serving on the SUD Policy Board.**

.....

**Ann Martin** (Dickinson County)  
**Tim Palosaari** (Houghton County)  
**John Nelson** (Menominee County)

## NorthCare Network Has a New Home

**A**s NorthCare Network continued to expand its staff, we found ourselves outgrowing our space at Pathways. In October 2019, NorthCare Network leased office space in a new building. It took months of planning, two days of moving, and several weeks to unpack, but we are settled in and enjoying our new location.

**THANK YOU PATHWAYS.** The NorthCare Network Governing Board Members, staff, and CEO, Dr. Kangas, want to thank Pathways for sharing their building with us for so many years!



# 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 the 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 (BBA) of 1997 and is conducted in accordance with the Centers for Medicare and Medicaid Services EQR (External Quality Review) guidelines. This three-part review consists of:

**1. Compliance Monitoring** which is an assessment of NorthCare Network's compliance with applicable BBA regulations and MDHHS contract requirements. HSAG reviewed nine of the 17 standards in 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 (BBA) and state approvals versus federal regulations. HSAG noted areas for improvement and required corrective action. See table below for results:

Areas Reviewed for Compliance Monitoring Review (NA indicates standards not evaluated for that year.)*	FY15	FY16	FY17	FY18	FY19*
Quality Assessment & Performance Improvement Plan & Structure	100%	NA	NA	NA	88%
Performance Measures	100%	NA	NA	NA	75%
Practice Guidelines	100%	NA	NA	NA	75%
Staff Qualifications	100%	NA	NA	NA	100%
Utilization Management	100%	NA	NA	NA	69%
Customer Services	100%	NA	NA	87%	NA
Enrollee Grievance Process	100%	NA	NA	92%	NA
Enrollee Rights & Protections	100%	NA	NA	NA	85%
Subcontracts & Delegation	100%	NA	NA	91%	NA
Provider Network	100%	NA	NA	92%	NA
Credentialing	100%	NA	NA	NA	56%
Access & Availability	94%	100%	NA	95%	NA
Coordination of Care	100%	NA	NA	NA	100%
Appeals	89%	100%	NA	78%	NA
Disclosure of Ownership, Control, & Criminal Convictions	72%	100%	NA	100%	NA
Confidentiality of Health Information	NA	NA	NA	NA	100%
Management Information Systems	NA	NA	NA	83%	NA
<b>Overall</b>	<b>98%</b>	<b>100%</b>	<b>NA</b>	<b>87%</b>	<b>82%</b>

**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 continue to find our data integration,

# Performance Report Card (cont.)

data controls, and performance indicator documentation to be acceptable. HSAG had no concerns regarding NorthCare Network's Eligibility and Enrollment Data System nor with the Claims and Encounter System. One suggested area for improvement is to perform additional checks beyond the state-specified requirements before data is submitted to the State as an added level of validation in support of Behavioral Health Treatment Episode Data Set (BH-TEDS) data quality and completeness.

The following chart represents a five-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 six of seven indicators over last year. The following data is a comparison HSAG validation data over time:

Performance Measures	2015	2016	2017	2018	2019
Percentage of Children Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition Was Completed Within Three Hours	94%	100%	100%	97%	100%
Percentage of Adults Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition Was Completed Within Three Hours	100%	100%	100%	100%	100%
Percentage of new persons receiving an assessment w/in 14 days of request for non-emergency service.	98%	99%	93%	96%	95%
Percentage of new persons starting on-going services w/in 14 days of non-emergent assessment.	99%	98%	98%	99%	99%
Percentage of children discharged from psychiatric inpatient unit who are seen for follow-up care w/in 7 days of discharge.	100%	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.	95%	100%	97%	87%	100%
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%

**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.

A new PIP was implemented in 2019 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 the 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 is from January 1, 2018 through December 1, 2018. Reports show that 59.2% of individuals ages six through twenty had received a follow-up visit within 7 days of discharge from psychiatric inpatient hospitalization, while 58.4% of individuals ages 21 and older received a follow-up visit within 7 days of discharge. HSAG's assessment of the validity and reliability of the results are based on CMS validation protocols. This ensures that the project design has a high confidence rate 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 and is expected to occur around July 2020.



# Performance Report Card (cont.)

## Performance Improvement Project—Documentation Improvement

As a result of various auditing and monitoring processes, the need for consistent documentation tools and training across the region has been identified. NorthCare Network's focus for this PIP is on documentation for paraprofessional services. Our staff continue to work with regional contractors and sub-contractors and have established minimum documentation requirements and have developed a paraprofessional note in the Electronic Health Record (EHR) to be deployed in early FY20. NorthCare Network had developed a PowerPoint training geared toward the documenting of paraprofessional services which has been distributed across the region.

## Michigan Mission-Based Performance Indicator System (MMBPIS)

The Michigan Department of Health and Human Services (MDHHS) requires each PIHP to collect and report performance indicator data as outlined in the MMBPIS protocols. The performance indicators selected measure dimensions of quality that include access/timeliness for services, efficiency, and outcomes. MDHHS has established five performance indicators that are the responsibility of the PIHP to submit on a quarterly basis. The established standards for indicators #1, #2, #3 and #4 are 95% or above and the standard for indicator #10 is 15% or less.

MMBPIS – Performance Indicators	Population	Q1FY19	Q2FY19	Q3FY19	Q4FY19
Indicator #1: Percent of children and adults receiving a pre-admissions screening for psychiatric inpatient care for whom the disposition was completed w/in 3 hours	Children	100%	100%	100%	95.7%
	Adults	99.6%	100%	99.6%	99.6%
Indicator #2: The percent of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	Child – MI	100%	100%	100%	100%
	Adult – MI	100%	100%	100%	100%
	Child – I/DD	100%	100%	100%	100%
	Adult – I/DD	100%	100%	100%	100%
	SUD	88.5%	84%	86.9%	87.9%
	Total	95.1%	93.0%	94.7%	95.0%
Indicator #3: Start of ongoing service w/in 14 days of non-emergent face-to-face assessment w/a professional.	Child – MI	98.2%	100%	98.3%	98.8%
	Adult – MI	98.9%	98.6%	99.3%	99.0%
	Child – I/DD	100%	100%	100%	100%
	Adult – IDD	100%	100%	100%	100%
	SUD	98.7%	98.7%	100%	100%
	Total	98.7%	99.0%	99.5%	99.3%
Indicator #4a: The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within 7 days. Indicator #4b: The percent of discharges from a substance abuse detox unit who are seen for follow-up care within 7 days.	Children	100%	100%	100%	100%
	Adults	100%	100%	99%	100%
	SUD	100%	100%	100%	100%
Indicator #10: The percent of children and adults readmitted to an inpatient psychiatric unit w/in 30 days of discharge.	Children	4%	0	0	8.33%
	Adults	10.1%	13.7%	9.5%	9.5%

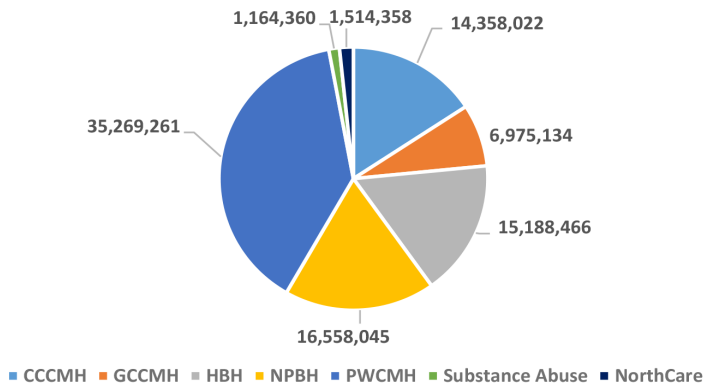


# NorthCare Network Finances

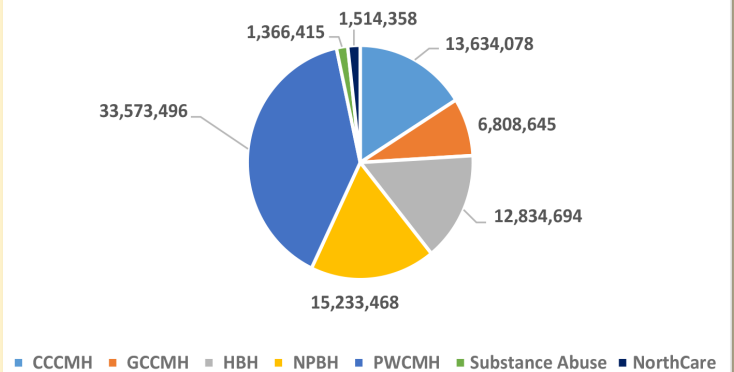
NorthCare Network is responsible for the management of Medicaid and other Block Grant funds to provide services to beneficiaries with mental illnesses, intellectual/developmental disabilities, and substance use disorders across the 15 counties in the Upper Peninsula of Michigan. NorthCare Network receives the Medicaid funds and then advances these funds per MDHHS contract to the five Community Mental Health Service Programs (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 96% funded and NorthCare Network continues to assess areas of improvement to streamline functions and accessibility to care. Regional savings for FY19 were \$4,403,266 for Medicaid.

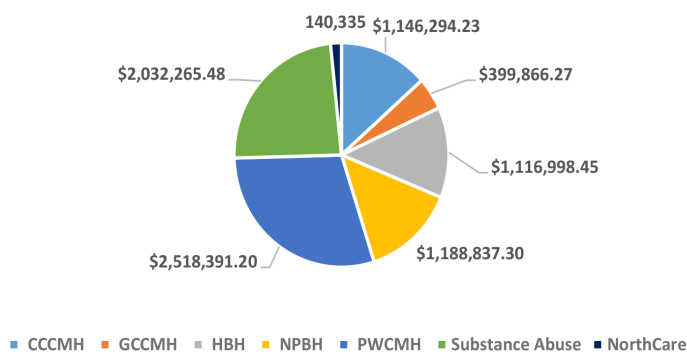
**Medicaid Revenue Allocation FY19**



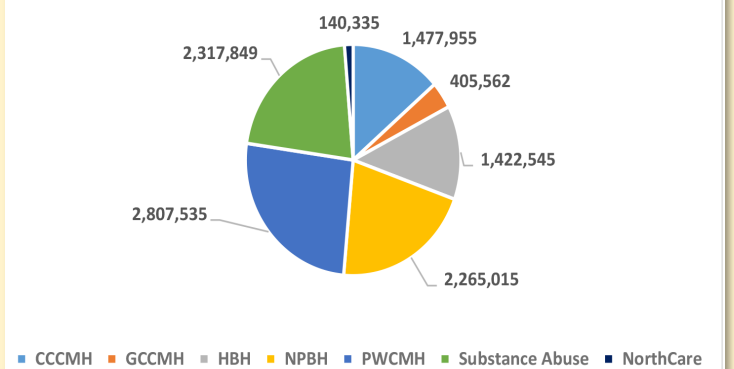
**Medicaid Expenditures FY19**



**Healthy Michigan Revenue Allocation FY19**



**Healthy Michigan Expenditures FY19**



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

# Veteran Navigator

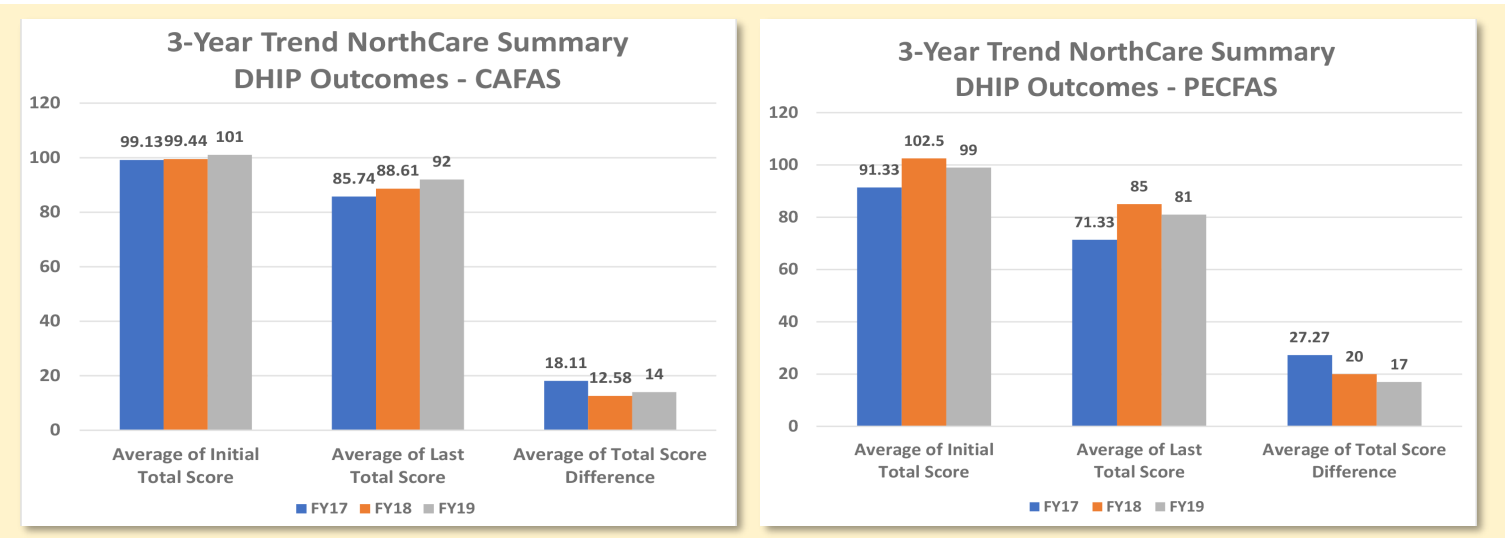
NorthCare Network has had a Veteran Navigator since September 13, 2017. Veteran Navigators meet monthly with the State and are developing more consistent relationships with providers, including those in the VA system, to assist Veterans and their families in accessing services.



During FY19, the Veteran Navigator contacted 43 new Veterans, 86% of whom were male and had either retired or completed their term of service in the armed forces. Approximately 46.5% of Veterans seeking services were younger than age 50. A total of 32 referrals were made for mental health and SUD services to agencies such as Community Mental Health Service Programs (CMHSP), SUD providers, hospital/medical providers, and the Veteran’s Health Administration. Additional referrals for an array of ongoing community supports were made to the regional Veteran’s Community Action Team (VCAT), county Veteran Service Officers (VSO), and other community resources. Referrals have increased 26.5% throughout FY19 for Veterans, Service members, and their families seeking services.

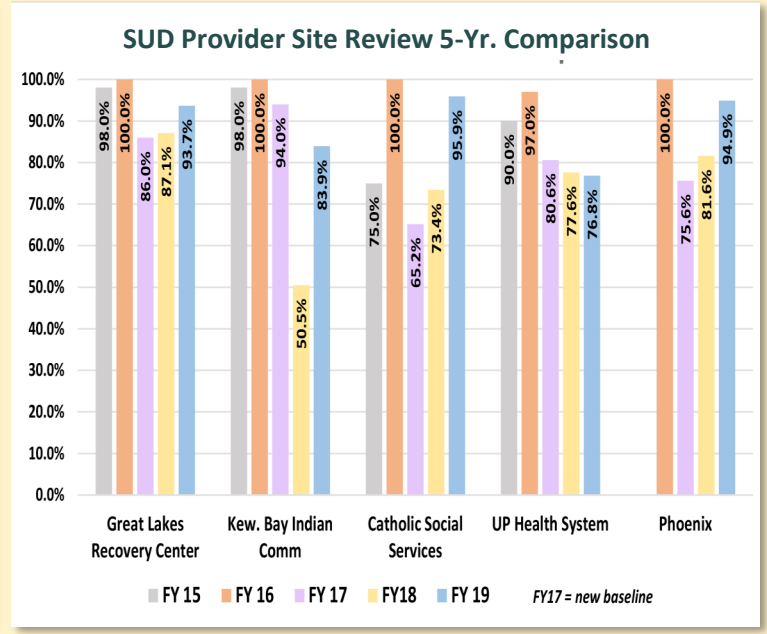
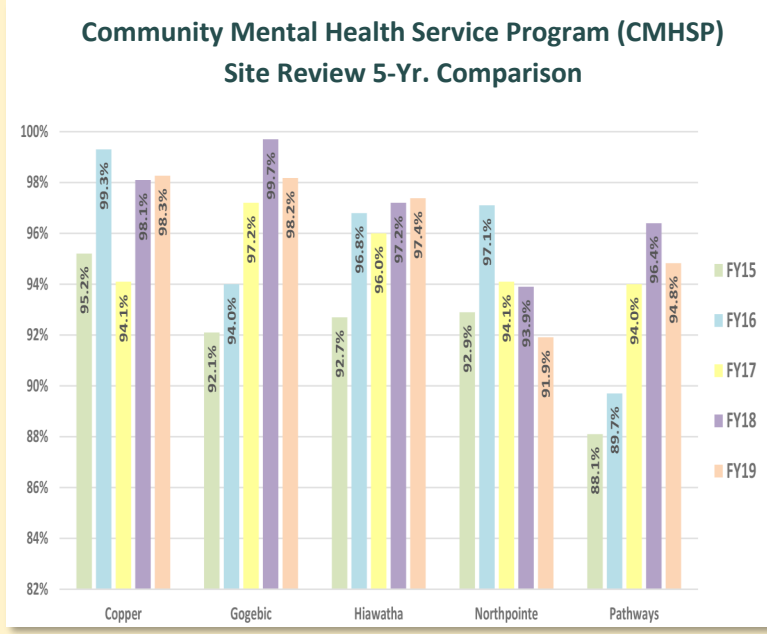
## DHIP CAFAS and PECFAS—Outcomes

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 score, representing **overall improvement** in the children/youth’s behavioral health.



# Site Review Scoring Comparison

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



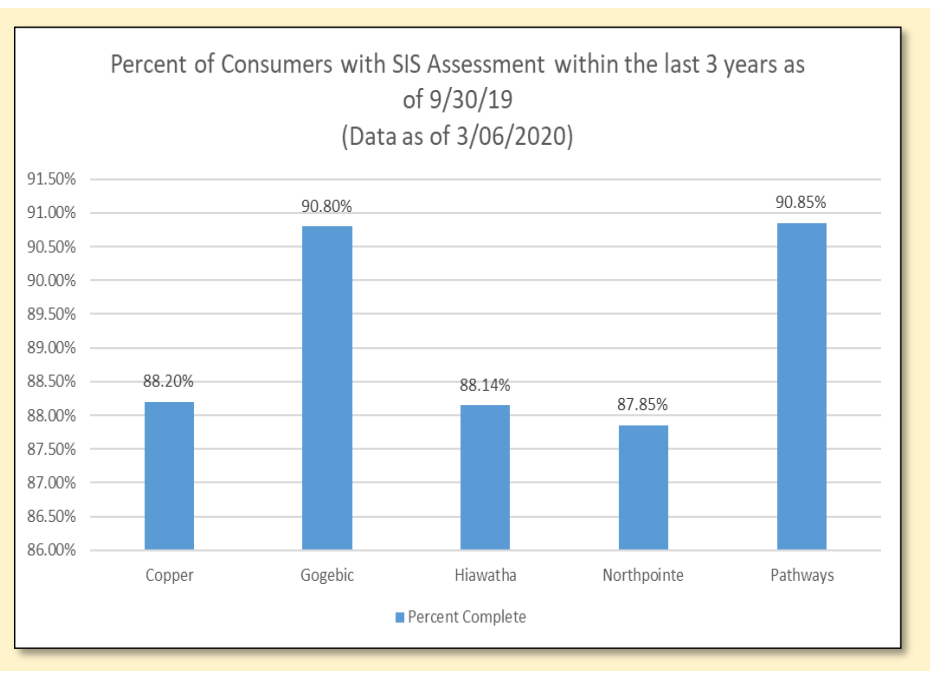
## NorthCare Network—SIS Completion

NorthCare Network conducts Support Intensity Scale (SIS) assessments once every three years with individuals who meet the expected criteria set forth by MDHHS. The graph (right) shows how many consumers, for whom a SIS assessment is required, had an up-to-date SIS assessment (assessment no older than 3 years) as of the end of FY19.

**Denominator.** All consumers who were open for service at a CMHSP at any time between 10/1/18 and 9/30/19 who qualify for a SIS assessment based on MDHHS criteria (Intellectual/Developmental Disabilities, 18 or older during the same time frame, or had a qualifying encounter prior to end of FY19).

**NOTE:** Excludes those consumers who refused a SIS assessment between 10/1/18 and 9/30/19.

**Numerator.** Number of consumers who had a SIS assessment as of 9/30/19 that was not 3 years old.





# Highlights of Evidence-Based Practices

## Autism and ABA Treatment

As many as 1 in 59 children are diagnosed with Autism, according to the Center for Disease Control (CDC). Applied Behavioral Analysis (ABA) is the most evidence-based intervention for children with Autism. ABA focuses on improving specific behaviors and learning skills that are generalized to a variety of situations or environments. Individuals from age 0-21 with Autism have the option of ABA programming if they qualify. NorthCare Network served 120 consumers with Autism in FY19. Thirty-eight cases have since been closed. There are a variety of reasons for closing a case, including voluntary disenrollment and meeting treatment plan goals.

Autism Closures*	
Closing Reason	Total
Approved - Declined Services	4
Met all treatment plan goals	8
Moved out of State	4
No Longer Eligible for Medicaid	2
Not Interested	1
Other	6
Re-Evaluation did not meet medical necessity	4
Voluntarily Disenrolled from Services	9
<b>Total</b>	<b>38</b>

\*Source: WSA All Data Report

## Intensive Crisis Stabilization for Children

Intensive Crisis Stabilization for Children is a mobile service for children receiving community mental health services when there is a crisis requiring assistance but not requiring immediate inpatient psychiatric hospitalization or emergency services. It is a short-term alternative to inpatient psychiatric services. It is available to youth from age 0-21 who are eligible for services, have Medicaid, and live in the U.P., who are experiencing a crisis beyond the caregivers' ability to handle. The term 'crisis' is defined by the parent or caregiver. In FY19, there were 18 encounters of this service across 15 distinct consumers.

Youth (<18) Receiving Respite*					
Affiliate Name	Total Consumers	Units	# Consumers with Respite	% of Youth Receiving Respite	Units/Consumer
<b>Totals</b>	<b>1,810</b>	<b>127,315</b>	<b>107</b>	<b>5.91%</b>	<b>1,190</b>
Copper Country	200	4,200	7	3.50%	600
Gogebic	120	8,858	12	10.00%	738
Hiawatha	363	2,009	7	1.93%	287
Northpointe	508	95,580	61	12.01%	1,567
Pathways	637	16,668	20	3.14%	833

\*Source: Diver

Adults Receiving Respite*					
Affiliate Name	Total Consumers	Units	# Consumers with Respite	% of Adults Receiving Respite	Units/Consumer
<b>Totals</b>	<b>5,781</b>	<b>100,673</b>	<b>122</b>	<b>2.11%</b>	<b>825.19</b>
Copper Country	820	6,637	14	1.71%	474.07
Gogebic	442	5,868	11	2.49%	533.45
Hiawatha	994	5,444	11	1.11%	494.91
Northpointe	1,458	47,649	36	2.47%	1,323.58
Pathways	2,230	35,075	50	2.24%	701.50

\*Source: Diver

## Respite Services

Respite services are available to caregivers on a short-term, intermittent, basis to relieve the caregiver from the stress and demands of caring for the consumer. Respite services can be provided to adults and children and is a covered service for B3 and all waivers. Approximately 2% of the adult population and 6% of the youth population received respite in FY19.

# Recovery Oriented System of Care

## NorthCare Network, Region 1, ROSC

Recovery Oriented System of Care (ROSC) was a part of the annual contract between MDHHS and NorthCare Network in FY19. The policy enforces that supports and services provided to behavioral health consumers are based in recovery and hopes to improve recovery by recognizing that recovery is a system of care.

The six domains of the Recovery Self-Assessment Survey in FY19 are the same domains utilized in FY18 and are represented below with the corresponding scores by respondent type:

Average RSA Scores by Respondent Type in FY19			
Domains	Consumers	Providers	Administrators
<b>Overall Recovery Orientation</b>	3.8	4.15	4.34
<b>1. Life Goals</b>	3.9	4.17	4.4
<b>2. Consumer Involvement</b>	3.29	3.65	3.6
<b>3. Treatment Options</b>	3.52	4.08	4.15
<b>4. Consumer Choice</b>	4.09	4.4	4.5
<b>5. Tailored Services</b>	3.95	4.16	4.33
<b>6. Inviting Space</b>	4.26	4.37	4.28

The results for FY19 as compared to FY18 are represented in the table below. Scores are based on a Likert Scale (1-5) with 5 being the strongest agreement. The scale also allows for options of *Don't know* and *N/A*. Overall, the region had little variation from the previous year.

Table 3a: RSA Survey Forms Information			
	Previous RSA Survey Alignment Scores Date of Survey: 11/2/18	Current RSA Survey Alignment Scores Date of Survey: 9/1/19	Variance between previous and Current RSA Survey Scores (C-B)
<b>RSA Survey - Individual Recovery</b>			
<b>Conceptual Alignment</b>	3.79 Average-Overall Recovery Orientation-all domains	3.84 Average RSA score -all domains	+0.05
<b>Practice Alignment</b>	3.56 Treatment Options 4.08 Consumer Choice 3.95 Tailored Services 3.86 Average	3.52 Treatment Options 4.09 Consumer Choice 3.95 Tailored Services 3.85 Average	-0.01
<b>Contextual Alignment</b>	3.93 Life Goals 3.30 Consumer Involvement 4.21 Inviting Space 3.81 Average	3.90 Life Goals 3.29 Consumer Involvement 4.26 Inviting Space 3.82 Average	+0.01

Chart continued on next page

# Recovery Oriented System of Care (Cont.)

Table 3a: (cont.) RSA Survey – Program Provider			
	Previous RSA Survey Alignment Scores Date of Survey: 11/2/18	Current RSA Survey Alignment Scores Date of Survey: 9/1/19	Variance between previous and Current RSA Survey Scores (C-B)
<b>Conceptual Alignment</b>	<b>3.99 Average Overall Recovery Orientation-all domains</b>	<b>4.16 Average RSA score -all domains</b>	<b>+0.17</b>
<b>Practice Alignment</b>	<b>3.87 Treatment Options 4.30 Consumer Choice 4.05 Tailored Services 4.07 Average</b>	<b>4.08 Treatment Options 4.40 Consumer Choice 4.16 Tailored Services 4.21 Average</b>	<b>+0.14</b>
<b>Contextual Alignment</b>	<b>4.09 Life Goals 3.50 Consumer Involvement 4.12 Inviting Space 3.90 Average</b>	<b>4.17 Life Goals 3.65 Consumer Involvement 4.37 Inviting Space 4.10 Average</b>	<b>+0.20</b>
RSA Survey – Management / Administrator			
<b>Conceptual Alignment</b>	<b>4.32 Average-Overall Recovery Orientation-all domains</b>	<b>4.32 Average RSA score -all domains</b>	<b>0</b>
<b>Practice Alignment</b>	<b>4.35 Treatment Options 4.54 Consumer Choice 4.37 Tailored Services 4.42 Average</b>	<b>4.15 Treatment Options 4.50 Consumer Choice 4.33 Tailored Services 4.33 Average</b>	<b>-0.09</b>
<b>Contextual Alignment</b>	<b>4.30 Life Goals 3.93 Consumer Involvement 4.27 Inviting Space 4.16 Average</b>	<b>4.40 Life Goals 3.60 Consumer Involvement 4.28 Inviting Space 4.09 Average</b>	<b>-0.07</b>

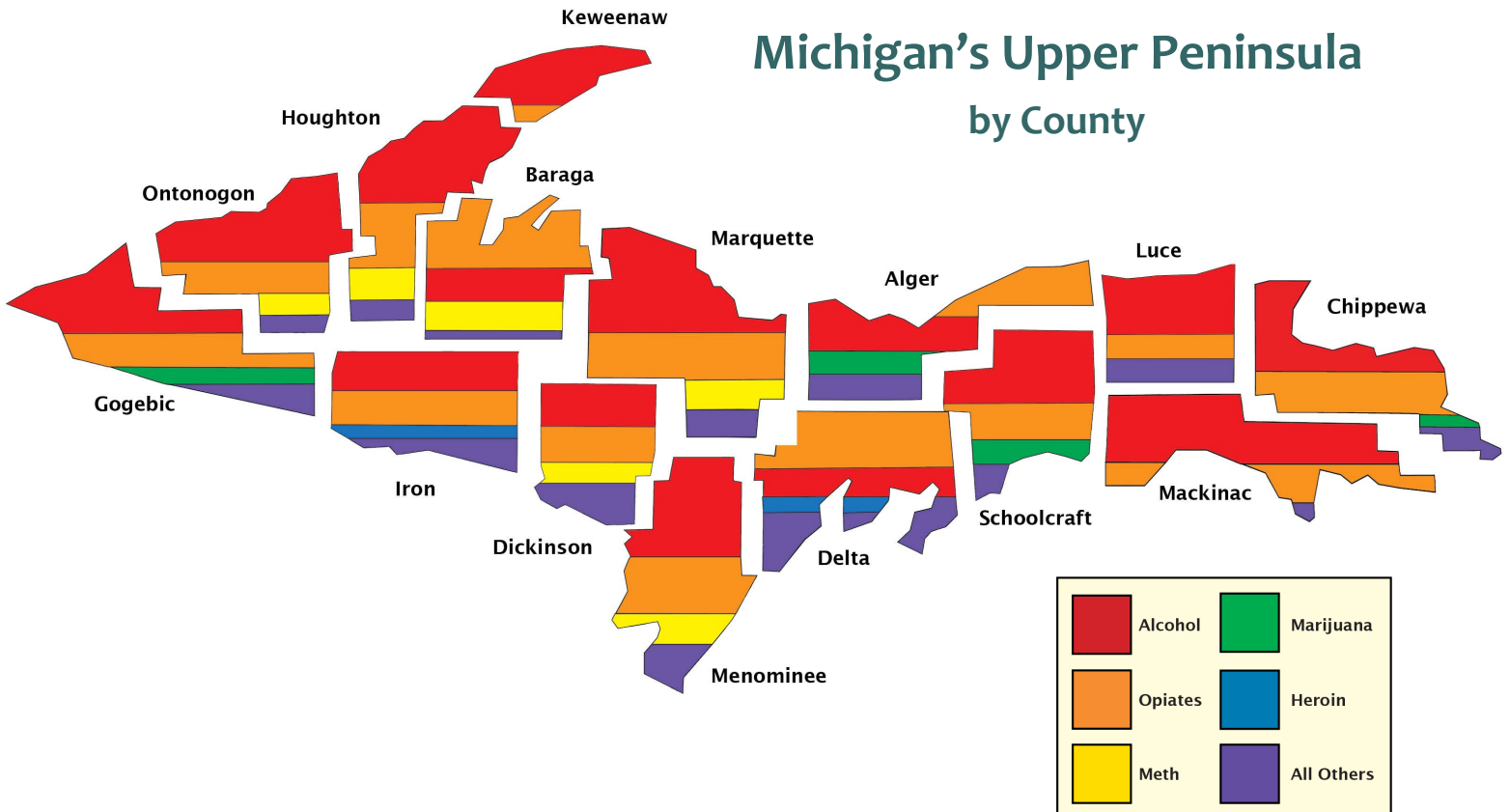
## MI Health Link

**M**I Health Link is a health care option for Michigan adults, ages 21 or over, who are enrolled in both Medicare and Medicaid, and live in any county in the Upper Peninsula. MI Health Link offers a broad range of medical and behavioral health services, pharmacy, home and community-based services, and nursing home care all in a single program designed to meet individual needs. Individuals who enroll in MI Health Link will have their choice of care coordinator, doctors, and other providers within their health plan's network with everyone working together to give that individual the care they want and need.

Care coordination is a key benefit of MI Health Link. The Care Coordinator will get to know the individual and help create a personal care plan based on that consumer's goals. The Care Coordinator will connect the member to supports and services the consumer needs to be healthy and allow that individual to live where they want. Also, there are no co-pays for these in-network services and medications. Those who are eligible for both Medicare and Medicaid, and have questions regarding this program, or want to enroll, can contact Michigan ENROLLS at 1-800-975-7630.



# SUD Primary Drug Admission by County



Substance Use Disorder (SUD) treatment admissions decreased from 2,280 in FY18 to 2,084 in FY19. A total of 1,450 individual consumers were served in various levels of care from outpatient to residential and residential detox. The primary drug used reported at admission to treatment was primarily alcohol, followed by other opiates/synthetics. Methamphetamine use increased to 14.4% of admissions, up from 10.66% in FY18.

The graphic above reflects the FY19 primary drug at admission by county of residence. The admission data along with other data resources are used to assist NorthCare Network and its provider network with program development planning/training for the Upper Peninsula. Workforce capacity shortages have significant impact on program development efforts. Future programming and funding development efforts will continue to include plans to support workforce development throughout the region.

# Consumer Satisfaction

NorthCare Network as a region scored well on the annual Consumer Satisfaction Survey. The graph below represents the percentage of consumers that reported overall satisfaction by Community Mental Health Service Program (CMHSP).

Consumers were surveyed on the following questions:

**Part A—Consumer Satisfaction Questions:**

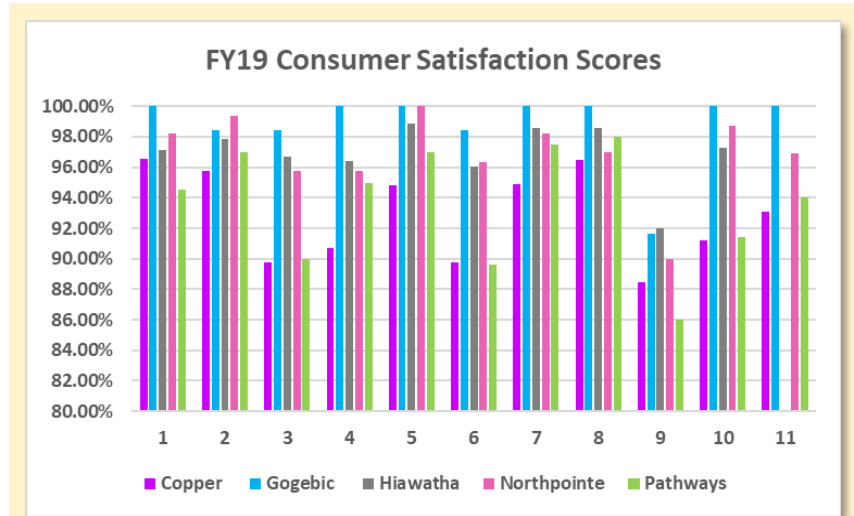
1. Appointments are scheduled at times that work best for me.
2. I am informed of my rights.
3. I feel better because of the services received.
4. I know what to do if I have a concern or complaint.
5. Staff are sensitive to my cultural/ethnic background.
6. I was able to get the type of services I needed.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

The middle graph (to right) shows a comparison of consumer satisfaction data for the region over the past 4 years. Most satisfaction questions have been on an uptrend since 2016 and regionally we continue to improve overall satisfaction.

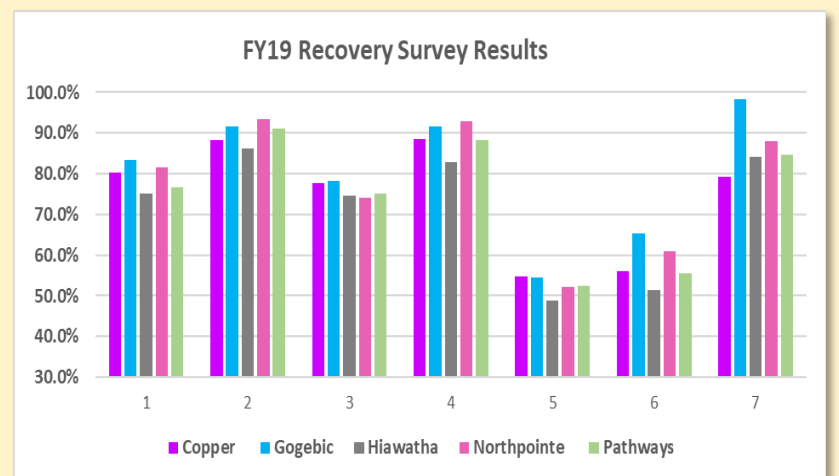
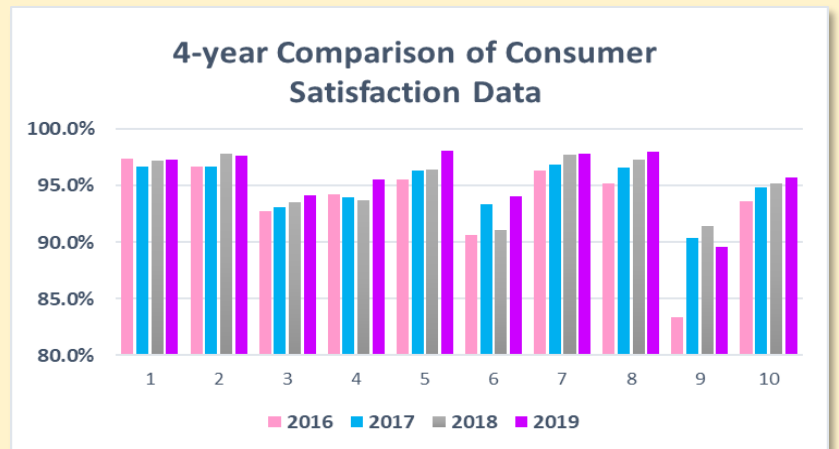
**PART B—Recovery Questions:**

1. I am hopeful about my future.
2. I am willing to ask for help.
3. I believe 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 Community Mental Health are helping me in my recovery.

The graph on bottom right represents the percentage of consumers who agreed overall to the Recovery Questions asked by CMHSPs, indicating that they feel supported in their recovery and are hopeful about their future in Recovery.



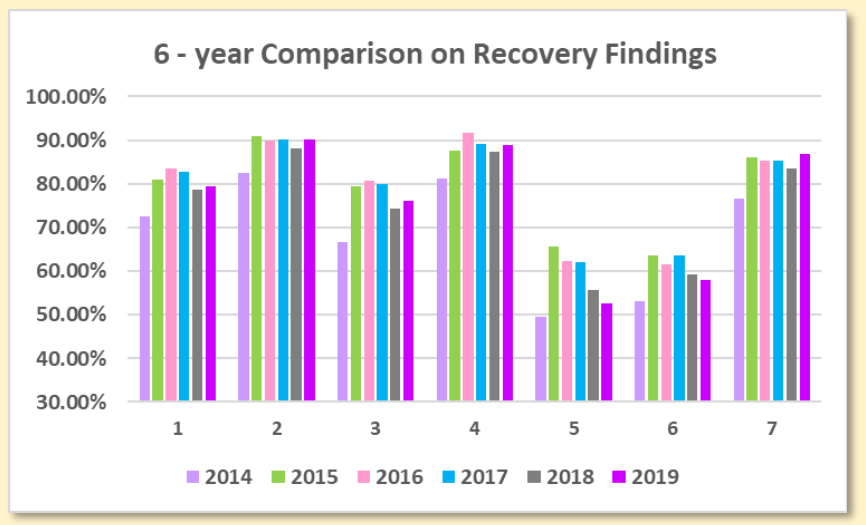
Note: graph axis is from 80% - 100% Also Question 11 was added in FY19. No data was available from Hiawatha CMH for this question.



Note: graph axis is 30% - 100%.

## Consumer Satisfaction (cont.)

The graph on right shows a comparison of Part B – Recovery Questions data over the past 6 years. As a region we were trending toward higher scores. However, they peaked in 2016 for most questions. Since 2016 we have had a negative trend for some of the recovery questions. But they did not drop below the baseline of FY14. FY19 data shows a positive trend for 5 of the 7 questions. This shows that overall the Region’s consumers have a positive outlook in their Recovery. Questions 5 and 6 continue to be the lowest scoring questions and are the outliers this year in that they continue to trend negatively.



## Integrated Health Care

In 2019 NorthCare Network’s Integrated Care activities, funded through the Michigan Department of Health and Human Services (MDHHS) Federal Mental Health Block Grant, supported 7,060 consumers through NorthCare Network’s provider network. This grant funding made it possible for NorthCare Network to work with the Michigan Health Information Network and the Upper Peninsula Health Information Exchange to deliver real-time consumer service utilization information into NorthCare Network’s Electronic Health Record. This health records system gives access to important information from hospital systems, labs, the Community Mental Health Service Programs (CMHSPs), and primary physician practices to those professionals with an active care relationship with individuals served.



Population health management strategies are informed through analytics programs and the MDHHS data warehouse. NorthCare Network’s Integrated Care Specialist works with each CMHSP to develop treatment protocols and address gaps in care across their consumer population. We have continued to improve our regional performance in many metrics and are leading the state in outcomes for Follow Up treatment after hospitalization for mental illness (FUH), and in performance on reducing rehospitalizations (for any reason) or Plan All Cause Readmission (PCR). As of June 30, 2019, NorthCare Network’s FUH rate for adults was 71.84% receiving recommended after care, compared to the Michigan Statewide total of 61.39%. While Northcare Network’s child FUH rate was 86.44%, over the statewide FUH total of 74.74% for Medicaid recipients ages 6 through 21. NorthCare Network’s performance on PCR, (where a lower percentage is better) is 11.16%, compared to the Michigan Medicaid total of 16.79%.

The High-Risk Integrated Care Team (ICT) managed by NorthCare Network in partnership with the Upper Peninsula Health Plan (UPHP) has continued to grow since inception in 2015. In 2019, NorthCare Network served 49 unduplicated consumers with complex case management plans through both entities. This program has helped individuals with uncontrolled and poorly managed co-morbid physical and behavioral health conditions access comprehensive evaluation and treatment for those conditions. Individuals receiving ICT support continue to demonstrate reduced emergency service and crisis utilization and report substantial gains in meeting their personal wellness goals. This leads to less need for care and supports to manage their health conditions and improved quality of life.



# Information Technology Innovation and Advancements

The first stages of two projects focused on the use of automation to aid in the ever-present goal of improving care were completed in 2019. Hiawatha Behavioral Health became the first Community Mental Health Service Program (CMHSP) in the region to begin using automated appointment reminders generated from the regional Electronic Medical Record System (ELMER). This project aims to both increase consumer engagement and improve efficiency in administrative workflow. The project continues into 2020, with more CMHSPs getting onboard with this exciting development.

The integration of electronic laboratory test results into the electronic health record also came to fruition in 2019. Utilizing health information exchange technology, NorthCare Network began receiving lab results automatically for CMHSP consumers beginning with one Upper Peninsula hospital. This project eliminates the need for exchanging this critical information via fax, putting it in the hands of the physicians and clinicians more quickly, and providing it in a more usable format than ever before. Additional hospitals and CMHSPs will begin using this feature in the months to come.

NorthCare Network also implemented a SharePoint System to help ease the exchange of information crucial to the site review processes with our Substance Use Disorder (SUD) providers. The new system allows providers to securely share required information with NorthCare in one centralized location, cutting down on e-mail chains and eliminating the need to deliver hard copies of documents for review. Additional use cases for this technology are being explored.



## myStrength Online Resource

NorthCare Network's Integrated Care Team began providing an online healthcare service called myStrength in the fall of 2018. Since being introduced, myStrength has been an additional tool for consumers to improve their mental health and wellness. The site provides access to evidence-based healthcare modules ranging from topics on addiction to meditation and stress management, to just name a few. Major health care insurers and providers nationwide partner with myStrength to give their consumers additional health support.

MyStrength is "the health club for your mind," and that can "provide a better continuum of care for consumers." Feel Healthy and Happy by using the myStrength site today and spread the news of this valuable resource to others. Let myStrength "empower consumers with self-care tools to build resiliency, address frequent co-morbid behavioral and physical health conditions, and better manage time between interventions and post discharge."

### SIGN UP TODAY

1. Visit [www.mystrength.com](http://www.mystrength.com) and click on "Sign Up."
2. Enter Access Code: **NCNCommunity**
3. Complete the myStrength sign-up process and personal profile.

NorthCare has arranged to make the myStrength service available to everyone, including consumers, staff, and anyone within the community by simply registering with logins provided by NorthCare.