

NorthCare Network

2020 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. This report reflects the hard work of our entire provider network and staff as they continue to serve our consumers across the Upper Peninsula (U.P.). They are the key to our success.

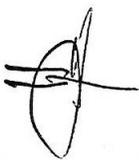
NorthCare Network is the Prepaid Inpatient Health Plan (PIHP) for the U.P. contracted through the Michigan Department of Health and Human Services (MDHHS) to manage and provide a comprehensive array of specialty mental health and substance abuse services and supports to Medicaid and Healthy Michigan 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.

The global pandemic made this past year an extremely difficult and trying time for us all. Due to COVID-19, we all had to work to develop new ways to serve our consumers and meet our mission in ways that called for creativity and patience. I am proud of the hard work and dedication displayed by those who work in the public behavioral health system throughout our region. Front line staff continued to engage in face-to-face contact with consumers to meet their needs despite the risk that COVID presented. As a system, we learned to supplement face-to-face contact with robust telehealth services, enabling us to support our population. We worked together with our local Health Department partners to create a region-wide testing strategy for congregate care settings, which was a partnership that only happened in the U.P. Early after the pandemic hit, NorthCare developed a provider stability plan to ensure that our provider network was able to survive, retain their staff, and continue to serve our consumers.

We will continue to put “people before profits” with any savings accrued during the year by reinvesting them back into the public behavioral health system. We are continuing to work on long-term goals for the coordination of services as evidence by our participation in both the Opioid Health Home and Behavior Health Home pilots. NorthCare Network continues its deep commitment to prevention programming and supporting families and individuals to fulfill their life goals. This past year we took severe cuts in our block grant funding from the State of Michigan that supports our prevention and recovery programming. NorthCare worked with our provider network and SUD Policy Board to offset some of the impact with PA2/Liquor Tax funding and program changes. NorthCare continues to work with the State to prioritize alternative funding streams to support this critical programming. We are a leader in the state with our staff expertise, community involvement, and financial commitment to prevention programming and engagement. We continue to work at having an effect on generational issues through a long-term commitment to using evidenced-based programming to create change. NorthCare Network will continue to utilize its resources to invest in future generations of the U.P. aimed at making 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. I am amazed at the quality of work and commitment by those who serve in the public behavioral health system and 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.

COVID-19 Pandemic

NorthCare Network's priority from the start of the pandemic was to ensure behavioral health services could be provided while protecting the health and safety of our consumers as well as our staff who served them. As the crisis grew throughout 2020, NorthCare staff and our providers addressed the challenges that arose.



To ensure health and safety priorities were maintained, NorthCare purchased Personal Protective Equipment (PPE) for our entire provider network. Distributions were made to Substance Use Disorder (SUD) Providers, Community Mental Health Service Programs (CMHSP) and providers within the CMHSP network. With a community-driven focus, NorthCare's staff volunteered to make and donate face masks as well as deliver PPE to providers across the region. Every week PPE continues to be shipped or driven to providers, including residential facilities and adult foster care (AFC) homes.

With the Michigan Department of Health and Human Services (MDHHS) expanding allowable services through telehealth technology, providers were able to deliver a broader array of services on a platform *previously not allowed by Medicaid*. Prior to the pandemic, NorthCare and our providers had already been using technologies like Zoom and LifeSize. This allowed our region to adapt quickly to this expansion of service delivery. Telehealth was, and continues to be, instrumental in helping providers and consumers connect and receive services. This technology provides continuity for the consumer to choose what they feel works best for their care.

NorthCare and our providers moved staff, whenever possible, to remote working locations. This allowed everyone to continue providing services and supports to consumers while remaining safe during the pandemic. Our provider network staff found alternative ways to stay connected with their consumers by running iPads to those who did not have a computer, enabling consumers to have access to their telehealth appointments. Staff also picked up groceries for consumers who were not able to leave their homes and worked to accommodate other consumer requests and potential needs throughout this crisis.

Open and frequent communication was critical as NorthCare navigated the ever-changing needs of its network. Weekly meetings and communications were held to offer support and guidance to our providers during the crisis. NorthCare also supplied financial supports to our providers through advances, expanding the premium pay, and covering additional payroll costs incurred in COVID-positive AFC homes.

NorthCare collaborated with U.P. Health Departments and MDHHS to get more COVID-19 testing supplies sent to our region and created *the only collaborative region-wide testing strategy in the State*. SUD Providers and CMHSPs were given guidance and testing kits for their residential facilities and contracted AFC homes throughout the region.

At the end of 2020, two vaccines had been approved and were starting to be administered. NorthCare and our providers are hopeful the COVID-19 vaccine will provide us with the ability to return to more face-to-face services during 2021.

Thank you to our entire provider network and staff for continuing to find ways to safely serve our consumers during this pandemic.

NorthCare Network FY20 Governing Board Members

EXECUTIVE OFFICERS

Chairperson



Pat Rozich
Copper Country

Vice-Chair

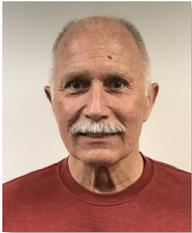


Bill Davie
Pathways

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

Substance Use Disorder Policy

FY20 Board Members

Alger County	Catherine Pullen	Marquette County	Stephen Adamini
Baraga County	Michael Koskinen	Menominee County	Steve Gromala
Chippewa County	James Moore, Chairperson	Ontonagon County	Robert Nousiainen
Delta County	David Rivard	Schoolcraft County	Craig Reiter, Vice-Chair
Dickinson County	Kevin Pirlot		
Gogebic County	Joe Bonovetz		
Houghton County	Roy Britz		
Iron County	Tim Aho		
Keweenaw County	Randy Eckloff		
Luce County	Nancy Morrison		
Mackinac County	Jim Hill		

THANK YOU
 to our outgoing board member for
 serving on the SUD Policy Board.

James Brennan (Iron County)

URAC Accreditation

NorthCare Network underwent an accreditation review in February 2020 where, initially, NorthCare achieved an overall 98.77% compliance rating with two Mandatory Elements found to be Not Met. A score of 99.28% was achieved for the Core standards and a 98.55% for the Health Plan standards. As NorthCare missed two Mandatory Elements, our accreditation determination required Corrective Action with a six-month follow-up review. The six-month follow-up review was conducted in June 2020, and it was found that NorthCare Network was in full compliance, scoring a 100% for both the Core standards and Health Plan standards. NorthCare Network is URAC accredited for Health Plan 7.4 Accreditation Program for the period of August 1, 2020 to March 1, 2023.



“In earning Health Plan Accreditation from URAC, NorthCare Network proves that it aligns with the key components of the Affordable Care Act as well as healthcare industry trends,” said URAC President and CEO Shawn Griffin, M.D. “It also shows NorthCare Network possesses a willingness to track performance and strive for a continual improvement of services. NorthCare Network has made a commitment to quality and will stand out in the marketplace.”

Performance Report Card—FY20

NorthCare Network is monitored each year for performance in a variety of ways, one of which is through an independent quality review organization. The Health Service Advisory Group (HSAG) is an independent 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.

- 1. Compliance Monitoring** is an assessment of NorthCare's compliance with applicable BBA regulations and MDHHS contract requirements. In FY20, HSAG conducted a desk review of NorthCare's completed Corrective Action Plan (CAP) for both FY18 and FY19. The goal of the CAP activity was to ensure that NorthCare achieved full compliance with all of the federal and state requirements reviewed as part of the previous two years' compliance review activity. NorthCare and HSAG worked to address each area found to be in less than full compliance during the FY20 desk review. The result was that two areas required remedial action. These areas were: 1) that the PIHP must include the reason(s) for the Adverse Benefit Determination (ABD) notice and the policy/authority relied upon in making the determination in all ABD notices; and 2) the PIHP must develop a standard operating procedure for sending an ABD notice to members for denial of payment at the time the action affects the claim. Both citations are being addressed and remedial action is documented in our Corrective Action Plan.
- 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 then evaluates the accuracy, completeness, and timeliness of our data. They continue to find our data integration, data controls, and performance indicator documentation to be acceptable. HSAG had no concerns regarding NorthCare's Eligibility and Enrollment Data System nor with the Claims and Encounter System. Recommendations offered by HSAG were: 1) to improve upon the accuracy and completeness of its performance measure indicator data, NorthCare Network should further explore the option of allowing institutional providers to enter claims directly in ELMER; and 2) that NorthCare retain the exact member-level detail data used for the final performance indicator rate calculation reported to MDHHS. This data should be stored in an easily accessible, viewable file and only include NorthCare Network's PIHP Medicaid beneficiaries. This retained data should be used for future PMV submission instead of generating new files. HSAG should receive the detailed data for the PIHP Medicaid beneficiaries exactly as reported to MDHHS in support of our performance indicators. HSAG validated a set of performance indicators that were developed and selected by MDHHS for validation. The reporting cycle and measurement period were specified for each indicator by MDHHS. HSAG also conducted a readiness

Performance Report Card—FY20 (cont.)

review of information systems and processes used for data collection and reporting that will be used to calculate performance measure rates for the changes effective April 1, 2020 in future reviews. The five measures evaluated all scored 100% and are noted in the chart below.

	Performance Measures	2020
1	PI #1-Child: Percentage of children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	100%
2	PI #1-Adults: Percentage of adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	100%
3	PI #4a-Child: Percentage of children discharged from psychiatric inpatient unit who are seen for follow-up care within 7 days of discharge.	100%
4	PI #4a-Adult: Percentage of adults discharged from psychiatric inpatient unit who are seen for follow-up care within 7 days of discharge.	100%
5	PI #4b-SUD: Percentage of discharges from a substance abuse detox unit who are seen for follow-up care within 7 days of discharge.	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. Performance of each PIP validation is addressed in more detail below.

Performance Improvement Projects (PIP)-FY20

PIP-1: Goal: *To increase the percentage of enrollees age six (6) and older, who are hospitalized for treatment of selected mental illness diagnoses and have a follow-up visit with a mental health practitioner within seven (7) days after discharge.*

NorthCare uses two populations to measure this goal: 1) enrollees ages six to 20 years old and 2) enrollees age 21 and older. After reviewing our data from the first population, we saw anomalies in the data when compared to our baseline. This error was corrected in FY19. NorthCare is awaiting the FY20 report from Relias to confirm the amended measurement. Finding these errors in our data helped us establish new goals for this PIP.

Initiatives implemented to improve performance in this area include: establishing a regional clinical workgroup in September 2020 to focus on follow-up after hospitalization and discharge planning; developing a standard operating procedure (SOP) that outlines requirements for an appointment within 7 days of discharge; and, clarifying proper coding for billing and reporting of these services. Through this workgroup we learned that there was confusion regarding the allowable codes that qualified under the Healthcare Effectiveness Data and Information Set (**HEDIS**) criteria. Analysis of FY20 data identified areas for improving follow-up services and proper coding.

Performance Improvement Projects—FY20 (cont.)

This new SOP assists staff in identifying the most appropriate follow-up services. Another challenge encountered was that many of our follow-up appointments are conducted by either a case manager or supports coordinator under the T1017 or T1016 service codes. These codes are not currently recognized as qualifying codes by **HEDIS** and, therefore, many of the follow-up services that are provided are not counted in this measure.

This PIP is the project that is validated by Health Services Advisory Group (HSAG). HSAG's validation report indicates that this "PIP received a *Met* validation score for 90 percent of critical evaluation elements, 85 percent for the overall evaluation elements across all activities validated, and a *Not Met* validation status. The PIHP developed a methodologically sound improvement project. The PIHP collected and reported study indicator results documenting that the baseline measurement data were revised in this year's submission; however, additional information on the revised data should be provided. The causal/barrier analysis process included the use of appropriate quality improvement tools in the identification and prioritization of barriers. Although the PIHP implemented timely interventions, each study indicator was unsuccessful in achieving statistically significant improvement over the baseline performance for the first remeasurement period, resulting in a *Not Met* validation status."

NorthCare will continue this project until a statistically significant improvement has been achieved.

PIP-2: Goal: *To increase the number of individuals who receive services for at least 90 days after initial assessment indicating eligibility for specialty mental health services.*

All Medicaid individuals discharged within 90 days of initial assessment (where it is determined the individual meets all medical necessity criteria for specialty mental health services and supports) are included in the **numerator**. All individuals approved for ongoing specialty mental health services and supports are included in the **denominator**.

This study has the potential to improve the health, functional status, and satisfaction of individuals who meet the criteria for specialty mental health services and supports. If these individuals do not participate in needed treatment for their severe mental illness, intellectual/developmental disability, or severe emotional disturbance, there is an increased risk of ineffective treatment, with an accompanying decreased quality of life.

The National Alliance on Mental Illness (NAMI) reports that 70% of persons seeking mental health services drop out of treatment within the first or second visit. NorthCare is responsible to ensure services are available to individuals who meet criteria for specialty mental health services. If the consumers are engaged in their services, they should receive needed mental health services and have a better quality of life .

Our baseline data looked at all Medicaid individuals who met eligibility criteria for specialty mental health services from 10/1/17 through 9/30/18. We then followed these individuals for 90 days to see if they continued to receive those services.

The baseline data was shared with the region through a regional Utilization Management Committee. The goal of this PIP was to improve engagement rates from the baseline measurement period of 16.31% **not engaged**.

Performance Improvement Projects—FY20 (cont.)

By focusing on engagement within the region, it was hoped that an improvement in scores would occur during the next measurement period.

The next measurement period was from 10/11/19 to 9/30/20. **The goal was to lower the 16.31% of persons “not engaged.”** During this new period, the regional Utilization Management Committee was asked to identify individuals who were not engaged and to determine specific issues related to non-engagement. An improvement in engagement was shown by reducing the percentage of persons not engaged to 13.86%.

After reviewing specific non-engagement issues, NorthCare is developing a policy of specific standards for engagement in the region. NorthCare will implement this new engagement policy in FY21. Our expectations are that the numbers of consumers who are not engaged will decrease over the last reporting period **of 13.86% not engaged.**

PIP-3: Goal: *To improve documentation of skill-building and supported employment services.*

As a result of auditing and monitoring processes across NorthCare’s provider network, it was determined there was a need for better, more consistent documentation tools and training to record the effectiveness of our skill-building and employment services. Improving the documentation of employment services will help provide accurate and timely information to ensure the most appropriate level of supports and services are deployed, helping each individual function as independently as possible.

It is generally agreed that the ability to have an adult life characterized by financial wellbeing, self-direction, self-determination, and richness of experiences is highly dependent on an individual’s ability to utilize his/her skills and talents to engage in a successful career path. Simply put, finding and maintaining successful employment is central in reaching these goals. The experiences of young people during their teenage years and transition from school to adulthood, will heavily influence and impact their success as adults in terms of employment, and, in turn, many other aspects of their lives. Working affects financial security, personal relationships, community engagement, and numerous other aspects of personal well-being.¹

NorthCare’s focus for this PIP is on documentation for paraprofessional services. Baseline data was collected in FY20 by sampling claims and encounters from all contracted and subcontracted employment service providers. Service codes included in this project are H2014 (Skill Building) and H2023 (Supported Employment). A total of 225 H2014 services and 82 H2023 services from October 2019 were reviewed to determine if the service notes clearly identified: 1) What action/intervention (service) staff provided, and 2) the consumers action/response to the service. Results varied by subcontractor and by CMHSP and showed that paraprofessional staff are better at documenting the consumers action/response than documenting what the staff actions were.

NorthCare has distributed PowerPoint trainings on more accurate employment documentation to all providers, emphasizing the detail that should be included in progress notes. The first remeasurement period for services provided in October 2020 will be reviewed in January/February 2021.

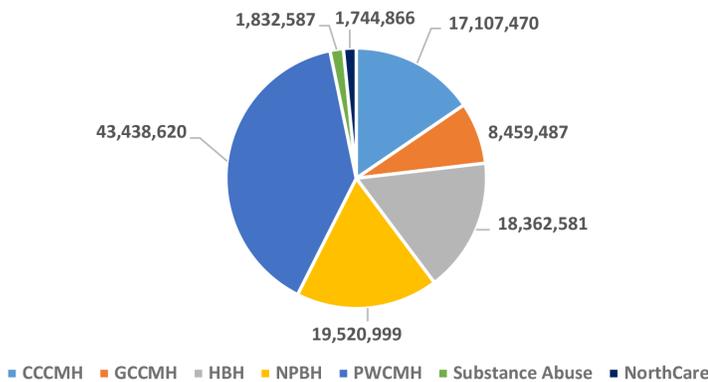
¹Report to Michigan on Recommendations for Systems Transformation Related to Employment First. U.S. Department of Labor, Office of Disability Employment Policy (ODEP) September 30, 2015.

NorthCare Network Finances

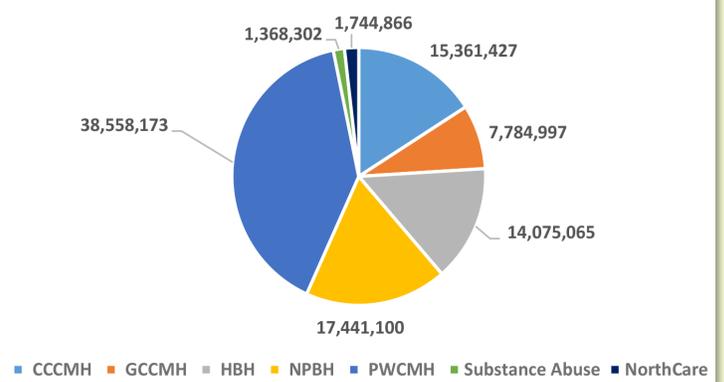
NorthCare Network is responsible for the management of Medicaid and other Block Grant funds to provide services to beneficiaries with mental illnesses, intellectual/developmental disabilities, and substance use disorders across the 15 counties in the Upper Peninsula of Michigan. NorthCare Network receives the Medicaid funds and then advances these funds per MDHHS contract to the five 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 88% funded and NorthCare Network continues to assess areas of improvement to streamline functions and accessibility to care. Regional savings for FY20 were \$6,941,182 for Medicaid.

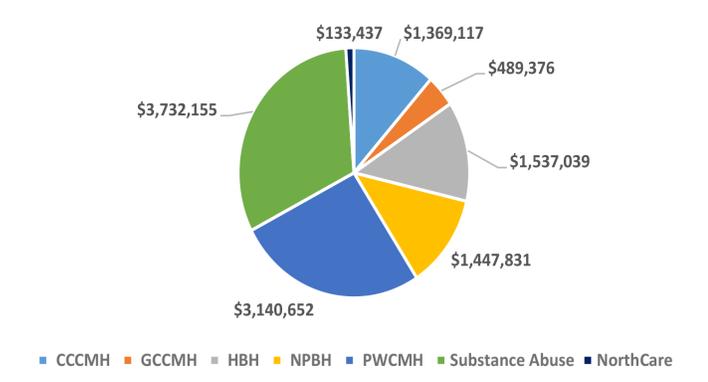
Medicaid Revenue Allocation FY20



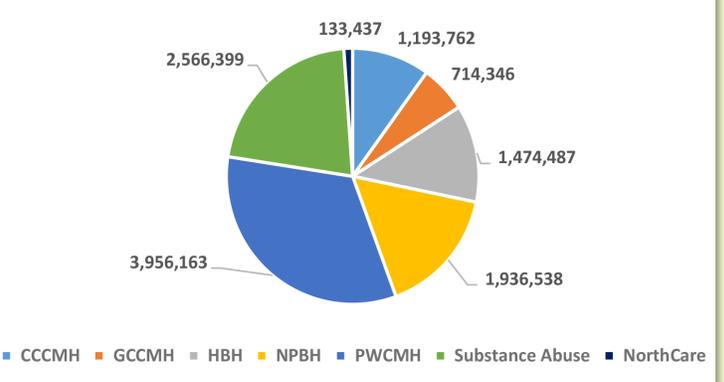
Medicaid Expenditures FY20



Healthy Michigan Revenue Allocation FY20



Healthy Michigan Expenditures FY20

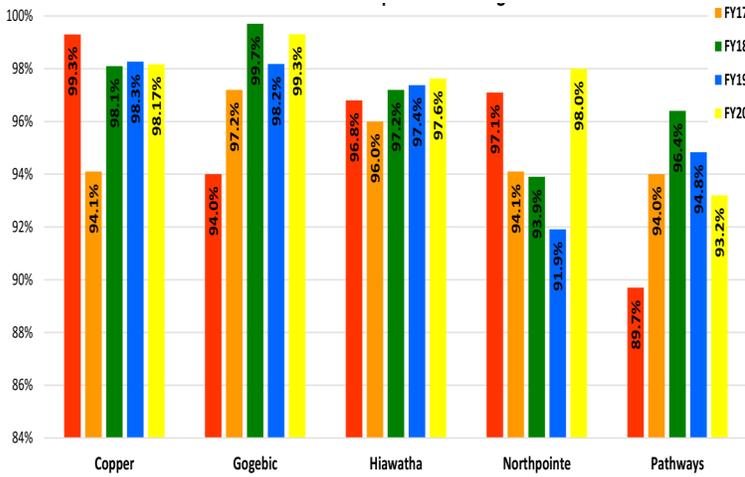


CCCMH - Copper County Community Mental Health **GCCMH** - Gogebic County Community Mental Health
HBH - Hiawatha Behavioral Health **NPBH** - Northpointe Behavioral Health Systems
PWCMH - Pathways Community Mental Health

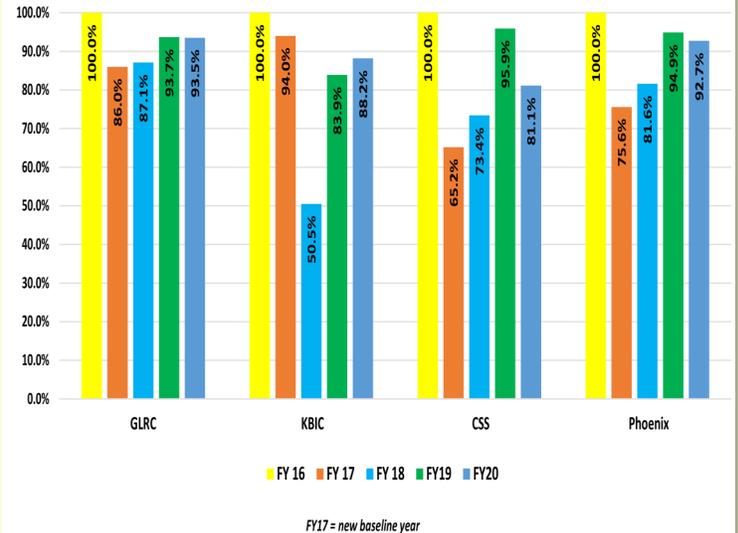
Site Review Scoring Comparison

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

Community Mental Health Service Program (CMHSP) Site Review 5-Yr. Comparison



SUD Provider Site Review 5-Yr. Comparison



NorthCare Network—SIS Completion

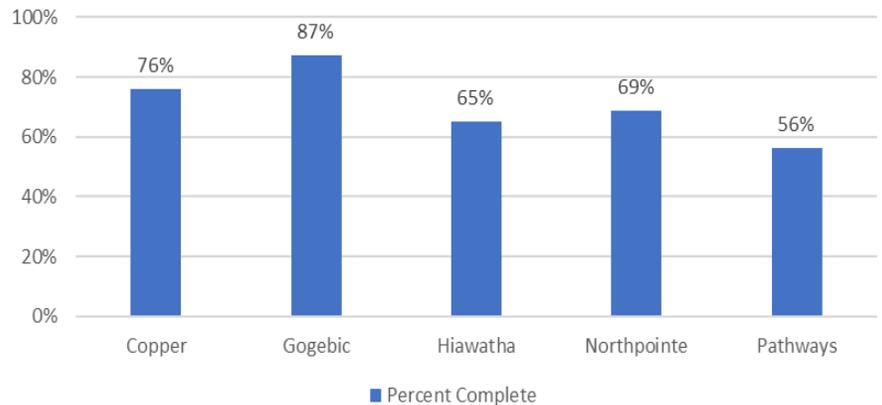
NorthCare Network conducts Support Intensity Scale (SIS) assessments once every three years with individuals who meet the expected criteria set forth by MDHHS. The graph (right) shows how many consumers, for whom a SIS assessment is required, had an up-to-date SIS assessment (assessment no older than 3 years) as of the end of **FY20**.

Denominator. All consumers who were open for service at a CMHSP at any time between 10/1/19 and 9/30/20 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 FY20).

NOTE: Excludes those consumers who refused a SIS assessment between 10/1/19 and 9/30/20.

Numerator. Number of consumers who had a SIS assessment as of 9/30/20 that was not 3 years old.

Percent of Consumers with SIS Assessment within the Last 3 Years as of 9/30/20 (Data as of 8/2/21)



Evidence-Based Practices Guidelines and Data Tools

There are many Evidence-Based Practices for treatment of a variety of conditions. Evidence-Based Practices are any practice that relies on scientific evidence, current research, and data for guidance and decision making for treatment and policy.

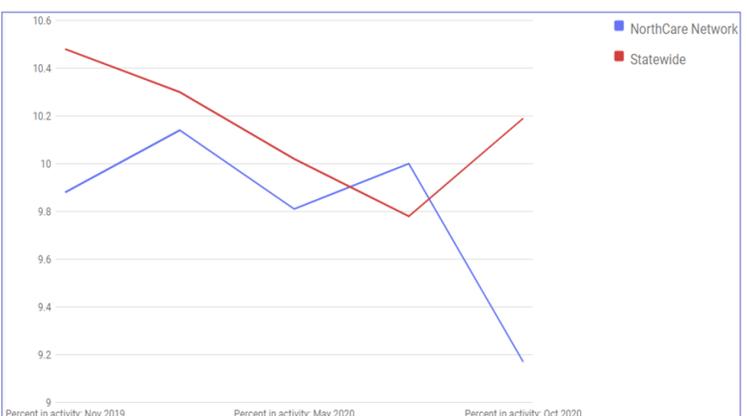
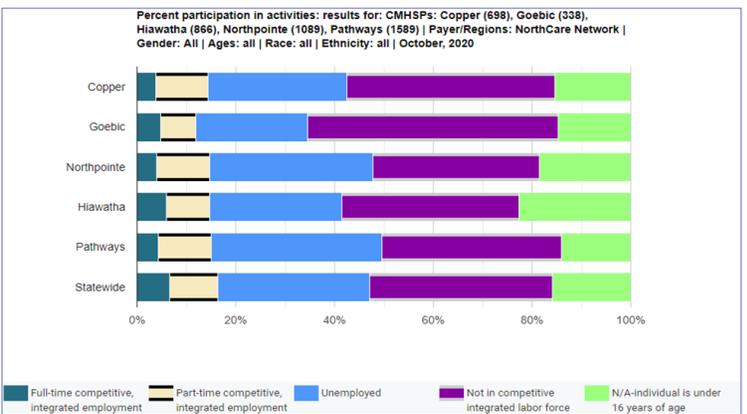
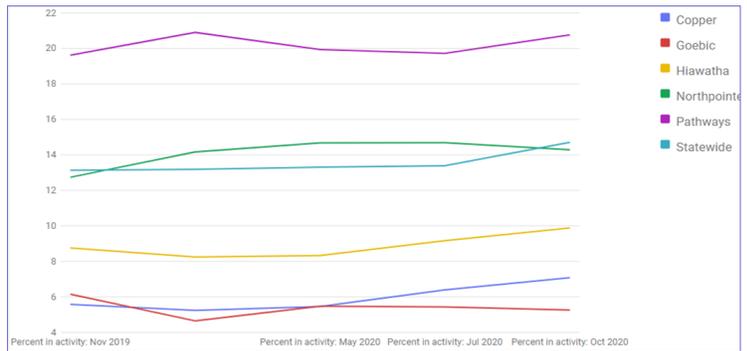
MDHHS created the state-wide parity workgroup to promote consistency of services across the state. The state has partnered with MCG for their evidence-based guidelines, especially in relation to preadmission screening and continuing stay for crisis services. The Indicia Version of the MCG tool is interactive and will be embedded in the Preadmission Screening and Continuing Stay Review Forms in the **Electronic Medical Record System (ELMER)** in FY21.

The MCG tool has guidelines for outpatient services as well and may be useful for staff to use in addition to other assessment tools currently being used, such as the **Level of Care Utilization System (LOCUS)**, **Child and Adolescent Functional Assessment Scale (CAFAS) / Preschool and Early Childhood Functional Assessment Scale (PECFAS)**, or **Devereux Early Childhood Assessment (DECA)**. This tool will not be embedded into ELMER but is available to all CMHSP staff. The guidelines help staff determine if a certain level of care seems appropriate, review what alternatives to that level of care may be available, and in some cases indicates when discharge from that level of care may be appropriate. There are guidelines for community services such as **Assertive Community Treatment (ACT)**, Peer Support, and Targeted Case Management, as well as therapeutic services such as **Applied Behavioral Analysis (ABA)**, **Eye Movement Desensitization and Reprocessing (EMDR)**, and **Electroconvulsive Therapy (ECT)**. The tool also includes guidelines for Opioid Management treatment.

A new data tool is available for employment services. The Michigan Employment Outcome Data Project uses BH-Teds data to provide data about who is working in Michigan. Data is broken out by population and can be CMHSP specific and compared to the Michigan average (*top right chart*). This tool also allows for trending over time. Because the tool is relatively new, data begins November 2019. See more detail at www.statedate.info/michigan. The chart shows the rate of unemployment for individuals with **intellectual/developmental disabilities (I/DD)** from November 2019 to October 2020 per CMHSP compared to the state average.

The next image (*center right chart*) shows the percent of consumers with mental illness by employment status as of October 2020 and compares it to the state average.

Information is also available for consumers in SUD services and can be run by age, gender, race, and ethnicity. The following shows the percent of females in SUD services by any provider within NorthCare Network who are employed full time compared to the state average from November 2019 to October 2020 (*bottom right chart*).



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:

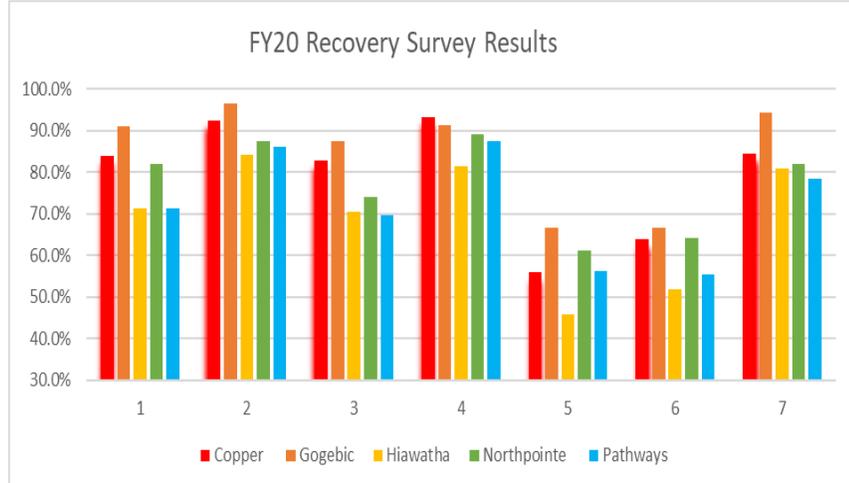
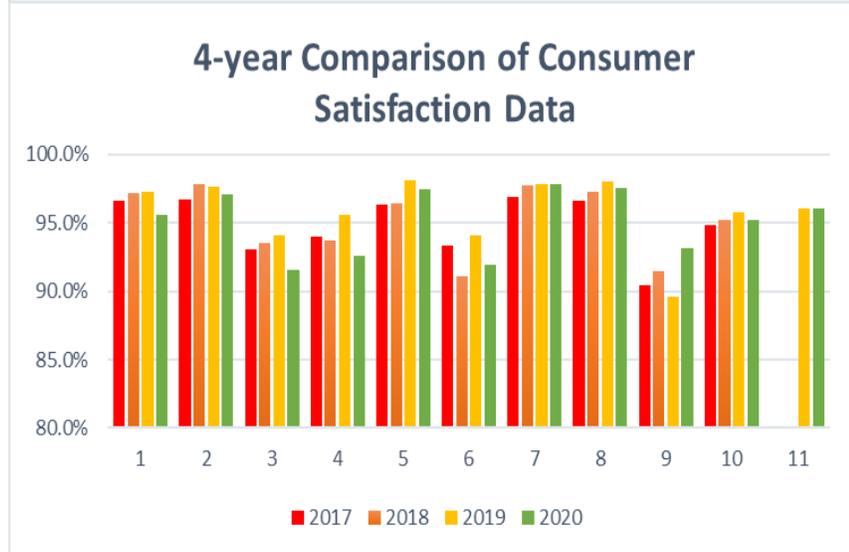
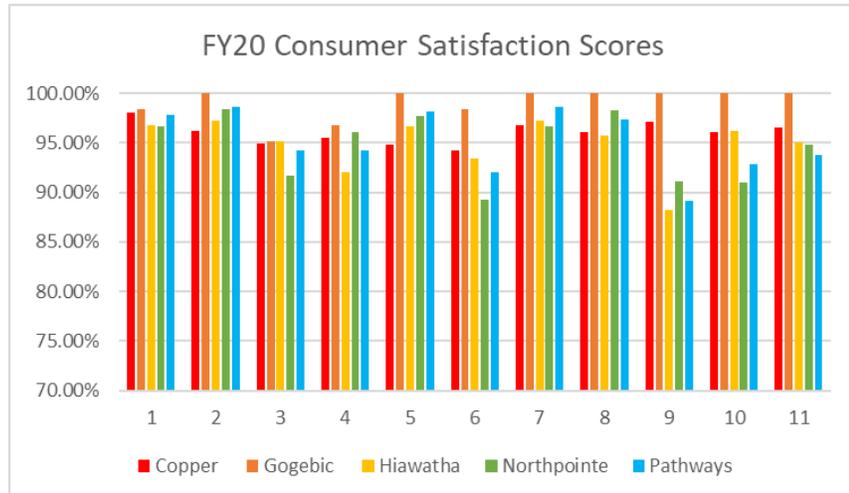
1. Appointments are scheduled at times that work best for me.
2. I am informed of my rights.
3. I feel better because of the services received.
4. I know what to do if I have a concern or complaint.
5. Staff are sensitive to my cultural/ethnic background.
6. I was able to get the type of services I needed.
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 the right shows a comparison of consumer satisfaction data for the region over the past 4 years.

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.

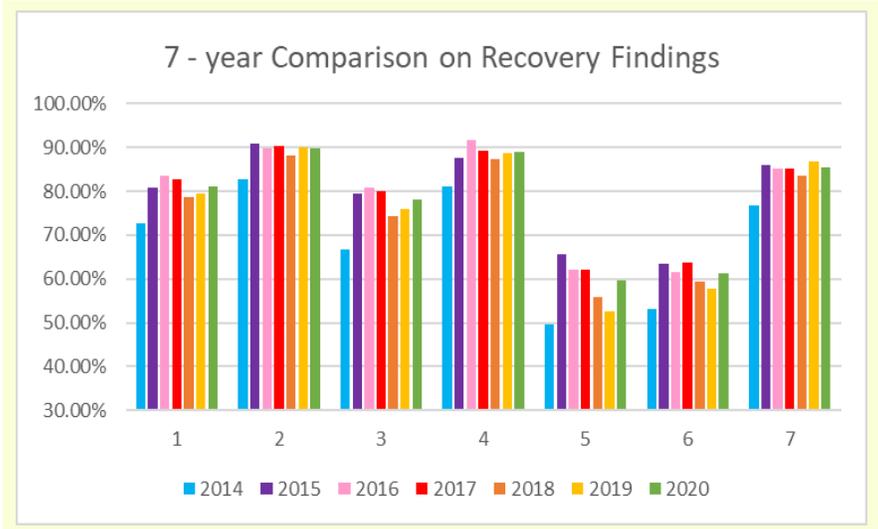
The graph on bottom right represents the percentage of consumers who agreed overall to the Recovery Questions asked by CMHSPs, indicating that they feel supported in their recovery and are hopeful about their future in Recovery. Question 5 and 6 continue to be the lowest scored questions.



Note: graph axis is 30% - 100%.

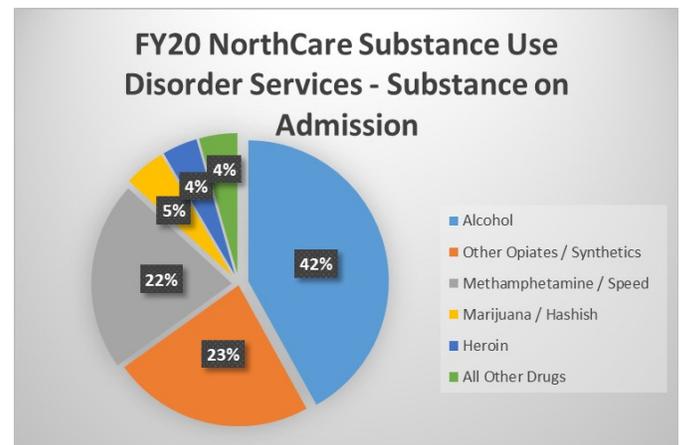
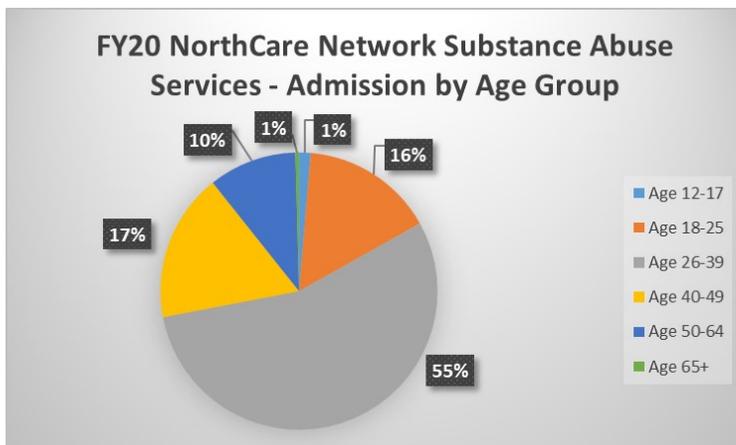
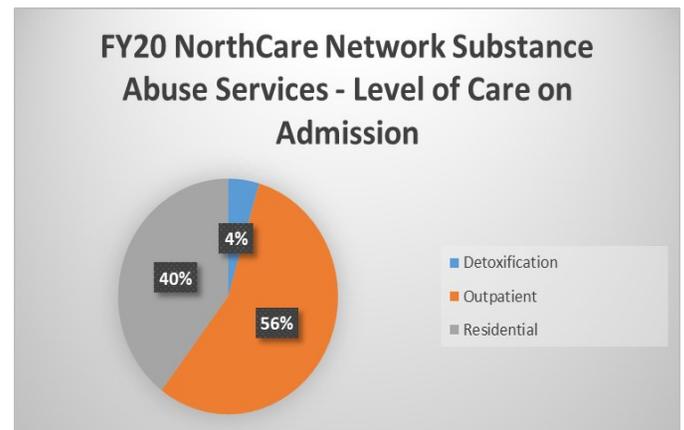
Consumer Satisfaction (cont.)

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. Since 2016 we have had a negative trend for some of the recovery questions, but they did not drop below the baseline of FY14. The FY20 data shows a positive trend for most of the Recovery 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, however in FY20 the data shows that they are beginning to trend positively.



SUD Treatment Admissions for FY20

Substance Use Disorder (SUD) treatment admissions were lower during FY20 – most likely due to COVID-19. There were 1,924 treatment admissions across all levels of care. The primary drug at admission was primarily alcohol (41.94%). Opiates as the primary drug at admission decreased, however, methamphetamine dependence increased to 21.67% of admissions. Grant funding for FY21 will include an allocation for stimulant use disorders and allow provider training to support improved treatment outcomes.



*due to rounding, percentages may not add to exactly 100% Source: SUD Admissions PCE Standard Report in ELMER. This report summarizes all SUD admissions where the admission date was between 10/1/19 through 9/30/20. Data as of 3/4/21.

Integrated Health Care

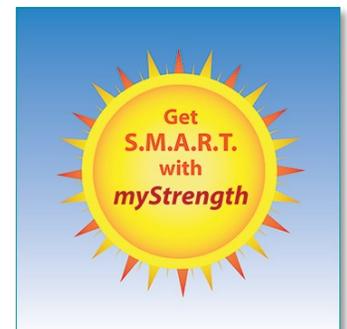
NorthCare Network has continued to build upon successes in health care integration and population health management through Integrated Care Programs initiated in 2014. In 2020, the NorthCare-Upper Peninsula Health Plan's (UPHP) high-utilizer/high-risk Integrated Care Team (ICT) served 73 unduplicated individuals, continuing the 80% growth rate in the program since it began in 2016. Population Health activities, guided by shared claims data, served 6,858 individuals in the past year.

Criteria for the ICT includes high-utilization of emergency department services and a diagnosis of a mental illness with one or more physical health co-morbidity. NorthCare and UPHP have also identified risk groups for inclusion with co-occurring substance use disorder diagnoses and pregnancy with a mental health condition. Following ICT intervention, individuals demonstrate improvement in quality of life and social determinants of health which go beyond improving and managing their physical health conditions. Many of the individuals served, who begin the program with housing insecurity, transportation barriers, and low levels of community inclusion, leave the ICT program with stable housing, access to services, and more involvement in social activities in the community.



Due to the COVID-19 pandemic, the ICT faced an unprecedented challenge due to many consumers delaying or avoiding care to avoid exposure to the virus. By examining both NorthCare's own population health programs, and the combined NorthCare/UPHP population health programs, a new target group for interventions was identified: low-utilizers. These individuals can be identified through population health metrics like the Center for Medicare and Medicaid's core-set. The conditions monitored include medication adherence, attendance at recommended screenings (such as A1c monitoring for individuals with diabetes), and follow-up care after acute health concerns.

NorthCare Network and myStrength have continued our partnership, which is made possible by Medicaid Mental Health Block Grant funding. Through this partnership, all individuals in the Upper Peninsula have access to evidence-based tools in a digital format free of charge. This confidential service can be accessed from any mobile device through their mobile application, or online at mystrength.com. NorthCare's access code for community members is "NCNCommunity."



During 2020, integrated care broadened health topics to include more specific medical conditions such as hypertension, migraines, seizures, Hepatitis B and C, and Sexually Transmitted Infections (STIs). It is NorthCare's goal to have these health topics more broadly accessible to CMHSPs and other healthcare providers in PDF format available within our electronic health record.

Each topic covers basic information about each condition so that providers and consumers might better assess their health risks and seek additional medical attention when needed. NorthCare will continue to expand our medical topics for health and wellness to further improve services that enhance and integrate coordinated care.

MI Health Link

NorthCare Network wants to remind everyone of a great healthcare option for Michigan adults, ages 21 and over, who are enrolled in both Michigan's Medicare and Medicaid programs. It is available to anyone living in any of the Upper Peninsula's counties. **The program is called MI Health Link. MI Health Link** offers a broad range of medical and behavioral health services, including pharmacy, home- and community-based services, and nursing home care all in a single comprehensive program designed to meet most individuals' needs. Individuals who enroll in **MI Health Link** will have their choice of care coordinators, doctors, and other providers within their health plan's network, allowing everyone to work together to provide each individual with the care they want and need.

Care coordination is a key benefit of the **MI Health Link** program. A Care Coordinator will get to know each person and help them create a personalized care plan of service based on that person's goals. The Care Coordinator will also connect that individual to the supports and services needed to be healthy and live as independently as possible. There are no co-pays for covered in-network services or medications. NorthCare Network providers on average serve 1,185 **MI Health Link** enrollees each month. For more information about this program and how to enroll, call Michigan ENROLLS at 1-800-975-7630.

Community Distributes Medicine Safes

As treatment providers who work with individuals struggling with opioid addictions, NorthCare knew it could do something more to help minimize risks from prescription drugs. Realizing that access to prescription drugs has always been a big risk factor for opioid addiction, the **Community Care Coalitions** across the Upper Peninsula distributed nearly 2,000 medicine safes to allow people to lock up their prescription drugs and prevent this particular addiction risk.

NorthCare Network and the coalitions enlisted the help of many community partners including tribal entities, health departments, law enforcement, physicians, pharmacies, and syringe service programs who all helped (and continue to help) with the distribution of these safes. Local media outlets assisted our efforts by sharing the program information.

A huge thanks goes out to NorthCare staff who assisted in moving all the safes for distribution, the **Beyond the Save Consortium** for the funding they provided for additional safes, and **Range Telecommunications** who graciously assisted in moving some of the medicine safes to outlying communities. This project demonstrates the value of community collaboration and what a difference it can make in helping decrease addiction risk factors.



Information Technology—Innovation and Advancements

The theme for 2020 in Information Technology (IT) was flexibility. The COVID-19 pandemic changed priorities for healthcare providers across the board. It brought to the forefront the need to be able to continue providing a full array of services while helping to keep both staff and consumers safe.

NorthCare's IT infrastructure was designed with continuity of operations in mind. The utilization of secure internet and cloud-based technologies offered the flexibility for a quick migration to work-from-home stations, allowing staff to seamlessly provide services and supports despite their disbursed physical locations. The use of teleconferencing technology, while already regularly utilized by NorthCare, expanded greatly during COVID-19, allowing rapid and effective communication and collaboration through audio, video, and chat.



The transition to remote operations has not been without its challenges, including work-from-home adjustments, coupled with virtual learning. A general increase in the use of information technology to stay in touch has placed unprecedented stress on Internet infrastructure. Working closely with technology partners throughout the region has allowed us to swiftly manage bandwidth and logistic concerns and keep operations functioning at optimum levels. IT technicians across the region have swiftly acclimated to working with staff and their Internet service providers on a regular basis to help keep everything connected, doing their part to ensure that consumers stay connected with the care they need.

Veteran Navigator

During FY20, the Veteran Navigator contacted 66 new Veterans, 84.8% of whom were male and had either retired or completed their term of service in the armed forces. Approximately 56% of Veterans seeking services were younger than age 50, a 10% increase from the previous fiscal year.

A total of 48 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 county Veteran Service Officers (VSO), housing, transportation, employment, and other community resources. Referrals have increased 34.8% during FY20 for Veterans, Service members, and their families seeking services.

