CATHOLIC
HUMAN SERVICES

Strengthening northern Michigan one person at a time.

50 YEARS OF SERVICE 1972-2022

ANNUAL REPORT

Fiscal Year 23

October 1, 2022-September 30, 2023

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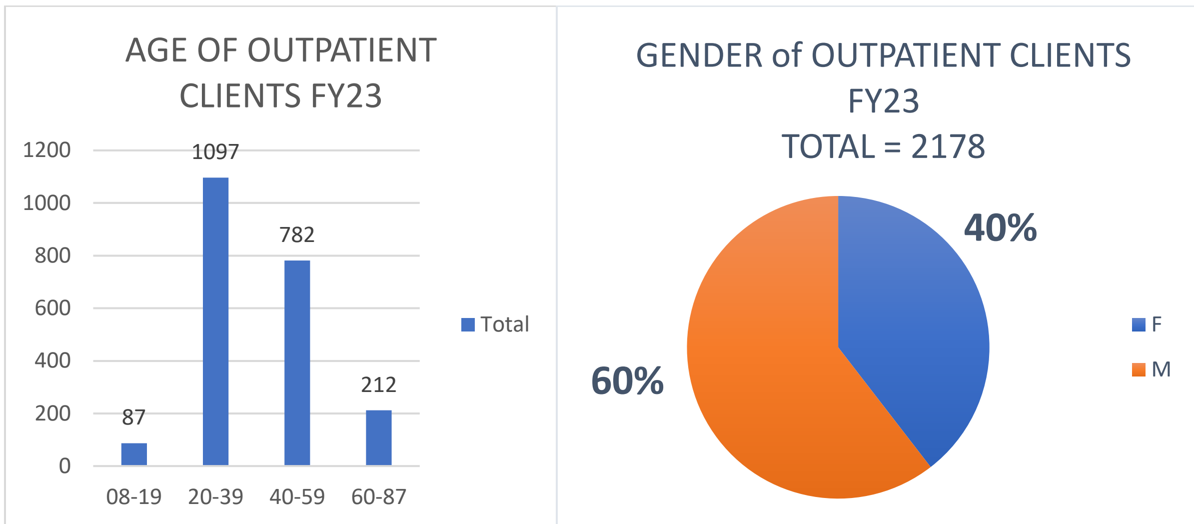
Highlights

- Hired a new Registered Nurse for the Recovery Care Team for opioid use and alcohol use disorders resulting in increased enrollments and number of services provided.
- Staff continued to have flexible schedules to accommodate every client's choice of in-person or telehealth service type.
- Continued growth of campaign "Embrace CHS" to promote the work of our agency in church communities.
- Converted to cloud platform that provides more flexibility and reliability for network access and use.
- LARA SUD Administrative Law changes that allowed for branch location designations and reduced our licensing fees.
- Explored cloud conversion from current electronic health record vendor.
- Coordinated with multiple counties to implement distribution of the State's share of Opioid Settlement Funds.
- Senior Volunteer Program Director was appointed to the State Advisory Council on Aging for Michigan.
- Senior Volunteer Programs went through a financial assessment with the State of Michigan ACLS Bureau and received no findings or recommendations.
- Senior Volunteer Programs collaborated with area churches, credit unions, Costco, and community members for the annual Giving Tree Project which raised $6,620 in grocery and gas cards that got distributed to Foster Grandparent & Senior Companion volunteers in December 2022.

At a Glance……Who We Served

TOTAL UNDUPLICATED SERVED BY SERVICES				
	FY22	FY23	DIFFERENCE	% of CHANGE
Recovery Care Team	93	117	24	20%
Services provided in Jail (State Opioid Response funding)	490	724	234	33%
Alcohol & Drug Services (ADS) Outpatient Treatment Program	1838	1850	12	.1%
ADS Court & Behavioral Health Assessments	1251	1326	75	6%
Highway Safety Education/Victim Impact Panel & Prime for Life	372	434	62	17%
Family Services (FS) - individual/family outpatient treatment	370	327	-43	-12%
Employee Assistance Program (number of sessions provided)	142	124	-18	-13%

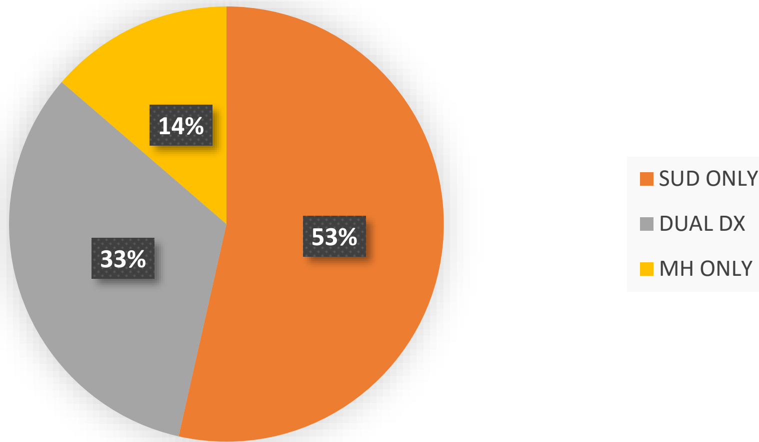
Prevention Services	49,179
Home Based	48 families
Foster Grandparent & Senior Companion Programs	333



CLIENT RACE

	CHS	State of Michigan
White	91%	79%
Black	1%	14%
Native American	1%	1%
Other	8%	6%

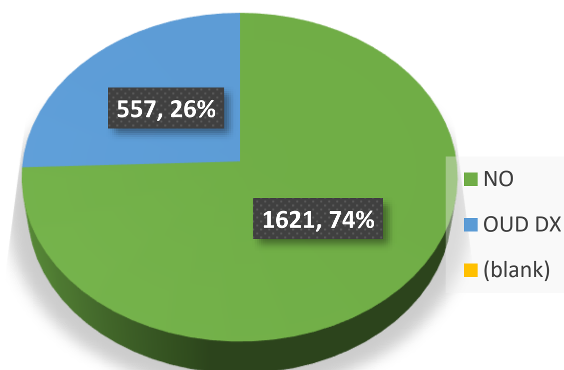
Note: These percentages were prepared using a sampling of CHS office/county data, compared with the State of Michigan 2020 census data. These percentages are similar in comparison with historical data about CHS clients.



This chart reflects the percentage of clients with only mental health, only substance use disorder, and both a substance use and mental health disorder diagnosis code (dual diagnosis).

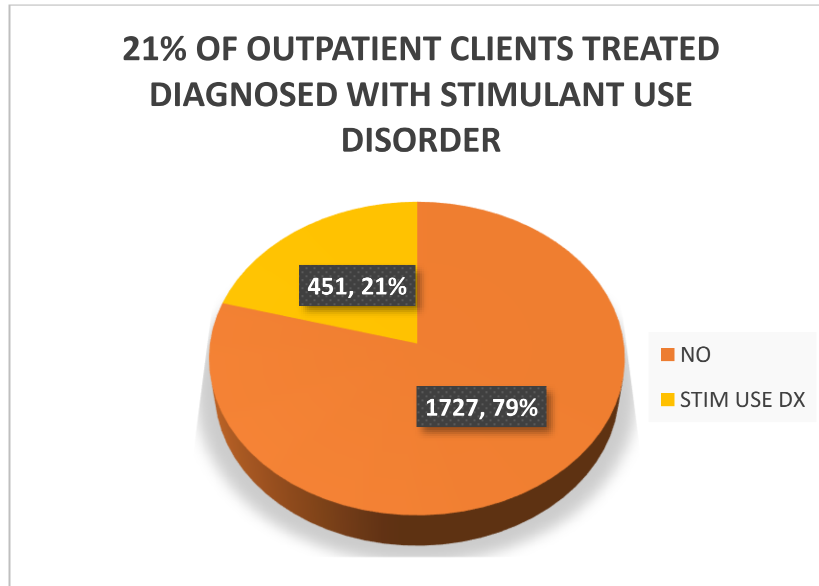
OPIOID USE DISORDERS

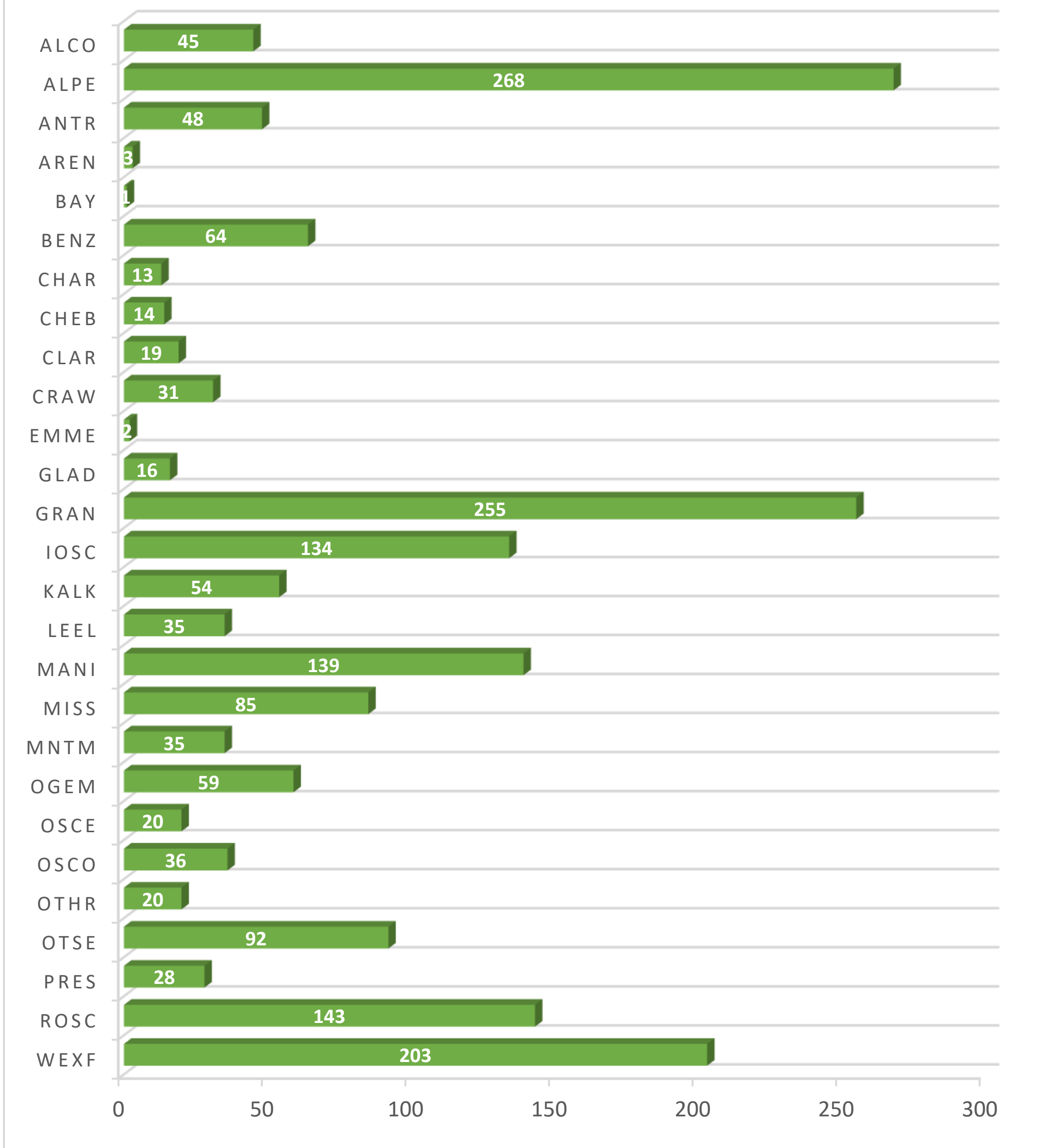
Northern Michigan is not spared the opioid use crisis and Catholic Human Services has responded with a variety of services to address these clients' needs. Our Peer Recovery Coaches have shared their lived experience and we have reached out to jails to provide counseling and case management services to people while they are incarcerated. Additionally, CHS implemented the Recovery Care Team and hired a registered nurse in October 2021.



STIMULANT USE DISORDERS

The other trend our clients have experienced is stimulant use disorders, with 21% of our outpatient clients diagnosed with stimulant use disorder.





Financial Management

CHS continues to diversity funding away from 100% fee-for-service reimbursement for clinical services by successfully being awarded grant contracts. Under the State Opioid Response (SOR) resources to provide outreach services in many jails in the CHS service area. This has supported a stable revenue stream since 2019 and those funds are winding down with the expectation to expire in FY25. Continued grants to support the work of Peer

Recovery Coaches have offered CHS the opportunity to provide much more comprehensive services through peer outreach. The Recovery Care Team enrollment has increased and that offers a funding opportunity that has not yet been at 100% capacity. An additional focus has been grant funding to provide pregnant and post-partum women and their partners with substance use disorders parenting education and support.

Fundraising and Marketing

Most significantly, CHS has continued to expand our fundraising efforts over the last year from the work of Susan Kirkman, Digital Marketing/Charitable Giving Manager.

Total donations for FY23: $54,097.05

Total donations for FY22: $49,553.43

Percent of change: +9.17%

Total donors for FY23: 160

Total donors for FY22: 151

Percent of change: +5.96%

On Labor Day *"Bridging Hope: Bishop Walsh's Flock Walk for CHS"* was held. This peer-to-peer fundraiser was a way for individuals to walk across the Mackinac Bridge with Bishop Walsh. In total, roughly 50 walkers walked five miles from Mackinaw City to the middle of the Mighty Mac and back. Along with way, participants were able to talk to Bishop Walsh and the staff of CHS to learn more about the work we do in the communities of Northern Michigan.

In honor of the Golden Anniversary of Catholic Human Services, the *"Embrace CHS"* campaign was launched in 2022. As a faith-filled organization, *"Embrace CHS"* aims to work with church leaders to educate their congregations about the positive work being done every day in their community. Churches pick a month to "*Embrace CHS"* along with a customized array of options to fit their congregation best. Providing a mailing list, running tailored ads for Senior Volunteer or Employee Assistance Program (EAP) programs, having a CHS leader present, or participating in the Prayer Project are among the choices church leaders can pick. Since the campaign launch, fifteen congregations across northern Michigan have opted to participate, with eighty-seven individuals participating in the Prayer Project.

Business Indicator: Write-Offs

There are two reasons for which CHS writes off charges that are recognized as being able to be acted on to decrease losses. These write-offs are due to invalid authorizations and untimely

submissions for block grant and Medicaid funding for Alcohol and Drug Services (ADS) clients.

In FY18, because of the large number of write-offs and the total amount, various steps were implemented to prevent these write-offs. Eastern and Central Region Operations Manager took an active role in monitoring the status of authorizations and increased training and supervision was implemented in the other regions to address this issue and weekly appointment reports were provided and these practices continue. Another significant factor was a change in policy from the Northern Michigan Regional Entity (NMRE) where clinicians were able to request authorizations for longer periods of time and there was flexibility in allowing back dating of authorizations with the submission of the corresponding progress note.

With those changes, monitoring the write-offs became a lower priority as Northern Michigan Regional Entity continues to allow for back-dated authorizations when progress notes are submitted for their review of the service date. Based on the discrepancies between regions with continued write-offs, all clinicians were asked to upload progress notes per NMRE requirements for backdated authorizations and that appears to have been effective in continuing to lower the total write-off amount. The number of incidents continued to decline as there were a total of 27 in FY23, as compared to 55 the year prior.

History of Write-Off Data
For ADS Clients with Block grant and Medicaid funding

Write-off Reason	FY 18	FY 19	FY 20	FY 21	FY22	FY23
Write-offs due to no valid authorization[1]	$16,637.48	$5,155.03	$2,191.67	$3,099.95	$1794.10	$3110.09
Write-offs due to untimely submission[2]	$12,199.00	$5,912.62	$2,463.12	$8,853.04	$6238.70	$1720.98
TOTAL	$28,836.48	$11,067.65	$4,654.79	$11,934.99	$8032.80	$4831.07
Total number of write-offs for these 2 reasons	297	96	59	109	55	27

Billing Audits and Analysis

The billing staff continued various processes to verify the accuracy of notes and codes through this fiscal year. Reports to monitor appointments with missing charges are conducted at least monthly and results are provided to the clinician and clinical supervisor to address the missing charge in a timely manner. Given the volume of sessions provided and the number of clinicians, it is recognized there will always be the potential for missed charges but there is a sound system in place to cross-check for missed charges in a timely fashion to submit claims within the filing limit. Analysis of the write-offs due to untimely submissions shows the efficacy of this system with continued downward trends.

As a result of the accreditation survey in March 2022, more information to analyze common billing problems was suggested and implemented immediately. Our Billing Supervisor presented the results of the audits quarterly to all clinical and support staff and actions were taken to address trends and gather feedback from staff as appropriate. The goal of 5% was established as an "acceptable" error rate given the known limitations of our electronic health record and the results were below that threshold each quarter.

Billing staff review multiple elements of the progress note compared to the charges including: duration; modality; teletherapy advisories; time in; time out; billing code; and number in group sessions. Our largest funder is Northen Michigan Regional Entity and all notes with that funding are included in the billing audits with 3,000-3,500 notes reviewed quarterly.
Notes were corrected accordingly, and claims were submitted without errors. Feedback from a clinician upon review of these reports was to redefine the CPT codes to include the

description of minimum and maximum minutes per code resulting in a slight improvement in accuracy of the codes as early as the next quarter.

Analysis of claim submission errors were completed quarterly by billing staff. There are discrepancies with the level of support clinicians are provided across the four regions but the results of the claim errors don't reflect that assistance has proven to be entirely effective in reducing the number of expired or exhausted authorizations. However, there are other factors that impact that including the size and complexity of caseloads and the skills of the clinician to manage all the required documentation and tasks. Overall, there was less than a 5% error rate which is identified as the acceptable rate given the limitations of our electronic health record and these other factors.

Risk Management

As with many activities in FY23, the risk management priorities were focused on the winding down of provisions of the public health emergency that were implemented for the COVID-19 pandemic. The three-year ban on Medicaid redeterminations in Michigan started to end in May 2023 and we noticed a small increase in clients starting to lose their Medicaid and being over the income limits for block grant funding. There were also changes for telehealth sessions so screening for the client's modality preference was implemented as well as documenting clinical reasoning for the provision of teletherapy sessions.

Another change from the wind-down is that all Recovery Care Team enrollments are mandated to be in-person so a hybrid approach was developed. The registered nurse does a lot of upfront work to get a client ready for enrollment and scheduling enrollment appointments with a clinical supervisor, clinician, or peer recovery coach to complete the in-person enrollment session. CHS has received limited information from Northern Michigan Regional Entity in preparation of the end of the public health emergency but is preparing to address changes as needed.

To our dismay, Northern Michigan Regional Entity turned over the monthly task of verifying Medicaid billing eligibility checks for each clinician to each contracted provider in their network so additional tasks were assigned to our support staff and we contracted with the same vendor NMRE had used to facilitate these monthly checks.

In the spring of 2022, CHS contracted with Zoom, Inc. to provide phone services and an integrated communication platform is available that includes texting and chat messages. Feedback from staff has continued to be very positive and the system is easy to learn, use, and provides reliable service, finally solving many challenges with communications we experienced working remotely. An unexpected benefit of Zoom Meetings has been the ability to provide technical support and other training with screen sharing.

Additional risk management activities completed during the year were on-going billing audits to ensure proper billing codes, documentation in the clinical record, and reimbursements. The annual financial audit was completed by the CHS certified public accountant. The FY23

audit did not result in any recommendations or corrective actions needed. In addition, the annual review and renewal of agency insurance coverage was completed as scheduled and cybersecurity training was completed by all staff. Medicaid and regional entity audits were completed as scheduled and were overseen by the Corporate Compliance Officer. See the Corporate Compliance section of this report for discussion on those audits/reviews.

A new process was developed to better track emergency drills and inspections electronically (converting from paper binders as was traditionally implemented in the past) in FY22 but the efficiency of that system was determined to be lower than expected so that was abandoned in FY23 and both Health and Safety Officers have developed sound systems to track these activities and outcomes. A plan to scan all completed drills and inspections into our shared drive for long-term reference and protection was agreed as we experienced a scramble for records several years ago when long-term staff left and did not have a clear replacement to acquire those binders. Refer to the Health and Safety section of this report for more details and risk management issues that were implemented related to staff and client health and safety.

Human Resources

Catholic Human Services implements a number of strategies to ensure staff members are qualified and competent to provide quality services. These include annual performance appraisals; staff training (provided both inside and outside of the agency); individual and group clinical supervision; verification of professional licenses and certifications; employee surveys; employee turnover rates; and feedback from exit interviews. As a result of our Northern Michigan Regional Entity Site Survey in June 2023, additional measures to credential and re-credential staff were identified, namely a bi-annual Re-Credentialing Application.

Part of the performance evaluation system includes particular aspects related to personnel. These include a review of the data on personnel, completion of annual performance reviews, feedback obtained from employee surveys, and surveys of those who leave CHS employment.

The table below reports the total number of employees, the number who left CHS employment, and reasons for leaving, along with comparative numbers for the previous three years. It should be noted these numbers reflect all CHS staff in all programs, and not just those providing clinical services.

Human Resources Data

	FY19	FY20	FY21	FY22	FY23
Total employees at beginning of fiscal year	83	87	82	83	86
Total employees at end of fiscal year	88	82	86	88	93
Number who left CHS employment	24	26	18	17	18
REASONS FOR LEAVING CHS EMPLOYMENT					
Laid off	1	0	0	5	0
Moved out of area	1	3	3	0	1
Retired	4	3	3	1	2
Found another job	6	7	6	9	8
Dismissed (fired)	3	3	1	1	4
Temporary hire - short term	5	3	3	1	0
Other (quit - no notice, resigned)	4	7	2	0	3

Staff turnover and recruiting staff remains a challenge with some clinical and peer recovery coach positions unfilled for months. At the end of FY23, there were approximately four unfilled positions. Last year, a variety of videos were created and posted on the website in an effort to attract new employees and an additional strategy was to offer $1500 recruitment bonuses to current staff who refer qualified staff for open positions and one employee received the incentive. Attracting and retaining clinical staff has been a long-term challenge.

We provided an opportunity for all staff to respond to a survey to rank in order of importance on a scale of 1-10 "What keeps you at CHS?" The choices included:

- PTO/Holidays
- HRSA/Loan /Forgiveness Programs
- Professional Development
- Passion for work/mission
- Supervisor/Coworkers
- Pension Plan

- Flexible Schedule
- Salary
- Health Insurance
- Culture

The results revealed "Passion for Work/Mission" was the overwhelming priority amongst the staff who responded. There were 69 responses and 30 ranked "passion for work/mission" as their number one choice and a total of 48 ranked it within their top three choices which is nearly 70% of respondents.

Not terribly surprising, 43 respondents identified "Loan Forgiveness Program" as their least important priority but given this applies to very few staff, that is a logical outcome.

Concerning the results of the rank of "Pension Plan" within the 8,9,10th priorities of 33 staff, it is speculated to be of low priority as many staff are likely not vested, yet. Staff need five years of service to be vested in the pension plan and nearly 60 of our staff have been hired within the last five years.

Other results of significance is that approximately 61% respondents identified "Supervisor/Coworkers" and "Flexible Schedule" within their top 3 priorities.

Health and Safety

CHS institutes a variety of activities designed to ensure the health and safety of clients, staff, and visitors and these activities are overseen by the Operations Managers in each region with input from the Corporate Compliance Officer.

Conversion of tracking these activities from paper to an electronic planner was completed in FY21 and staff received training on uploading documents to have a centralized electronic record of all completed drills, inspections, and incident reports received with a system to prompt when drills are due based on a general calendar. However, after using the system, it was cumbersome and had limitations and ended up being duplicate work as the traditional binders used to manage Health and Safety activities was still needed. A hybrid system was proposed to keep the binder but upload all the documentation to our shared drive for reference, sharing, and safe keeping.

Health and Safety training materials were converted to Relias as a better means of tracking the completion of these trainings and increased training consistency in 2021, rather than gathering in person. Due to the COVID pandemic, the training materials were assigned to all staff to complete individually and an opportunity to discuss was offered in weekly regional meetings and this continued in FY23. Information about COVID-19 transmission was added to the training materials.

Many of our satellite offices had not been occupied or used by staff since the start of the pandemic but all returned to some level of staffing during FY22 or were closed. Our Roscommon site was one additional closure in FY23. Some staff, particularly front desk staff, have worked minimally in each regional office and a select number of clinicians resumed working at a regional office so drills were developed by those staff and presented to the larger group of staff during weekly meetings for each region.

Teletherapy emergency training was added to the annual training materials and discussed in Regional Clinical and Support Staff meetings which offered some valuable discussion as to the special circumstances that may arise delivering services in this manner. Staff discussed challenges of contacting emergency responders when they have a teletherapy session and strategies to respond were discussed and processed.

Incident Reporting System

There is an established system for reporting and review of safety, clinical, and a variety of other types of incidents. Staff receive training on the incident reporting system at hire and annually, along with other Health and Safety training. There is a policy on incident reporting, as well as an incident report form. After an incident occurs that requires reporting, the staff member involved completes the form. It is then reviewed by the Clinical Supervisor to document follow up actions, and then passed along to the Regional Operations Manager and Corporate Compliance Officer. Through the course of the year, designated staff review incidents, determine any trends and follow-up actions needed, and future plans to prevent recurrence.

During FY23 there were twenty-five reported incidents, in contrast to the previous year's total of fourteen. It should be noted that these are incidents reported from all programs and services at CHS, not just outpatient clinical services. The average number over the ten years prior to the pandemic is 30, so this is lower than our average but an uptick over the prior year, presumably because of the increased volume of activity in-person rather than remote sessions.

The number of incidents of verbal aggression was reported as three, up from two the year prior. As a result of one caller who was inappropriately harassing our receptionist, we investigated how to block phone numbers and how to monitor in the Zoom app any further contact from a particular number. Three welfare checks were reported across all four regions, one involving action needed from a Peer Recovery Coach who reached out to the Clinical Supervisor and ultimately called for emergency services to conduct a wellness check. Seven

information security incidents were reported, mostly resulting in recognizing a breach could have occurred. On the two occasions where information was improperly disclosed, it was a fax number programming error that was quickly corrected and notification to the effected clients was sent without further complaint. Challenges of staff having access to electronic records across all regions and update in May all staff meeting addressed. There was a total of eight incidents in the "Other" category.

Front desk staff have at least annual training in de-escalation and the opportunity to discuss specific cases in the weekly team meetings so ongoing training is available. They are also effectively able to reach out to clinicians and clinical supervisors because the Zoom app provides the "availability status" of staff in real time. Support staff has been remarkably adept at handling a wide range of concerns and all have demonstrated a great ability to respond appropriately and no major problems with this system has occurred, but Management recognizes the stress staff feel when the occasions occur.

Technology

One benefit of offering teletherapy as a result of the COVID-19 pandemic has been the ability to refer clients to a particular group that was not offered within the client's geographic location. Plans to resume in-person sessions included identifying those clients who would most benefit from in-person sessions and taking into consideration the therapist they have been seeing may not be in their geographic location to transition to in-person sessions, so strategies were discussed.

We continue to use Docusign to capture signatures but hoped a cloud version of our vendor's electronic health record would offer a solution to this and provide an integrated approach for our documentation. CHS signed an agreement to convert to the cloud version in May 2023 and a team of eight staff were identified to work on the implantation. (Ultimately, after months of implementation planning and meeting with our vendor's representative, it was decided the benefits of their electronic health record fell short in comparison to it's limitations and the expected training needs of our staff to convert to it and it was abandoned by November 2023.)

Our network vendor advised our server hardware is becoming obsolete and replacement parts may be difficult to secure and advised we consider transitioning to a cloud server and this was in process through much of FY22 and finally implemented in February 2023. The transition took much longer than estimated as there were challenges with adapting older billing and volunteer record applications to the cloud. Additional costs were incurred and a temporary solution for the Volunteer Program records was provided with the expectation a new application would be developed with the assistance of Visual Edge and this has proven more challenging and costly than expected.

One of the expected benefits of the cloud conversion was a single avenue for tech support from the Visual Edge Tech Support line. This was a rocky transition but with positive trend each month as staff's problems were able to be addressed effectively and quickly. This was a process and by the end of the year, most of the tech needs were addressed directly from the support line. One lingering issue of this cloud conversion has been printing challenges and periods remain where staff are unable to print consistently.

Reports from Visual Edge confirm our work stations are 100% up to date for antivirus protection and audit results for firewall, switch, and wireless monitoring were satisfactory. One recognized risk is the possibility of staff responding to phishing emails despite the "Caution" banner that identifies emails that originate outside of the agency but staff are openly encouraged to check with Supervisors or Tech Committee members if they question an email solicitation rather than just opening it.

Up North Prevention

Up North Prevention offers evidence-based programs and services that have been evaluated and demonstrated to be effective in preventing health problems, like substance misuse and abuse. Up North Prevention provides trained prevention specialists in collaborative settings to create environments conducive to learning with adaptability to a variety of audiences.

During this past year, Up North Prevention staff provided outreach, prevention education, and delivery of evidence-based curriculums to 49,179 individuals. This included outreach and education and included in these numbers we were able to deliver direct programming in the form of community training and evidence-based curriculums for adolescents and parents.

Up North Prevention staff delivered the following programs and trainings:

ACES- Adverse Childhood Experiences Training- 2 community trainings
Botvins Life Skills Training- 92 programs
Prime for Life- 32 classes
Guiding Good Choices- 13 classes
Naloxone trainings- 70 trainings
TIPS- 18 trainings
Stanford VAPE classes- 75
Drug Trends Education- 6 trainings
RX Drug Presentations – 42
Botvin's Parent Program – 6 classes
SMART Recovery for Teens – 14 groups
Natural High Lessons – 115 lessons

Up North Prevention is also actively involved with community outreach and awareness events. These events include: medication take-back events; sponsoring the Hidden in Plain Sight Trailers initiative; attending events throughout the tip of the mitt to provide outreach and education; and endorsing and encouraging coalitions across the region to embrace activities that promote recovery friendly communities in an effort to reduce stigma and increase awareness around all facets of a community engaging in language, behaviors, and activities that promote wellness and recovery.

Up North Prevention collaborates, coordinates, and provides community-based training throughout northern Michigan. These trainings include overdose reversal training, TIPS (Training for Intervention Procedures) Alcohol Training, and partnering with several hospital systems to bring experts to northern Michigan around effective pain treatment, medication assisted treatment, and stigma reduction.

Successes

Awarded the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Grant covering Iosco & Ogema counties.

Awarded the Opioid Affected Youth Initiative (OAYI) Grant covering Alcona & Oscoda counties.

Students Leading Students (SLS) chapters were started in five counties and reached 120 youth.

Awarded 3 grants in the state for the Michigan Partnership to Advance Coalitions (MI-PAC) for Alpena, Montmorency, and Presque Isle Counties.

Eleven counties successfully participated in the Prevention Network- Community Support and Community Change program providing funding for community coalition growth, community assessments, media outreach, and youth leadership.

Impact

Up North Prevention provides support to several substance misuse prevention coalitions across northern Michigan. The coalitions are comprised of people from different parts of the community who all work together to improve public health in the region. Coalitions operate within a strategic prevention framework and practices are strongly influenced by the Community Anti-Drug Coalitions of America. Up North Prevention has twelve active community prevention coalitions and two are in the development phase.

Recovery Care Team

This is the second year of active Recovery Care Team services, also referred to across the State of Michigan as "Health Homes". The Recovery Care Team goals are to provide client-centered care coordination, education, and support to individuals suffering from opiate and alcohol use disorders who may benefit from Medication Assisted Treatment (MAT); as well as support to better manage health problems frequently experienced, such as diabetes, asthma or high blood pressure; and to assist with basic needs for adequate housing, food assistance, or transportation that may be barriers to engagement in treatment.

To qualify for enrollment, a client must have an alcohol or opioid use diagnosis and have active Medicaid coverage and reside within the Northern Michigan Regional Entity (NMRE) service area. Our RCT faced significant challenges in FY23 including staff turnover as the founding RCT Nurse left resulting in a 30-day period without a nurse on staff, resumed Medicaid re-determination checks, and all enrollments starting in May were mandated to be face-to-face. Furthermore, NMRE expected billing needs to be diversified with more staff involvement and encouraged that we enroll current outpatient clients who are receiving case management services that are otherwise not being reimbursed to the rate it could be if those clients had been enrolled in our health home.

One client expressed: "I prefer RCT support over doing counseling because I can talk to RN and PRC about anything and I don't have to wait for an actual appointment to do so." (enrolled May 2023).

One significant success from our RCT programming is that a client with alcohol use disorder qualified for a liver transplant in March of 2023 and remains off all substances and is also now off insulin (enrolled in September 2022).

Quantity of Services for
Alcohol Health Home (AHH) and Opiate Health Home (OHH)

NOTE: This is not reflective of change in revenue as only the first service provided in the month per enrollee is reimbursed.

	FY22	FY23	Difference	% of change
Q1	**85**	**268**	**183**	**68%**
AHH SERVICE	4	108	104	96%
OHH SERVICE	81	160	79	49%
Q2	**146**	**224**	**78**	**35%**
AHH SERVICE	50	109	59	54%
OHH SERVICE	96	115	19	17%
Q3	**183**	**288**	**105**	**36%**
AHH SERVICE	80	144	64	44%

OHH SERVICE	103	144	41	28%
Q4	**196**	**398**	**202**	**51%**
AHH SERVICE	90	183	93	51%
OHH SERVICE	106	215	109	51%
Grand Total	**610**	**1178**	**568**	**48%**

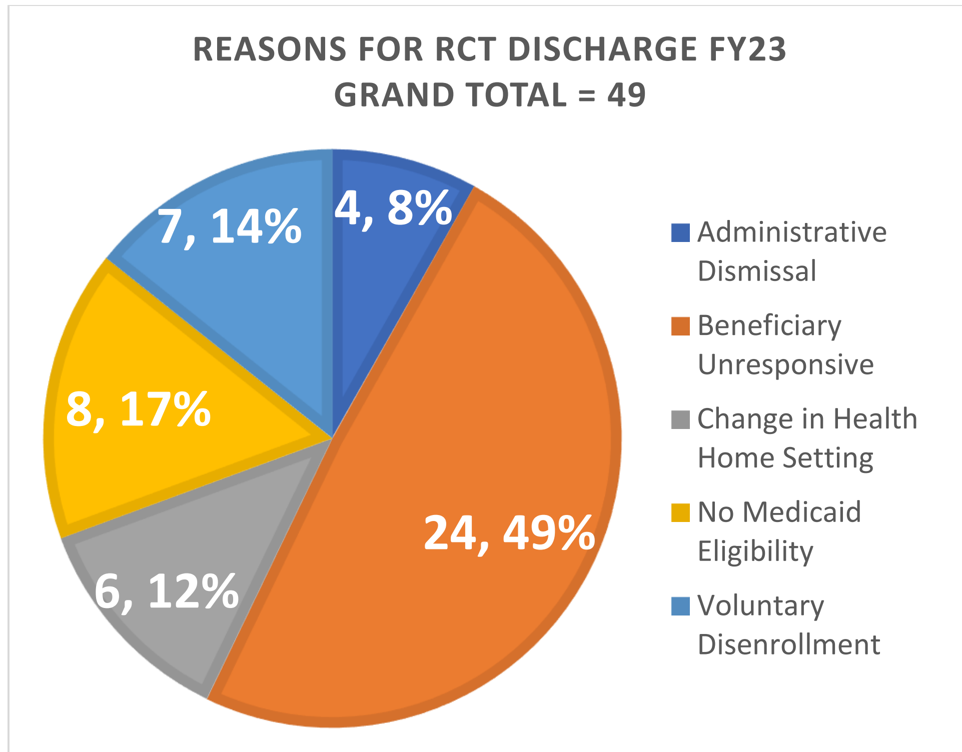
Unduplicated count of clients who received RCT services in FY23

Row Labels	Sum of Quantity
FEMALE	**49**
Opioid HH	30
Alcohol HH	19
M	**68**
Opioid HH	36
Alcohol HH	32
Grand Total	**117**

The 117 unduplicated clients is a 20% increase over FY22 (93).

42% female
58% male

66 total OHH	45% of OHH clients are female and 55% male
51 total AHH	37% of AHH clients are female and 65% are male



Reasons for Recovery Care Team Discharge Analysis:

Analysis of length of enrollment and reasons for discharge were planned for this year.

Discharge data for the Recovery Care Team for FY23 is very comparable to the prior year with a few exceptions. The total number of discharges increased from 30 in FY22 to 49 in FY23 which is expected considering the growth in enrollments over those two years. Half of all discharges are attributable to the beneficiary not responding to repeated attempts to contact them. Clent's disenrolled because of incarceration resulting in the loss of Medicaid eligibility are disenrolled as "Administrative Disenrollment". More enrollees were discharged as a result of losing Medicaid eligibility and given Michigan resumed checking re-determinations for Medicaid in May of 2023 after years of automatic renewals during the COVID-19 pandemic, this is not a surprising increase and likely will continue to grow as more re-determinations are conducted. Another notable difference, and most significantly, is three enrollees in FY22 were discharged due to death and zero in FY23. The average days of enrollment over the two years is for those who were discharged is 226 compared to 422 days for the 147 cases that are still open as of September 30th 2023, with a combined average of 356 days which was the anticipated target.

We continue to grow in our OHH/AHH program; re-branded as our Recovery Care Team (RCT). We have our RCT Team in place to include: Dr. David Best Medical Consultant, Jessica Harbson, Registered Nurse, our 3 clinical supervisors, Sarah Hegg, Larry Lacross and Pam Morgridge, clinical staff from all 3 regions, Phil Sweet, Psychiatric Nurse, and 2 Peer Recovery Coaches, Mark Marrison and Jonathan Boyd. The RCT has moved the OHH/AHH program along nicely and have a goal this year to enroll 100 OHH clients and

100 AHH clients at which time we would look to increase our RCT team by adding additional staff.

Peer Recovery Coaches & Services

This year we have maintained and expanded access to peer recovery coaching services in hospitals, jails, a primary care center, and community-based settings.

Project Assert has continued to be an innovative, integral part of responding to substance use disorders in hospital settings. Coaches, called Wellness Advocates, work as part of the medical teams in emergency departments in MyMichigan Hospital in Alpena and Ascension-St. Joseph Hospital in E. Tawas. These coaches work shifts in the Emergency Department and are also called in as needed to provide brief negotiated interviews and help link patients to treatment. In FY 2023 coaches worked with a total of 362 patients at MyMichigan in Alpena and 205 patients at Ascension in Iosco. This program has received consistent positive feedback from physicians and other medical staff.

The Wellness Response Teams program has continued to respond to individuals experiencing overdose or high-risk substance use in the community. In FY 2023 coaches responded to a total of 192 referrals in our communities. These came from the community, clinical programs, law enforcement, or EMS. In Alpena coaches have a close partnership with the Alpena Fire Department and collaborate with the community risk reduction paramedic to respond to referrals. Staff have also reached out and developed collaborative relationships with Rogers City Ambulance, Iosco County EMS, Alcona County EMS, and others. The program also collaborates with Alpena City Police, Alpena Sheriff's Department, Iosco County Sheriff's Department, Tawas Police, and other law enforcement agencies.

CHS also partners with MyMichigan Healthplex in West Branch to provide a peer recovery coach full-time for Project Assert in a primary care setting. This coach, also a member of the medical service delivery team, provides peer recovery coaching to patients in the clinic and individuals in the community.

Community-based peer recovery coaching expanded this year and we welcomed a new, full-time peer recovery coach. Coaches take referrals directly from the community, from the CHS clinical program, other agencies and from other coach outreach programs. Often there is a direct, warm handoff from Project Assert or Wellness Response to a community coach, who then helps the individual create and maintain support within the recovery community. The full-time coach also works collaboratively with Sunrise Centre (local residential treatment) and local recovery housing to support individuals as they transition to different levels of care. The coach has also started working weekly with individuals in the Presque Isle County jail and also participates in a group with the PIVOT juvenile program.

Finally, the Family Recovery Coach program welcomed a new full-time coach this year who has also been highly effective. This program, funded with the generous support of the Michigan Health Endowment Fund, operated in an effective and cost-effective way for the

first two years of implementation and was able to carry over a surplus into the third year of services. This program works with families affected by substance use disorder, often in close collaboration with clinical services and other coaches. Coaches also work with adolescents to have substance use problems along with their families. The Alpena based coach also collaborates with the PIVOT program to provide group and individual peer coaching to adolescents with substance use problems.

Coaches have provided individual and group services in Wexford, Missaukee, Grand Traverse, and Antrim County jails. This service has increased accessibility and participation of incarcerated individuals to learn about different recovery-based pathways as well as provided opportunities for outreach and education regarding community-based supports to assist with a successful re-entry plan following release from jail.

Community-based coaches provide flexible coaching support to accompany and mentor clients as they engage in the recovery process. This year we have expanded access to coaching for individuals in the court system and the coaches developed a process, in partnership with Alpena Chief Circuit Judge Ed Black, for individuals to complete and submit a "Recovery Action Plan" to the courts in Alpena.

Community-based coaches in the Western and Southwestern regions worked with Dr. David Best in the Cadillac CHS office and his own private practice in Traverse City for referrals and client encounters. The referral process has increased participation of clients that receive medication for opioid use disorders in the opportunity to explore coaching and recovery supports as well as assist with engagement of medical and therapy appointments. The community-based coaches have also increased recovery opportunities providing "resource roundtables" yoga recovery and other recovery pathways that foster healthy pro-social gatherings in a supportive and nonjudgmental environment.

Community-based Peer Recovery Coaches in the Central Regions are involved in their community; Board members for the Families Against Narcotics (FAN), facilitate multiple support groups to include both zoom groups as well as in-person groups. They also reach out to the Crawford County, Roscommon County and Ogemaw County jails monthly and meet with people housed in the jails upon request. They receive referrals from the community in which they work as well as the clinical staff at CHS. They provide "Welcome Calls" to individuals scheduled for an In-take ASAM appointment, answering questions and helping the new client feel comfortable.

Peer Recovery Coaches also play a valuable part in the Recovery Care Team program, as mentioned above; assisting with monthly touches, enrolling new individuals into the RCT, and offering support in their recovery process.

Clinicians working with clients have expressed appreciation for the ability to refer clients to a Peer Recovery Coach and they are certainly a valued asset to CHS.

Family Recovery Care Team

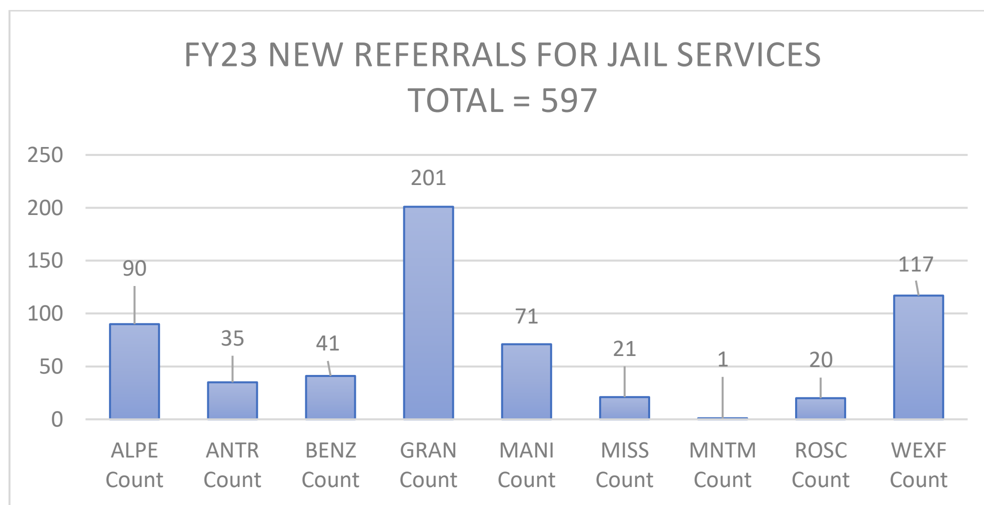
The Family Recovery Care Team program continues to provide support and care coordination for individuals in the child welfare system due to addiction. This year we saw several parents with substance use disorders successfully complete and close their child welfare cases; retaining parental rights with the support of case management, clinical services and recovery coaching.

Community Collaborations

Jail Services

CHS staff have continued close partnerships with ten county jails in our region, providing clinical counseling, case management, and peer recovery coaching directly to people while they are incarcerated. This has helped individuals to begin working on substance use and mental health problems, access higher levels of treatment, medications for addiction, and prepare for release. Staff continue to support individuals post-release from jail and assist them in navigating basic needs, treatment, and recovery supports.

The funding to provide counseling and case management services in the jails is supported by the State Opioid Response (SOR) resources allocated with a priority population identified as opiate use disorders and/or stimulant use disorders. A total of 728 unduplicated incarcerated individuals were served in FY23 (compared to 618 in FY22), with 597 who started in the fiscal year (compared to 490 in the year prior).



CHS alongside of Western State University's Behavioral Health and Justice Center provided training to CHS clinical and coaching staff as well as community stakeholders on evidence-based practices of prescribing medications for opioid use disorders in community-based jails as well as streamlined fidelity measures to ensure education, operations and services that support medications for opioid use disorders in jails were made available depending on

staffing and support of jails that were involved in State Opioid Response (SOR) funded substance use disorder jail based programs. CHS has increased collaborative relationships with drug company representatives, Nick Murtha from *Alkermes* and Christina Nicholas from *Indivior,* to provide clinical and coaching staff training on evidence-based medication assisted treatment for opioid and alcohol use disorders.

This year CHS Eastern Region continued and expanded services to several county jails. Alpena county jail has now become a regional hub, serving Alpena, Montmorency, and Alcona counties. CHS staff including a case manager, clinician and the supervisor partner closely with the sheriff's department and staff of the Alpena County jail. This year the sheriff approached CHS to develop greater collaboration, an opportunity which resulted in the case manager, a peer recovery coach and supervisor being credentialed to have vendor access to the sheriff's department and the case manager working full time from an office within the sheriff's department, including in person access to inmates to need these services. This and ongoing clinical services, delivered virtually, have greatly enhanced the case management and discharge planning services to vulnerable inmates. Staff have also developed a close partnership with medical and behavioral health staff at the jail and meet weekly for integrated care coordination.

CHS was also approached by the Presque Isle County sheriff's department and developed a collaboration placing a peer recovery coach in the jail weekly to work with inmates identified with substance use problems. Staff have also continued and expanded a similar partnership with Iosco County jail.

Michigan Works! Life Coaches

Catholic Human Services developed a close partnership with Michigan Works! in recent years to provide supervision guidance for two Life Coaches who were valuable resources for clinicians to refer clients who needed job training and support securing employment for the last two years. Unfortunately, the funding provided by the State of Michigan to support the work of Life Coaches was reduced so those services provided to our clients ended.

PIVOT funded by Family Division of 26th Circuit Court

CHS has a dedicated clinician who is allocated two days a week to work with adolescents in the juvenile justice system at risk for out-of-home placement.

Medication Assisted Treatment (MAT) Partnerships

Catholic Human Services has continued our close collaboration with five medication-assisted-treatment providers but it has brought many challenges. We continue to report weekly attendance and have had multiple meetings with those providers in attempts to lower the no-show rate for this population. Medicaid has reduced the requirement of client participation in treatment to receive prescribed medications for substance use treatment so there is less

commitment from clients to keep scheduled appointments. Further consultations with the providers will continue as the doctors are making referrals and expecting attendance but really don't have any viable leverage when the client does not follow through with scheduled counseling sessions. This is a very different population than the criminal justice involved clients for which CHS has traditionally focused so continued monitoring of trends to respond to missed appointments will be a focus for the coming year.

Post-Partum Support

Catholic Human Services trained six staff members (four clinicians and two peer recovery coaches) in an evidence-based program "Strong Roots" in FY22 with a plans to implement these groups in FY23. The attendance to these services has been minimal with challenges in marketing and commitment from clients. This is in partnership with Grand Traverse Women's Clinic/Dr. Julia Riddle in Traverse City and Alcona Health Center in the Alpena area for pregnant and post-partum women and their partners.

Harm Reduction Michigan

Up North Prevention applied for special funding to offer distribution boxes for Naloxone (the opiate overdose reversal medication) outside our Traverse City and Alpena locations and these continue to be stocked. The Michigan Licensing and Regulatory Affairs Department (LARA) passed regulations requiring substance use treatment providers to have Naloxone available for recipients at every site. Our Operations Managers developed procedures to get these kits stocked for distribution. Additionally, information in our Orientation Handbook was revised to include information about where to get kits.

Employee Assistance Program

Catholic Human Services has 33 open and active contracts with a variety of utilization. Securing new contracts is always a challenge and can take a long time, reaching out to nearly twenty new employers over the course of the year.

Participation in group sessions has increased due to a couple of the bigger contracts. They are focusing on creating a healthier environment and have requested sessions on professional behaviors, building a strong team, and how to handle conflict in the environment.

Cheryl Rogers, our Employee Assistance Program Coordinator in the Traverse City region, has been invited to join the Traverse City Area Public Schools Health and Wellness Committee which meets every other month.

There has been increased referrals for Substance Abuse Services over the last year. This service works with the Department of Transportation to ensure that drivers who have tested positive for alcohol and/or other drugs receive an assessment and referral for any treatment needs identified. It can be anything from educational classes, outpatient services, intensive outpatient or hospitalization.

Foster Grandparent & Senior Companion Programs

Senior Volunteer Programs served 158 at-risk children with Foster Grandparent volunteers serving as a mentor/tutor for 18,955 hours of service. We served 175 isolated/lonely senior citizens with Senior Companion volunteers visiting them weekly for 23,515 hours. Both programs serve the ten counties of Northwest Michigan.

Some feedback from our volunteers, clients & teachers:

> *"It is a reason to get up in the morning." - Senior Companion Volunteer*
>
> *"I think it is a very good program, as it gives the senior volunteer a useful role and reduces isolation." -Foster Grandparent Volunteer*
>
> *"The hourly stipend & mileage reimbursement have really lessened the stress I used to feel over my ability to pay my bills. I no longer have to worry about my finances." -Foster Grandparent Volunteer*
>
> *"Grandma has worked with a student who doesn't have much language & she has made a connection with this child. The child was drawing a self-portrait & naming the parts of her body. Because of Grandma's connection this child was able to draw and identify herself." -Head Start Teacher*
>
> *"Grandma is part of our classroom & the students love working one-on-one with her. One student needs a little extra support & love...Grandma recognizes this & supports him when needed. Just recently, the student started opening up more to his classmates & asking for help more often. I think it has a lot to do with Grandma's one-on-one support." -Elementary School Teacher*
>
> *"My Senior Companion helps me with my anxiety issues. She is very patient with me. I would be so lonesome without her visiting me every week" -Senior Companion Client*
>
> *"My Senior Companion is such a blessing! I thank God for this program. It gives me such independence. I have a great family, but they are all busy with working and their lives. It would be such a loss to my life without her." -Senior Companion Client*

The Senior Companion Program Volunteer Coordinator, Peggy Bruen, retired after 10 years with the program and we hired Garrett Banks as the new Senior Companion Program Volunteer Coordinator. The programs participate in several community collaborating bodies throughout the service area and continue to build new partnerships. The programs are positioned well for this new fiscal year and are hopeful to attract new volunteers to serve.

Clinical Services

Catholic Human Services clinicians provide advanced and specialized outpatient therapy for substance use and mental health disorders in our office, primary care settings, in collaboration with local drug courts, and virtually.

Programs in the Eastern region in FY23 continued to enhance and grow services. Our focus this year has been to maximize high-quality in-person services while maintaining the use of virtual services when needed for greater accessibility, to continue to focus on reducing barriers for clients and enhancing relationships between staff and clients, outreach to bring services where clients are and greater partnership with community agencies and stakeholders.

The most significant achievement for the clinical program this year has been the maintenance and professional development of the clinical team. Our Eastern Region experienced zero turnover in 2023, which is a major achievement in the middle of a highly competitive market which essentially every other similar behavioral health program has open positions. Continued high retention is linked to several factors, including an excellent team environment, supportive work culture, excellent benefits, a focus on professional development and attention to salary growth by the CEO. The program also added one new clinician.

Professional development this year led to most clinical staff having achieved full licensure. Several clinicians took advantage of training opportunities to become trained to provide Eye Movement Desensitization and Reprocessing Therapy (EMDR) which is a specialized trauma specific therapy with a wide range of applications.

Clinical staff continue to work in integrated teams with multiple programs. One clinician works with the PIVOT program, a collaborative day program for juveniles operated by the juvenile division of the 26th Circuit Court and housed with Alpena Public Schools. Clinicians also continue to serve as treatment representatives and clinical staff to the Alpena Drug Court, Alcona Treatment Court and Montmorency County Veteran's Treatment Court programs. Staff also continue to work collaboratively treating clients receiving medication assisted treatment from Freedom Recovery Center, Alcona Health Center, MidMichigan Primary Care and other providers.

The program also continues to provide two full time clinicians who work within the Thunder Bay Community Health Service federally qualified health center clinics in Rogers City, Onaway, Atlanta and Hillman. These clinicians are fully credentialed as Thunder Bay providers and work within the team of medical providers, nurse care managers, community health workers and other clinical staff in the integrated Substance Use Disorders treatment program as well as provide general behavioral health consulting when needed.

During 2023, clinical staff in Southwest and Western Regions continued to expand and enhance client opportunities for in-person services that included DBT (Dialectical Behavioral

Therapy) groups in the Traverse City and Cadillac office as well as offered individual clinical sessions at the Manistee, Benzie, Cadillac, and Traverse City locations. Clinical staff created balanced schedules offering hybrid services of both virtual teletherapy and in-person services to accommodate client preference as well as provided opportunities to connect with other recovery coaching, recovery care team and or acudetox services that are offered in the communities or at specific CHS offices. Clinicians implemented a range of evidence-based gender-specific groups, a trauma-informed group, and client-centered individual programming.

Several clinical staff had opportunities for clinical professional development that provided staff to be fully credentialled and receive their full licensure from LARA (Licensing and Regulatory Affairs) and MCBAP (Michigan Certification Board for Addiction Professionals). Clinical staff received training in cognitive-behavioral treatment strategies, substance use disorders in relation to grief, Fetal alcohol syndrome, EMDR, trauma specific programming as well as opportunities to learn more about evidence-based approved medication assisted treatment programs. Interested clinical and peer recovery coaches were also trained in acudetox (auricular acupuncture) which is an additional adjunct clinical service to offer to clients desiring detoxification and cleansing to balance the body's energy and assist the body's healing processes.

Clinicians continued to expand access to substance use disorder services in collaboration with Centra Wellness Network located in Benzie and Manistee counties as well as with Dr. David Best in Grand Traverse and Wexford counties by working collaboratively with medical providers to care for clients needing medication assisted treatment as well as triaging clients for services as part of release care planning when incarcerated or needing medication management. Clinicians also coordinated with Addiction Treatment Services for the expansion and referral process to Addiction Treatment Services Mobile MAT (Medication Assisted Treatment) unit. The Mobile MAT unit offers medication assisted treatment in rural communities of Manistee, Benzie, Antrim, Wexford, and Kalkaska.

During 2023, clinical staff developed a grant funded women's specialty Mom Power virtual group in collaboration with the Grand Traverse Women's Clinic. Mom Power is an attachment-based parenting program designed to provide education to parents, connect them with resources, and support their relationship with their child. The group was designed for women during pregnancy and up to one year postpartum that have an opioid use disorder and or substance use disorder.

Clinical staff also continued to work in integrated judicial treatment court teams serving as the substance use disorder treatment representatives in the following counties: Wexford, Manistee, Benzie, Grand Traverse, and Kalkaska. The Southwestern and Western region clinical staff worked closely with both district and circuit courts to offer court requested substance use disorder and or mental health assessments as part of pre-sentence investigations for Wexford, Manistee, Benzie, Grand Traverse, Antrim, Leelanau, and Kalkaska counties. Clinical and coaching staff were also involved in the following grant funded substance use disorder jail-based programs which included the counties of Antrim, Benzie, Grand Traverse, Wexford, and Missaukee. Clinicians and coaches worked with an interdisciplinary team that

include the Sheriff's department, jail staff and jail medical providers to ensure incarcerated individuals had access and opportunities to participate in substance use disorder clinical and recovery programs. Several of the jails have increased access and education of FDA approved medication assisted treatment for both alcohol and opiate use disorders as well as were trained solutions to offer Narcan to individuals with an opiate use disorder as part of after-care release planning.

The Central Region clinical staff continue to do great work this year and have started to increase their in-person individual sessions due to the COVID Pandemic emergency being over. The transition needed to move clients to in-person individual sessions has proven to be a smoother transition compared to the group sessions. The Central Region clinical staff currently facilitate 5 evidenced based teletherapy groups: Matrix Model Early Recovery and Relapse Prevention groups, Moral Reconation Therapy (MRT), Seeking Safety group and the Recovery Skills group. Transitioning our groups will prove more difficult due to our region being so broad that it has proven to be difficult.

The Central Region clinical staff continue to be involved with the Roscommon Sobriety Court and the Otsego County Drug Court by offering individual sessions as well as including them into the Evidenced Based Group process we have available to all of our clients. Michelle Kline is on the Roscommon County Sobriety Court Team and Pam Morgridge is on the Otsego County Drug Court Team; participating in Team Meetings and court sessions.

Clinical Performance Measures

CHS identified several performance measures related to clinical services, that focused on areas of efficiency, effectiveness, access, and satisfaction. The indicators, along with discussion on performance on those indicators is discussed below.

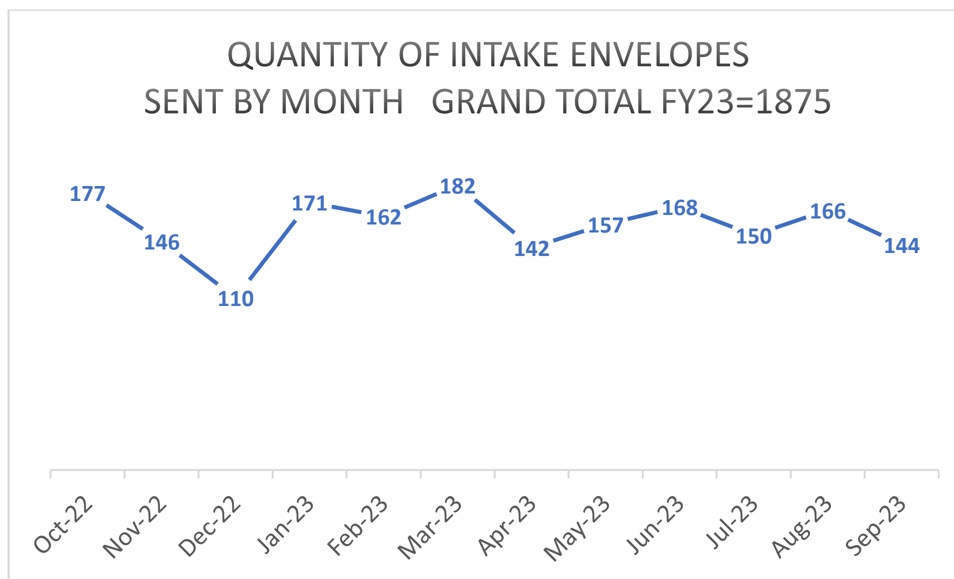
<u>Performance Indicator: Client access to treatment</u>
Routine client admissions will be conducted within established timeframes (first appointment for an intake will be offered within 14 days of the first contact)
Goal: 100% of first offered appointments will be within established timeframes.
Results: 91% of first-offered appointments were available within established timeframes.

Review of the screening records for FY22 revealed the dates entered as initial contact date and first-offered were not reliable to determine this outcome measure based on that available data. Training staff about these dates and documenting this data was conducted in FY23. Regional weekly combined clinical and operations staff meetings are an opportunity for Registration Staff to report scheduling availability and Clinical Supervisors to respond to shortages and make adjustments in available intake appointments as needed in a timely manner. Of the 1,858 people screened for outpatient counseling, 159 were not offered a first

appointment within 14 days of initial contact. Nearly a third of those (50 of 159) were outside of the 14 day limit due to no timely follow through when the Docusign envelope was emailed or did not respond to follow up phone calls upon our receipt of the Docusign intake envelope. Twenty percent of them were outside of the 14 day goal due to funding needs based on the certifications of the clinician compared to the client's insurance (most of these due to Medicare funding the limitations for billing). Only 3 were delayed due to our policy related to paying off outstanding balances before re-admission.

For the completed Docusign Intake envelopes that were emailed to clients, the average time for the envelope to be signed and returned was three days which is consistent with the year prior.

A total of 1,875 Docusign Intake envelopes were emailed by registration staff during FY23. Twenty-three percent of envelopes emailed were never returned within 45 days and expired. It should be noted, Docusign emails daily reminders until the envelope is returned and Registration Staff call clients who have not responded to the email within ten days. CHS has still been able to collect "verbal signatures with a staff witness" so clients do have the option to refuse the Docusign envelope in favor of verbal consents.



Performance Indicator: Successful completion of intakes

Alcohol and Drug Services (ADS) clients who are funded by Northern Michigan Regional Entity (NMRE) will successfully complete an intake appointment following initial request for services.

Goal: After review of two years of data, 75% successfully attending the intake appointment within 60 days of initial contact is the identified goal.

Successful Completion of Intake Appointments
Only includes ADS Clients Funded by NMRE

FY21

	DID NOT COMPLETE INTAKE	COMPLETED INTAKE	% COMPLETED INTAKE
1st Q	61	355	85%
2nd Q	42	283	87%
3rd Q	40	171	81%
4th Q	22	173	89%

FY22

	DID NOT COMPLETE INTAKE	COMPLETED INTAKE	% COMPLETED INTAKE
1st Q	37	173	82%
2nd Q	59	127	68%
3rd Q	58	120	67%
4th Q	44	137	76%

FY23

	DID NOT COMPLETE INTAKE	COMPLETED INTAKE	% COMPLETED INTAKE
1st Q	53	119	69%
2nd Q	39	134	77%
3rd Q	71	155	69%
4th Q	81	202	71%

The average percentage of clients completing the intake was 71%, down from 74% in the prior year which does not seem to be a significant change but is disappointing as we initiated procedures in FY23 for our Peer Recovery Coaches to reach out to scheduled intake appointments to do a "warm welcome" by introducing themselves, their role, and is an opportunity to remind the client of their scheduled intake appointment.

Just as in the prior year, more than half of those clients who did not come in for intake within the 60-day window were never booked for an intake appointment as they declined to return the Docusign Intake envelope or respond to follow up calls to complete it.

Performance Indicator: No Show Rates for Intake Appointments

Starting in June of 2023, strategies to reduce the no show instances for intake appointments were implemented. Our Peer Recovery Coaches started reaching out to clients who were booked for ASAM Continuum Intake appointments. These clients are identified as eligible for Medicaid and/or block grant funding and are seeking counseling for alcohol and/or drug use conditions.

Comparing the intake appointment data from the third quarter period of FY23 to that same period in FY22, there was a negligible decrease in the percentage of no show appointments for the ASAM Continuum from 25% to 23%. Analysis of the data revealed that only 50% of the screened clients were contacted by coaches so further investigation and strategies are needed to improve the outreach.

Performance indicator: No Show rates for appointments
Alcohol and Drug Services (ADS) and Family Services (FS) client appointment no show rates will be lower than 30%.
Goal: 30% or less
Results: 17% for FY23 for intake appointments and individual sessions
NO SHOW – INTAKE APPOINTMENTS

	FY22	FY23 GRAND TOTAL	% of In Person Intakes	% of Teletherapy Intakes	FY23 In Person	FY23 Teletherapy
Total appointments scheduled	2,277	1,667	**20%**	**80%**	335	1,332
Total marked "Y" = showed up for appointment	1,511	1,354	21%	79%	284	1,070
Total marked "NS" = no show	523	276	17%	82%	48	228
No data present	10	37			3	34
No show rate – intake appts.	23%	**17%**				

	NO SHOW – INDIVIDUAL CLINICAL APPOINTMENTS					
	FY22	FY23 GRAND TOTAL	% of In Person Sessions Scheduled	% of Teletherapy sessions Scheduled	FY23 In Person	FY23 Teletherapy
Total appointments scheduled	15,046	15,074	**21%**	**79%**	3130	11,944
Total marked "Y" = showed up for appointment	12,220	12,379	83%	82%	2611	9768
Total marked "NS" = no show	2,654	2522	15%	17%	459	2063
No data present	172	173	2%	1%	60	113
No show rate – individual appts.	18%	17%	**15%**	**17%**		

Notes:

1. These are totals of both ADS and FS reported together.
2. Cancelled appointments are not included in the numbers above. The reason is that in the Scheduler in Premier, once the appointment is cancelled in theory that slot has the opportunity to be booked again.
3. The numbers are duplicated counts of clients. This means if a client no showed for an appointment, then rescheduled and showed up (attended) an appointment, that client is counted 2 times.

The data indicates a slight decrease in the no-show rate this year, compared to prior years, with the total percentage of no-show appointments at 17%.

It should be noted that CHS accepts a level of no-shows, and implemented a system of reminder calls for appointments to improve the show rate. It is recognized that when a clinician has a no-show, that time is often put to good use with case management, caseload reviews, follow-ups, completing Discharge Summaries, managing authorizations, and correspondence and reports to courts and probation officers. Historically, the no-show rates for intake appointments was always higher and given the resources dedicated to intake

sessions (length of appointment time, registration work, etc.) further exploration to identify other strategies to decrease the number of missed appointments is planned.

Actions for FY23 that will be beneficial is to compare no-show rates for teletherapy appointments compared to in-person sessions. Overall, about 21% of booked appointments though out the year were booked as in-person, compared to 5% the year prior.

Performance indicator: Positive change in treatment
Alcohol and Drug Services (ADS) and Family Services (FS) client records will evidence positive change as a result of treatment, as measured by Generalized Anxiety Disorder (GAD) and Patient Health Questionnaire (PHQ).
Goal: 80% of clients will have a positive change in scores
Result: 8 out of 11 had positive change in both scores (72%)

Generalized Anxiety Disorder Assessment (GAD) and Patient Health Questionnaire (PHQ) are valid and reliable instruments used to evaluate client outcomes. A random sample of 26 accounts with a completed discharge summary were selected for analysis on this measure. It is evident clinicians are struggling to complete the GAD and PHQ as needed at the beginning of outpatient counseling which is likely in part attributable to the change in the intake process to the ASAM CONTINUUM which includes questions about anxiety and depression but fails to provide a score so that data for ten accounts reviewed is not available for analysis at this time.

When clients drop out of services, a final GAD and PHQ score is often unavailable so this year's analysis only included the discharges identified as successfully completed. Of the 26 records reviewed, a total of 13 records had both the beginning and discharge scores to compare. Eight of these records showed an improved score for both measures, three mixed scores (where one of the measures were improved and the other not) and two were not improved scores but it should be noted one of those unchanged records scored 0 at intake and discharge for both measures.

Clinical Supervisors provided feedback about the ASAM CONTINUUM to the vendor shortly after implementation and the scores for the GAD and PHQ was requested to be part of the report. However, no changes have been made to the report. Clinicians did improve on gathering the PHQ and GAD scores at the treatment planning session over last year, with a total of 17 out of the 26 records evaluated with scores by the treatment planning session.

Performance indicator: Successful treatment completion
Outpatient treatment clients will successfully complete treatment.
Goal: 45%
Result: 49%

The outpatient treatment programs have established measures to evaluate outcomes, or the effectiveness of services. The data is gathered at intake, throughout the course of treatment, at discharge, and during follow-up after discharge. Successful completion of treatment has long been an indicator of the effectiveness of treatment. Treatment completion is indicated when a client accomplishes the goals and objectives identified in the client's treatment plan, and then recorded by the clinician on the Discharge Summary form as one of the reasons for discharge. The performance indicator and actual data from Alcohol and Drug Services (ADS) and Family Services (FS) client discharges are as follows.

	FY 19	FY 20	FY 21	FY 22	FY23
Total number of ADS & FS discharges	1659	1192	991	1349	1068
% successfully completing treatment	42%	41%	51%	41%	49%
% dropped out (unsuccessful)	41%	34%	28%	40%	37%
Other reason	17%	25%	21%	19%	15%

Performance Indicator: Expired Screening

Screened clients eligible for NMRE funding will attend their intake appointment within 60 days of contact or are considered an "expired" screening.
Goal: 25% or less expired screening rate (based on the historical data of 30% on average)
Result: 29% for FY23

Reporting the percentage of NMRE-funded clients who were screened in the quarter but never attended an intake appointment within 60 days are considered "expired" requests. The data over the course of FY23 shows relatively stable results of approximately 30% which are reported as "expired" requests. Of those 30%, approximately half never followed through with returning the requested Docusign envelope, despite daily deliveries and subsequent follow-up attempts from Registration staff.

Data for NMRE Expired screenings	FY23Q1	FY23Q2	FY23Q3	FY23Q4	Total
Total NMRE Screened	172	173	226	283	854
Total Successful	119	134	155	202	610
Total "expired"	53	39	71	81	244
% expired	31%	23%	32%	29%	29%

Corporate Compliance & Quality Assurance Activities

Client Satisfaction Surveys

Catholic Human Services has conducted client surveys for many years in collaboration with NMRE. The annual client satisfaction survey is conducted that gives us valuable results as we are able to compare our responses to other providers in the northern Michigan area and have benefited from year-to-year data. The survey is designed to access clients' perspectives about quality of care, access to care, interpersonal activities, service delivery, and environment. Unfortunately for this year, the surveys were not conducted because of staff turnover at the NMRE and no advance notice given to us there would not be surveys conducted this year.

We reached out to NMRE to verify plans for satisfaction surveys to resume next year.

One area that needed to be addressed from the 2022 results was information disseminated to clients about after hour crisis supports. To increase awareness of crisis support, we have advised clinical staff have after-hours crisis contact numbers in their email signature replies and our after-hours phone greeting includes a prompt to reach crisis services after hours. Additionally, the new nationwide 988 crisis line is posted on the CHS website.

Plans for next year will be to follow up with NMRE to confirm plans for the client survey to resume and if not, develop our own means of conducting the annual survey.

Client Session Modality Preferences

Starting in June of 2023, Registration staff implemented a system to collect data from the client concerning their preference for In-Person or Teletherapy sessions. This data was collected at the time of the screening call. Clients could identify more than one reason for teletherapy preference.

Teletherapy Session Preference Data		
Blank-screened prior to June 2023	1223	n/a
Childcare needs	12	3%
Transportation Barriers	161	46%
No Preference between In Person and Teletherapy	126	36%
Job	40	11%
Other	5	1%
Technology	6	2%
Declined Teletherapy	2	1%

No Answer-Missed	290	45%
Total Valid Responses	352	55%
Total Number Screened after June 2023	639	100%

The most common reason (46%) clients preferred teletherapy sessions was due to transportation barriers which was not surprising given the rural areas of our service region that may result in long travel distances and that many clients may have driving restrictions.

Interestingly 36% of surveyed respondents expressed no preference between In-Person and Teletherapy sessions and this result was consistent from prior data collected in 2020 when clients were asked "If there was NO risk from COVID-19, ideally how would you prefer therapy sessions to be?" and 38% responded no preference.

Of concern is the high number of clients for whom data was not collected at the time of screening with nearly 300 missed entries (46%). Further analysis of procedures is needed to determine if this is a training issue and/or if there are methods to increase the data collection rates as it does not appear to be isolated to any particular region or time period. One consideration is making the field mandatory. However, given the complexity of our Electronic Health Record, creating this as a mandatory field in the Screening Form may create more complications with collecting accurate information. A plan to gather feedback from staff will be valuable in determining the reason for these results and a goal to increase the collection percentage for next year.

Northern Michigan Regional Entity Annual Program Monitoring

Each year, the Northern Michigan Regional Entity (NMRE) conducts an annual program monitoring visit. The visit consists of two areas of review: (1) administrative and compliance, and (2) clinical treatment and clinical record documentation. This year's review was conducted on site in June of 2023 but results were not received until October 2023. A Quality Improvement Plan was submitted in November in response to the Site Monitoring findings.

- Quality and Compliance section – a plan of action was submitted to address improvement in the Discharge Summary to include specific details of a "next provider"; revised policy to address Adverse Determinations for Medicaid authorizations; including more details on the Survey for Additional Support related to Women's Specialty Services; and clinician credentialing policy revisions and development of bi-annual application.
- 100% compliant with Individualized Treatment Planning standards.
- 100% compliant with progress notes and discharge standards.
- Compliant with Coordination of Care and Communicable Disease requirements
- Fully in compliance with the Rights section.
- Personnel practices for background checks and supervision were compliant.
- CHS was found to be deficient in a credentialing process.

Northern Michigan Regional Entity Medicaid Audits

Northern Michigan Regional Entity (NMRE) contracted with Jefferson Wells (JW) to conduct the quarterly Medicaid Encounter Verification audits for the first and second quarters of FY23. NMRE did not renew the contract for the third and fourth quarters and subsequently the Medicaid audits were not completed within this fiscal year and are pending as of the date of this writing.

However, for the two quarters that were audited for FY23, after submitting additional information and the virtual review we participated in with Jefferson Wells' staff, Catholic Human Services ultimately had great results overall and no corrective action plan was needed.

Specifically, Jefferson Wells' found these concerns:

- Quarter 1: One instance of "untimely" signature--The progress note was not signed within 24 hours.
- Quarter 2: Two instances of "untimely" signatures and a missing location code for teletherapy session

The Medicaid Encounter Verification included review of many elements of the record that included but is not limited to:

- Code is included in NMRE contract
- Beneficiary eligible for Medicaid on the date of service
- Service was authorized by NMRE and treatment plan
- Client signature is on treatment plan
- Progress note documents the date and time of service
- Progress note documents that the service was provided by a qualified practitioner
- Progress note documents appropriate units of service provided
- Amount paid for the service does not exceed the contracted amount

Complaints

Catholic Human Services uses standard procedures to respond to complaints or concerns expressed by clients or others. Most concerns are addressed initially with a clinician or front desk staff member, or sometimes by billing staff. If the person is not satisfied with the response at that level, the Recipient Rights Officer gets involved. It is generally at that point that the issue is considered an "informal complaint" and is documented. A "formal complaint" is

more serious and typically would involve a serious rights or ethics violation.

Catholic Human Services attempts to display a culture of welcoming and hospitality from the first phone contact throughout treatment. Staff are trained to attempt to address concerns or complaints with the person and if needed, may involve a supervisor. Most concerns are not reported to the Recipient Rights Officer since they are resolved at a lower level. All concerns are responded to promptly. When a clinical supervisor is involved, the supervisor typically submits documentation to the Recipient Rights Officer, usually via email or on the complaint form. It should be noted that the complaint system includes all programs and services across CHS. All staff are required to complete annual training related to complaint procedures.

Catholic Human Services received and resolved without further issue one documented complaint in FY23 concerning a client who reportedly sent notification of his bankruptcy judgment previously. His requested report was released to the court upon review of the re-submitted judgment documentation.

Quality Assurance/Case Record Reviews

The clinical team had many discussions about the criteria identified as significant and a new Quality Assurance case record review with a focus on care coordination was adopted in FY21 and further modified after a couple of quarters for clarity with the goal to use this as a training tool for clinical staff when clinicians do the reviews but that has not been implemented to date given the staff shortages and clinical caseload sizes. Therefore, all quarterly reviews of a random sampling of records were completed by the Clinical Supervisor and Corporate Compliance Officer and results were discussed and evaluated in Clinical Team meetings.

With the focus of care coordination, the reviews found 100% accuracy of proper records released. Although there was documentation of consents to appropriate referrals for the clients, specifying these in the treatment plan was not done consistently and is likely due to a variety of factors, mainly that our E.H.R. Treatment Plan Module is not easy to navigate, and the transcripts generated include a lot of redundant information which makes them cluttered and difficult to read.

Changes to the Treatment Plan Module was a frequent discussion with our E.H.R. vendor when we watched the demonstration of their cloud product and that version seemed to have many improvements.

The Survey for Additional Support form completion rate was remarkably higher than the year prior as it is part of the Registration Intake Envelope that is being sent in the Docusign envelope to clients. However, when clients do not have access to complete the Docusign envelope, this form was frequently missed or incomplete when done in another format.

Historically the record reviews showed problems with the timeliness of treatment plan reviews as the tracking of this is manually given the limitations of the electronic health record. The vendor was notified of this problem and is unable to deliver a viable solution but when we

investigated the cloud version of the vendor's E.H.R., we were hopeful there would be a solution to this in the system.

Added to the Quality Assurance review process was an evaluation of the effectiveness of attempted to re-engage clients who drop out of services. On average, when cases were reviewed with a gap in treatment of 45 or more days, 80% of clients did attend subsequent sessions so re-engagement efforts appear to be effective.

In Conclusion

From Chip Ceislinski, CEO

This has been a year of growth, collaboration, and coordination with our communities as we continue to serve the people of northern lower Michigan. Our amazing staff have been able to collaborate with other human service and health care providers to ensure that clients receive the continuum of care that they need and deserve. Our relationships with hospital systems and emergency departments has expanded with the use of our counselors and Peer Recovery Coaches so that clients in crisis are directed to the most appropriate and quickest level of care. We continue to offer our counseling services to pregnant and post-partum mothers as well as new fathers to ensure that they are equipped to build healthy families.

Through our prevention programs, we are linking communities to build awareness of substance use disorders and look at ways to educate others on many levels. Our Senior Volunteer Programs assisted many children through our Foster Grandparent program as well as our Senior Companion program. One area that we look to expand next is our Marital program that will provide pre-marital counseling, marital retreats and marital counseling. This program will be implemented when funding allows.

All of this is on top of the counseling that we provide throughout our region so that we fulfill our mission to strengthen northern Michigan one person at a time.