



Mat-Su Health Services, Inc.

www.mshsak.org

2017-2018

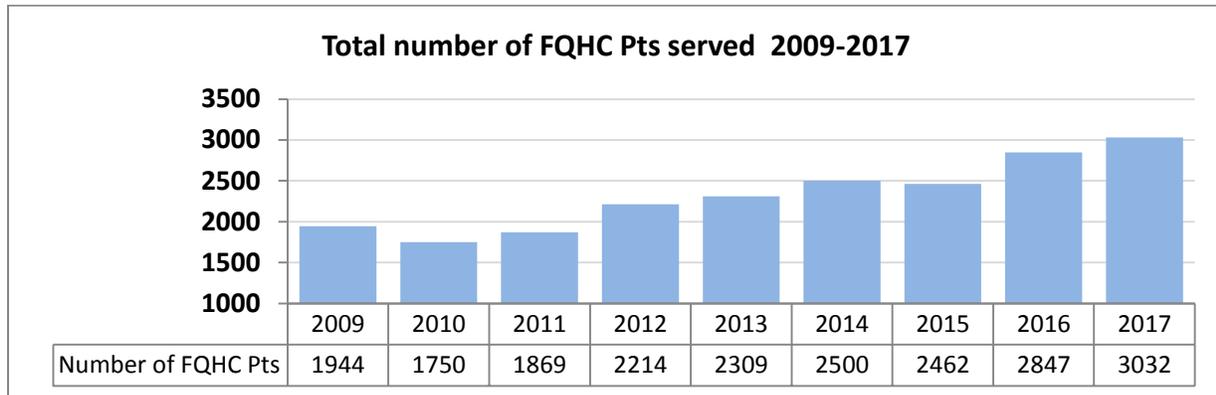
ANNUAL REPORT

***DEDICATED TO IMPROVING THE HEALTH OF OUR COMMUNITY,
ONE PERSON AT A TIME - THROUGH AFFORDABLE
MEDICAL, DENTAL, AND BEHAVIORAL HEALTH CARE***

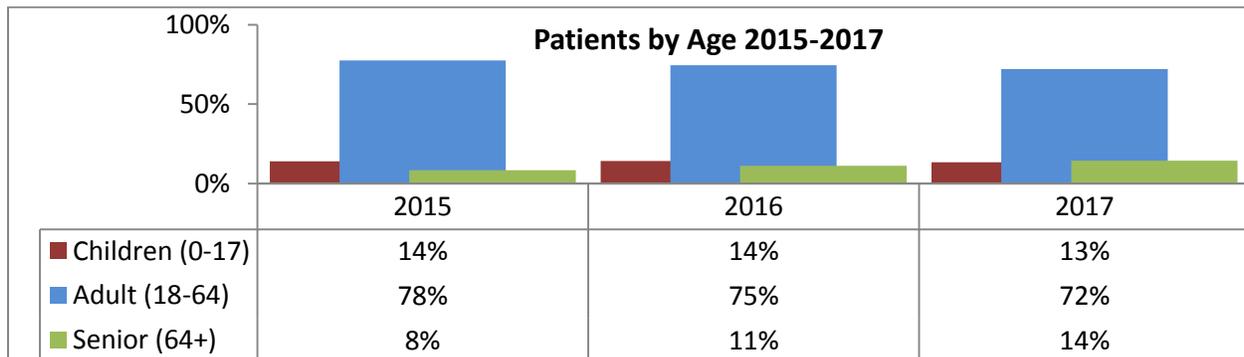
Federally Qualified Health Center (FQHC)

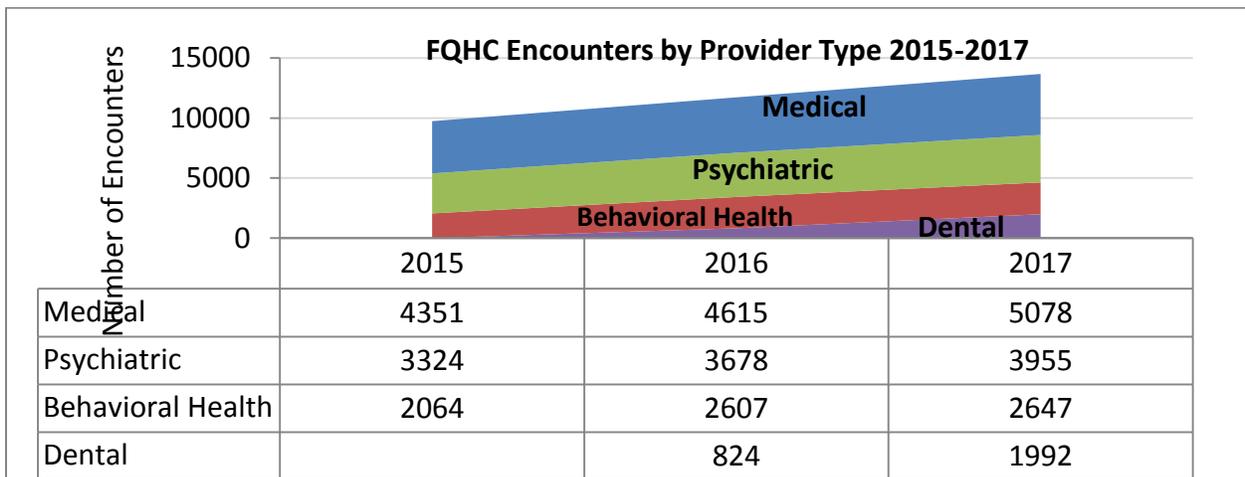
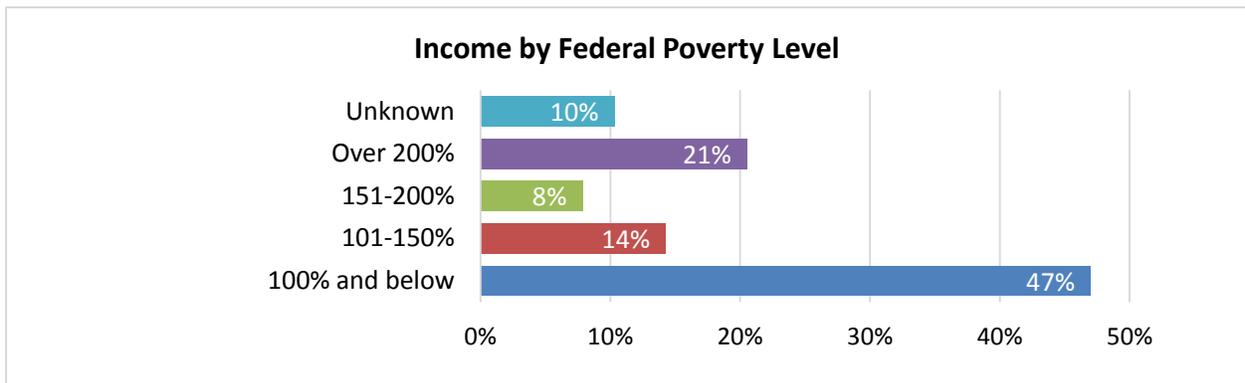
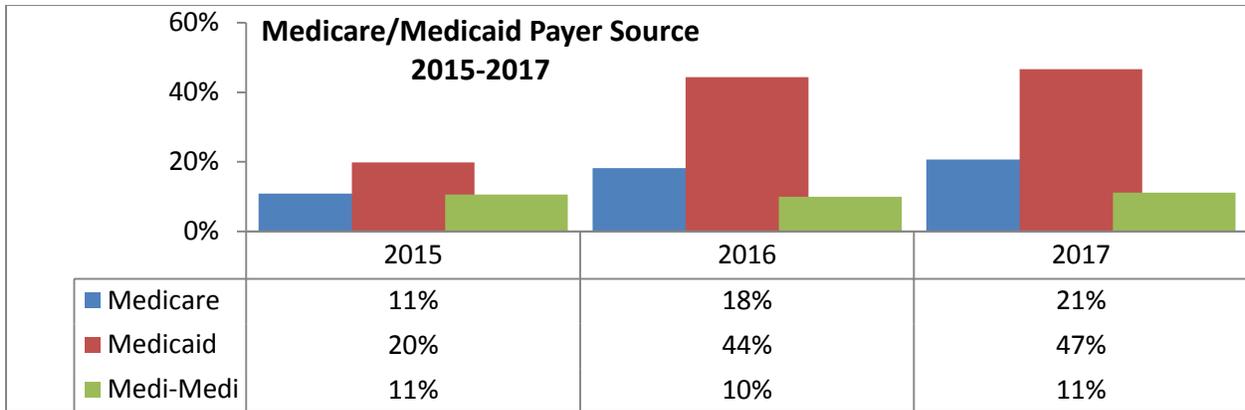
In 2005, MSHS became a new access point HRSA/BPHC Section 330 Federally Qualified Health Center (FQHC) to provide comprehensive primary healthcare to the greater Wasilla region of the MSB. The primary care clinic began operations on October 10, 2005, delivering primary health care services to the target population of uninsured and underinsured members of our community. Along with primary health care, we provide behavioral health, psychiatric and dental services to our community.

MSHS has seen an increase in the number of patients served per year in 7 out of the last 9 years and a 56% increase since 2009 (1944 to 3032). The Mat-Su Borough has seen a population increase over a similar period; 17.3% from 2010-2016. Three physician practices have either closed in the past two years or been sold. The net effect has been a noticeable reduction in access for individuals with Medicare and a corresponding increase in the number and percentage of patients with Medicare coverage seen in our primary care clinic. In 2017 MSHS served more patients with Medicare coverage than in any previous year (628), a 21% increase from 2016 (519). Medicaid expansion went into effect in Alaska in September 2015 and MSHS has experienced a large increase in patients with Medicaid coverage; 488 individuals in 2015 compared to 1414 in 2017 – a 190% increase. The combination of a larger overall population expanded Medicaid and fewer options for individuals with Medicare coverage have resulted in an ever increasing need for the services of our FQHC.



The Mat-Su Borough is seeing an expanding senior population and this is reflected in the steady year over year increase in the percentage of patients' age 65 years and over. As expected, the number and percentage of patients with Medicare coverage has also increase in recent years.





Quality Awards: In 2017 MSHS received over \$23,000 in monetary awards from HRSA and CMS for Quality Improvement, Enhancing Access to Care and Addressing Health Disparities. The awards are given to health centers across the country to recognize quality care and to allow health centers to continue to making improvements in the care they provide. MSHS also received \$30,000 for achieving and maintaining Patient Centered Medical Home recognition and over \$50,000 from CMS for achieving targets in the use of our Electronic Health Record system. These funds will be used for improving technology and training.

Oral Health Update: In 2015 HRSA awarded MSHS an Oral Health Service grant to establish a much needed dental clinic at our Wasilla facility. With that funding we were able to build a small, two chair clinic within our existing building and hire a dentist and two hygienists. The team is small but effective.

Between February 2016 and December 2017 they served 785 unduplicated patients and provided over 2800 services. The management team is actively looking for opportunities to expand the program, as access to quality dental care is an unmet need in the community. We currently provide the following dental services:

- Diagnosis and treatment planning
- Routine dental exams
- Emergency exams and services
- Digital X-rays
- Cleanings
- Sealants
- Restorative dentistry
- Extractions
- Partial and Full Dentures
- Referrals to dental specialties

PCMH Recognition

We are excited to announce that Mat-Su Health Services achieved Patient Centered Medical Home (PCMH) Recognition in August of 2016 through the National Committee for Quality Assurance (NCQA). PCMH focuses on partnership with the patients through team based care, care coordination, and increased access to care by expanded hours and same day appointments. Using this model enables us to make a difference in the health and well-being of our community. We are grateful to the Alaska Primary Care Association for their technical assistance and support and the Health Resources and Services Agency for providing funding for this initiative.

PCMH Goals:

- Focus on patient and family centered care
- Ensure access to high quality primary care services
- Provide consistent, high quality care by health care teams
- Provide care management services for patients with complex conditions
- Stay in tune with and respond to community needs
- Making positive, sustainable, and measurable improvements in care

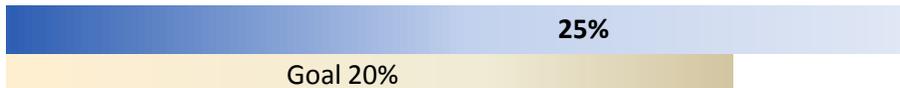
Primary Care Clinical Measures

January 1, 2017 – December 31, 2017

Primary Care clinical quality measures are reported to the Health Resources and Services Administration (HSRA) each year as part of the Uniform Data System (UDS) submission. Reporting is done on a calendar year basis. Below is a selection of measures and progress toward our goals.

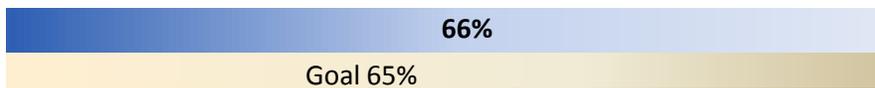
Diabetes control: This measure looks at the percentage of patients with diabetes who have a high hemoglobin A1c (over 9.0%) or who have not had an A1c test during the year. This is a negative measure, meaning that the goal is to lower the percentage.

Diabetes: Pts with uncontrolled diabetes



Hypertension: 66% of patients with hypertension had controlled blood pressure (less than 140/90).

Controlled Blood Pressure



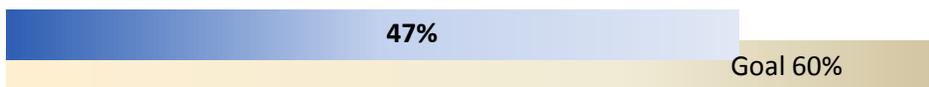
Depression: 81% of patients seen in the primary care clinic age 12 and older were screened for depression and, if positive, had a treatment plan documented.

Depression Screening and follow up



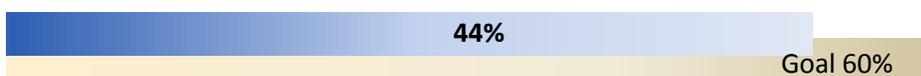
Cervical Cancer Screening: 47% of eligible women who had a primary care visit in 2018 have a current cervical cancer screening. Our goal is 60%.

Cervical Cancer Screening



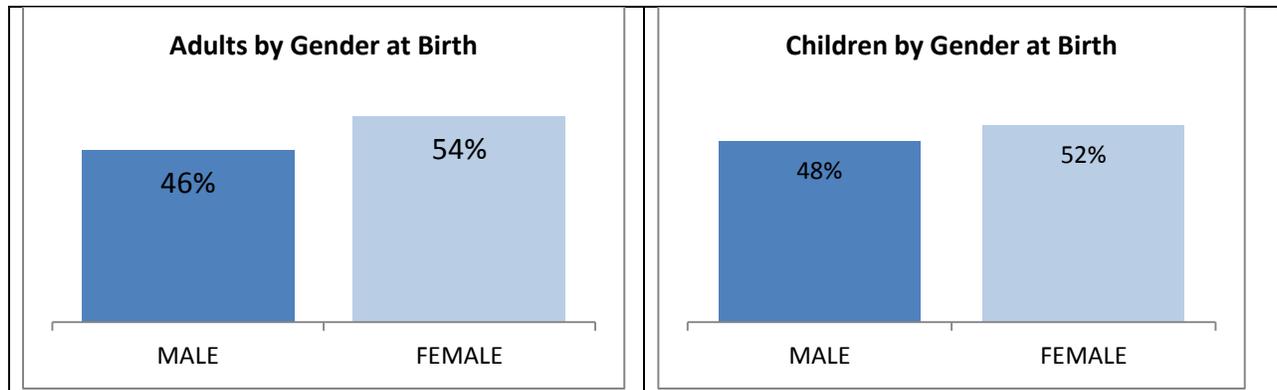
Adult BMI: 44% of adults with a BMI that is out of range received counseling on diet and exercise.

Adult BMI and counseling

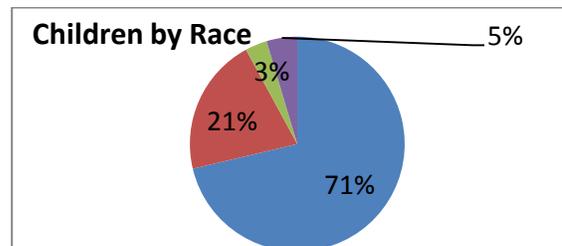


Behavioral Health Services Program (BHS)

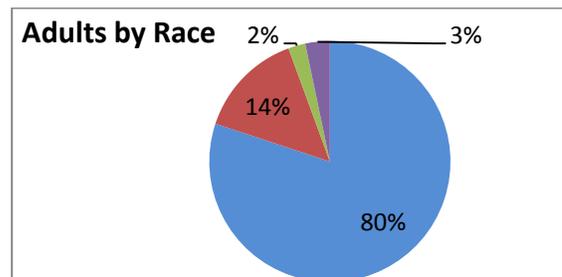
Mat-Su Health Services (MSHS) Behavioral Health Services (BHS) program receives grant funding through the Alaska Department of Behavioral Health (DBH) for services in the Mat Su Valley. A full range of services are provided for individuals who meet criteria for Severely Mentally Ill (SMI) adult or Severely Emotionally Disturbed (SED) youth, due to having a major mental illness that impacts their functioning in the community. Services include crisis intervention, case management, psychosocial rehab, community integration and outpatient therapy for individuals, families and groups. Our clients receive services for a variety of reasons, including: depression, bipolar disorder, schizophrenia and schizoaffective disorders, substance use disorders, anxiety disorders, post-traumatic stress, borderline personality disorders, family relationship issues, anger management, and school-related issues. In fiscal Year 2018 (July 1, 2017, through June 30, 2018), MSHS served more than 1227 individuals through the Behavioral Health Services program; 920 adults and 307 children and adolescents.



2018 Child by Race BH	# of people	Percentage
Native American /Native Alaskan	63	21%
Caucasian	216	71%
Black /African American	10	3%
Other	14	5%



2018 Adult by Race BH	# of people	Percentage
Native American/ Native Alaskan	131	14%
Caucasian	732	80%
Black /African American	23	2%
Other	7	3%



In the Schools

Mat Su Health Services began as a community mental health provider and has provided mental health services uninterrupted since 1977. Much has changed in the past 40 years but our commitment to serving adults and children in our community who face mental health challenges remains constant.

Because of our wide variety of integrated services and our reputation as a service provider in the community, we were approached by the Mat Su School system to provide services in the schools, to address the needs of youth with an IEP. We are in our fourth year of this contract and have provided services in 5-6 schools each of the last four years. In FY2018 we worked with children in 6 area middle and high schools. This contract will continue in FY19.

In 2018 MSHS successfully maintained other contracts that will continue in FY19. We have provided short term counseling services at Mat Su College and with Redington High School. With both of these schools we use a 3-5 session short-term counseling format with options for being assessed for additional needs, as appropriate. The Director of Behavioral Health also provided clinical and administrative consultation for the Sunshine Community Health Center in Talkeetna, as well as the Crossroads program in Glennallen, AK.

Rehab Services

Our Rehab services program includes a full range of our counseling services, case management and community supports. While we have had a number of counseling modalities over the years such as CBT, Solution Focused and DBT, in response to the increased recognition of trauma as a precipitating event, MSHS has added EMDR-a best practice approach for working with trauma survivors, to its clinical array, by hiring and/or making available training and supervision for four clinicians who now use it effectively.

In addition to the variety of available counseling modalities, our Rehab Services Program also offers case management and community supports to the SED/SMI population we work with. These supports get at the heart of the needs of clients with functionality deficits. Our case managers and skills development specialists provide services almost entirely in the community, related to accessing needed services, developing skills and receiving supports to become successful in community activity. This addresses housing needs, the ability to engage in community activities such as shopping, church, exercise and meeting new people/relationships. In the past year we have put strong efforts into working with youth; re-visiting how we engage youth and families. This has led to a significant increase in SED youth census that we have maintained.

A key part of services for the year is our summer program. Our summer SED Program provides opportunities for children to learn and develop coping skills to be successful at home, school and in the community. These groups provide age appropriate services for children from preschool to high school and in the summer of 2017 served 39 youth. The program has a strong component of demonstrating acquired skills in a community setting so groups participate in outings in environments in which the children are commonly expected to engage.

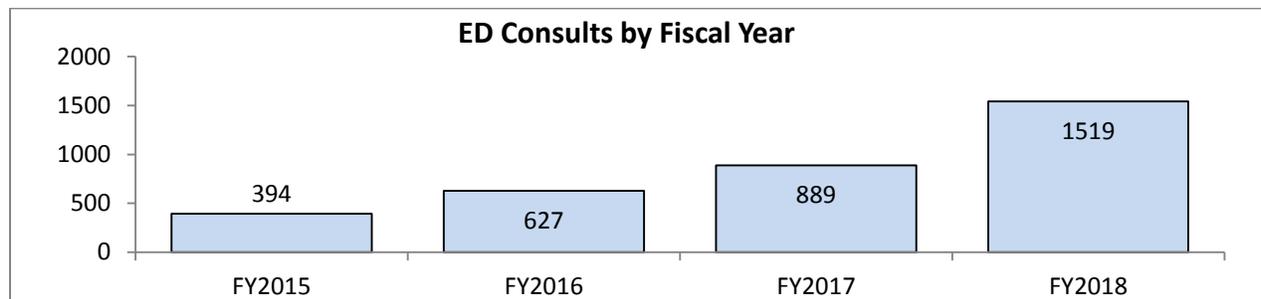
Staff identified a need to support adolescents in transitioning out of mental health services and into community or after school programs. Many parents need assistance in supporting their teenagers in independently engaging in community activities and we see this assistance as part of the foundation of case management. Some parents are understandably hesitant to embrace the transition and our clinicians and case managers work with them in connecting teens to recreational and sports opportunities in the community and to providing a successful transition upon discharge from the SED program.

In 2016, MSHS developed a Skills Development Coordinator position which has been a great addition to the Rehab Services team. The Coordinator has done extensive work in reviewing SED discharges and identifying trends in why children leave services, ensuring safety compliance in our satellite locations, ensuring CARF recommendations are being maintained and in supervising the Skills Development staff

Psychiatric Emergency Services

MSHS provides 24/7 emergency on-call/response with client screening and assessment. In FY 18, MSHS provision of crisis intervention at the hospital increased so severely we had to hire extra staff and re-design our processes for coverage and training. Costs for this increased dramatically and the state DBH increased our funding for crisis services accordingly. This severe increase is likely to continue, as the state psychiatric hospital system has challenges with available bed space. However, even without the space crisis, the number of new consults has significantly increased.

One part of this that is key is crisis follow up. While we do a minimal follow-up process as part of our grant, the need is for more extensive follow-up over a 2-3 week period post crisis. MSHS applied for and received a grant to add a staff member to provide onsite supports and do post crisis follow up as a result. Follow up is not intended to provide long-term therapy, but instead engage the individual in continuing services that can help prevent the return of a crisis occurrence. Screening, evaluation, and intervention are provided when the person in crisis has suicidal or homicidal ideation, or is gravely disabled and likely to need hospitalization. When necessary, services may include petition for ex-parte orders and arranging transport to facilitate hospitalization, as well as screenings and assessments at jails, juvenile justice, or detention facilities.



Adult Services by Fiscal Year

Number of services provided	2016	2017	2018
Outpatient Treatment	3861	2847	3007
Case Management/Services Coordination: Mental Health	657	960	1211
Community Integration: Mental Health	6710	6837	6259
Crisis Intervention: Mental Health	505	874	1519

Child and Adolescent Services by Fiscal Year

Number of services provided	2016	2017	2018
Outpatient Treatment	736	937	1341
Case Management/Services Coordination: Psychosocial Rehabilitation	365	386	600
Community Integration: Mental Health	3053	3433	3393
Crisis Intervention: Mental Health	124	166	258

Access to Services

In FY2014 MSHS introduced telemedicine in order to increase access to the BH program by increasing our capacity to complete and process intakes and reducing the wait time to an intake appointment. We provide a private room at our Spruce Avenue location where the patient meets with the remote intake provider and completes the intake appointment. The tele-intake process is well accepted by most clients and we plan to continue using this model along with face to face intakes. Our client satisfaction survey provided, which is offered to individuals using the telemedicine, reflect the positive experience in both access and ease of use. It also has contributed to increased productivity and positive moral by the clinicians who are able to focus on other clinical interventions.

Throughout FY2018 there were between 8-10 tele-intake appointment slots available each week and the wait time to an Intake appointment has decreased from 18 days in FY2017 to 13 days in FY2018.

Completed Intakes	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018
Tele-med	0	267	329	278	292	381
In person	354	159	92	92	120	84
Total	354	426	421	370	412	465

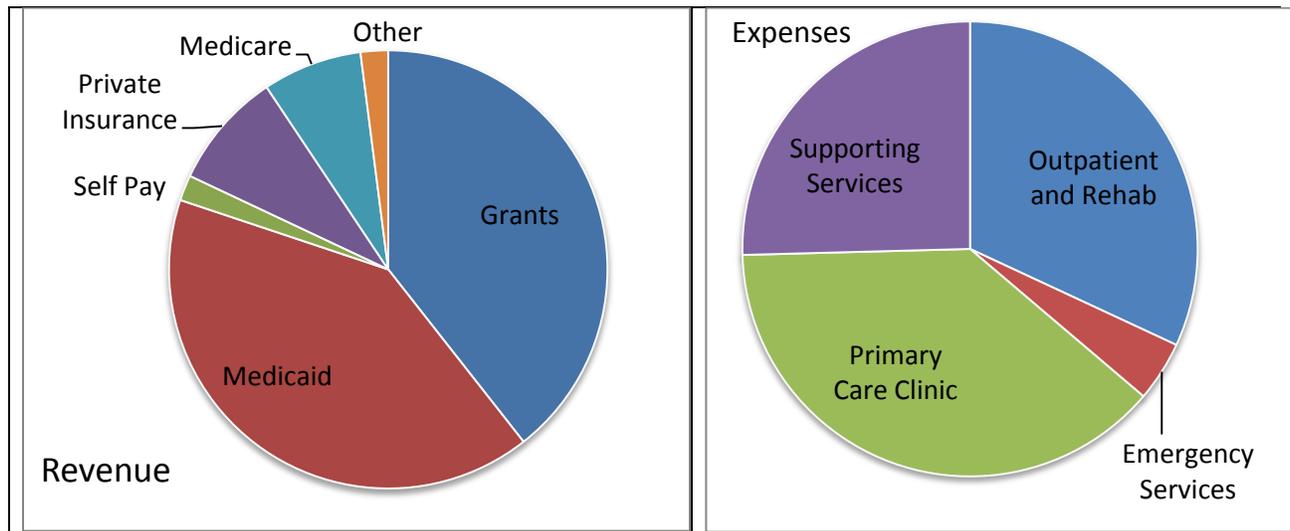
Annual Survey

Annually, MSHS surveys those whom it serves to determine their level of satisfaction with services. The 2017 survey was made available to patients and clients from March 13-31. 31 completed surveys were returned. Patients were asked about access, waiting times, staff and services, account services, and about the facility. MSHS received high marks from patients in most areas; a sampling of the data is shown below. The Service Excellence Committee identified the timeliness of returning phone calls as an area for improvement in 2018 and are developing a plan to increase patient satisfaction in that area.

Patient Satisfaction Survey	2016	2017	2018
<i>The MSHS Staff...</i>	<i>(percentage that responded Very Good or Good)</i>		
<i>Listened to me</i>	<i>89%</i>	<i>100%</i>	<i>100%</i>
<i>Took enough time with me</i>	<i>89%</i>	<i>100%</i>	<i>98%</i>
<i>Were courteous to me</i>	<i>97%</i>	<i>100%</i>	<i>100%</i>
<i>Answered my questions</i>	<i>93%</i>	<i>100%</i>	<i>99%</i>
<i>Developed a care plan with me</i>	<i>89%</i>	<i>97%</i>	<i>96%</i>
<i>Ability to get in to be seen</i>	<i>85%</i>	<i>94%</i>	<i>90%</i>
<i>Convenience of the center's location</i>	<i>74%</i>	<i>76%</i>	<i>84%</i>

Financials

FY 2018 Financials July 1, 2017 – June 30, 2018		
Revenue		
Grants	\$3,668,073.00	40.63%
Medicaid	\$3,789,682.00	41.98%
Self-Pay	\$175,469.00	1.94%
Private Insurance	\$802,565.00	8.89%
Medicare	\$682,593.00	7.56%
Other	\$188,641.00	2.09%
Provision for Bad Debt	-\$279,192.00	-3.09%
Total Revenue	\$9,027,831.00	
Expenses		
Outpatient and Rehab	\$2,499,735.00	31.94%
Emergency Services	\$335,066.00	4.28%
Primary Care Clinic	\$3,002,625.00	38.36%
Supporting Services	\$1,989,907.00	25.42%
Total Expenses	\$7,827,333.00	





2018 Leadership and Board of Directors

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Susanne Dillon, MD – Director of Medical Services
John A. Cook, LCSW, MAC, CDCS – Director of Behavioral Health Services
Elena Shawback – Chief Financial Officer
Linda Reimer, BSN, CCEP - Compliance Officer
Angela Stein, SPHR, SHRM-SCP - HR Manager/Executive Assistant
Ken Mortensen – Purchasing/Asset Manager
Jonathan Carroll – Rehab Services Coordinator

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