Mid-State Health Network Strategic Planning

June 2021



Introduction and Overview

- Introduction and Overview of Planning Process [5 minutes] (Amanda)
- Overview of Issues Affecting Public PIHP/Behavioral Health System [15 minutes] (Joe)
 - Strategic Goals for Better Health [10 minutes] (Dani)
 - Strategic Goals for Better Equity [5 minutes] (Dani)
 - Strategic Goals for Better Care (5 minutes] (Kim)
 - Strategic Goals for Better Provider Systems [5 minutes] (Carolyn)
 - Strategic Goals for Better Value [5 minutes] (Leslie)
- Board Discussion/Feedback (10 Minutes)
- Wrap Up & Next Steps (5 Minutes) (Amanda)



Introduction and Overview - Planning Process to Date





Strategic Plan Responsibilities

STRATEGIC PRIORITIES (Board Approved)

STRATEGIC GOALS (Board Approved)

- Strategic Goals lead to accomplishment of strategic priorities.
- Focus of Staff, Leadership. Committee and Council Planning activities - to make recommendations to and presentations about at the May 2021 MSHN Board Strategic Planning session.

MSHN

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STRATEGIC OBJECTIVES (Management Prerogatives - Board Advises)

Tasks/Activities

(Management)

Rrerogatives

- Strategic Objectives lead to accomplishment of strategic goals
- Preliminary Recommendations Now; Final delineation: June/July 2021
- Actions/Tasks lead to accomplishment of the strategic objective(s)
- Leadership and Staff Action Planning (July/August 2021)
 - Involves MSHN leadership as champtions for objectives and staff, committees or councils across the agency in task/activity design.

Overview of Issues Affecting Public Behavioral Health/PIHP System

Integrated Care Initiatives Underway in Michigan

- Certified Community Behavioral Health Clinics (CCBHCs)
- Health Homes What they are and possible future connections
- Addressing health equity to lessen disparities
- Management of the Medicaid Unenrolled Population
 - Currently not eligible for enrollment with other Health Plans



Overview of Issues Affecting Public Behavioral Health/PIHP System

- Senator Shirkey Reform Proposal (So far, a concept paper)
 - Eliminate PIHPs and carve public behavioral health into Medicaid Health Plans (phased)
- Rep. Whiteford/House Reform Proposal (legislation introduced)
 - Maintain carve out, eliminate PIHPs, establish single, Statewide Administrative Services Organization
- Both proposals are significant threats to current structure and operations perhaps more so than at any other point in our history
- Neither proposal addresses SAPTR providers/systems directly (primary focus is on Community Mental Health)
- Keys Causes: Profit, Eliminating Conflicted Governance, Efficiency/Streamlining Redundancy, reducing administrative "layers", reducing administrative cost
 - Excellent MSHN regional performance & very low MSHN administrative rates are <u>not</u> considerations



Strategic Goals for Better Health

MSHN will continue to build upon its history of leadership in the state by collaborating on key population health initiatives that lead to improved health outcomes for beneficiaries. - NEW (Enhancement of prior goal)

Objectives

- Pursue opportunities related to complex care management, expansion of Medication Assisted Treatment (MAT), and physical health integration at the point of service. - NEW
- Develop and implement behavioral health homes, opioid health homes, and certified community behavioral health clinics - NEW
- Engage in leadership and advocacy on statewide initiatives such as reducing health disparities, collaborations with physical health payers, standard cost allocation, behavioral health redesign, and HCBS systems and processes. - NEW



Strategic Goals for Better Health

MSHN will develop robust and inter-operable information technology and consent management systems capable of gathering and reporting data on physical and behavioral health conditions, social determinants of health, and health equity- NEW



MSHN will develop, report and monitor regional measures and metrics that have meaning for better health outcomes for individuals, families and communities and monitor regional performance- NEW

MSHN and its CMHSP partners will use enhanced data reporting to result in a more standardized benefit, access criteria, and utilization management criteria within the region and ensure compliance with federal parity standards- NEW



Strategic Goals for Better Health (SUD Prevention & Community Recovery)



MSHN will implement evidence-based substance use

- prevention and community recovery strategies resulting
- in improved health for all populations served. *REVISED*

and tobacco - *NEW*

Reduce youth use of alcohol, marijuana, opioids

- Reduce substance use in older adults NEW
- Support community recovery services in the region* NEW
- □ Reduce stigma *REVISED*

* (Contingent on funding availability)



Strategic Goals for Better Health (SUD Treatment & Recovery)

MSHN will increase substance use treatment and recovery services resulting in ສ improved health for all populations served. REVISED

- Increase access to Medication Assisted Treatment (MAT), alcohol and stimulant use treatment, Women's Specialty Services, Trauma-Informed Care, Co-Occurring and Jail-Based Services* - REVISED
- Expand SUD treatment penetration rates for adolescents, older adults and **Objectives** veterans/military families - NEW
 - Support recovery housing* and individualized peer coaching services -NEW
 - Reduce stigma *REVISED*

* (Contingent on funding availability)



Strategic Goals for Better Equity (Evidence of Disparities)

REGION 5 GAPS:

White-Black: 14.2%
White-Hispanic: 8.5%
White-Am.Indian: 20.4%

MSHN FUA by Race/Ethnicity (2019)39.13% 40% 34.11% 35% 30.05% 30% 25.64% 25% 19.95% 20% 15% 13.73% 10% 5% 0% American Asian White Black Hispanic Unknown Indian American

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Strategic Goals for Better Equity

Goal

MSHN and its CMHSP & SUD providers will ensure all persons have the same opportunities to be healthy, including socially disadvantaged or historically marginalized groups - *NEW*



- Increase access to health services for marginalized groups by monitoring penetration rate data, developing initiatives outreach and engagement initiatives *NEW*
- MSHN will plan and develop a regional Health Equity Advisory Committee- NEW



Strategic Goals for Better Equity

Objectives

Goal

MSHN will utilize population health data to identify and reduce disparities where they exist in the region - *NEW*

- Ensure adequate data collection about persons served, health status and needs, social determinants of health (SDOH), and other impactful variables in order to better focus interventions - NEW
- MSHN will use predictive modeling to identify at-risk groups and individuals to offer targeted prevention & intervention NEW

MSHN will ensure there is a strong regional infrastructure for diversity, equity, and inclusion (DEI) throughout all aspects of its work including governance, policy, workforce development, & service delivery- *NEW*



Strategic Goals for Better Care

Goals/Objectives/Recommendations

- Goal: Improve access to services and supports
 - Recommendations:
 - Revised goal wording from Improve access to care.
 - Objective (Keep): MSHN will ensure a consistent service array (benefit) across the region and improve access to specialty behavioral health and substance use disorder services in the region.
 - Objective (Remove): MSHN will ensure expanded service access of SUD services for ex-offenders through collaborative efforts with the MDOC, community corrections and other jail/prison stakeholders.
 - ▶ Remove: Completed with an ongoing process.
 - Objective (Revised): MSHN will create processes to assist individuals in establishing and maintaining eligibility for Medicaid and/or Healthy Michigan Program coverage.
 - ▶ Revised to focus on provider network and addressing Medicaid eligibility.
 - Objective (Keep): MSHN will ensure expanded SUD and CMHSP service access and utilization for Veterans and Military Families through implementation of the regional and statewide Veteran and Military Family Member strategic plan.



Strategic Goals for Better Care

Goals/Objectives/Recommendations

- Goal: Enhance Regional Quality and Compliance
 - Recommendations:
 - Continue with current goal
 - Objective (New): MSHN will have well established compliance processes that are recurring, consistent and measurable and aimed at preventing, detecting, and deterring fraud, waste and abuse.
 - Consideration: Monitoring and Oversight requirements of the OIG for region wide compliance activities



SUD Provider System

- MSHN Network Management
- Over 70 Prevention, Treatment, and Recovery Provider Agencies
- With 134 provider sites/offices
- Located in 37 counties
- Serving 11,754 individuals during FY20

CMHSP Provider System

- Delegated Network Management
- 12 CMHs directly providing some services
- Over 650 Provider Agencies or Contracted LIPs
- Located in 55 counties
- Serving 55,143 individuals during FY20



Source: REMI Provider Directory Report; REMI Encounter Cost Report; REMI SUD Open Admissions Report

What does a *better providers system* look like?

Provider satisfaction

Work/life balance

Efficient processes and workflows

Well-trained, highly competent workforce

Reduction in burnout and compassion fatigue

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Why should we focus on a better provider system?

- Burnout and emotional exhaustion impacts the satisfaction of individuals served, creates higher costs due to lower productivity, and reduces outcomes.
- Satisfied and engaged providers instill a sense of trust which leads to better treatment plan compliance, overall satisfaction, and less costly workforce turnover.
- Without focusing on workforce satisfaction and engagement, expecting high quality care at lower costs puts a tremendous burden on the system.
- Achieving this aim better provider systems is no easy task.
- In a time when demand is high and budgets are tight, MSHN's provider system has been able to maintain timely access to high-quality care while keeping expenses at or below our allocated revenues. How?

Collaboration. Advocacy. Integration. Fiduciary excellence. Innovation.



MSHN ensures that it engages a provider network with adequate capacity and competency - *CONTINUATION*

- MSHN engages in activities to simplify administrative complexity and enhanced provider satisfaction - OPERATIONALIZED/COMPLETED
- MSHN enhances existing quality assessment and performance improvement and enhanced accountability for clinical and fiscal performance - OPERATIONALIZED/COMPLETED
- Continue to advocate for and participate in statewide planning relative to inpatient access; assess for and develop alternative inpatient/crisis response options, particularly for individuals with intellectual and developmental disabilities (such as Autism) exhibiting behavioral challenges - NEW
- MSHN will prepare the SUD network for the statewide standardized assessment requirement now ASAM Continuum - NEW
- Assess adequacy of Certified Clinical Supervision (CCS) within the SUD treatment provider network to ensure all provider agencies have CCS capacity to support supervisee competency and ongoing development - NEW
- Continue to promote trauma informed care relative to SUD treatment and offer SUD providers opportunities for trauma competence training CONTINUATION
- Continue to monitor access to timeliness to treatment; ensure processes are established to accurately report data for new performance indicators CONTINUATION



Objectives

MSHN Mid-State Health Network

MSHN will advocate for public policies that promote an adequately compensated, safe, and well-trained workforce - *CONTINUATION*

Dbjectives

MSHN will create forums for the MSHN provider network to develop strategies for addressing provider workforce concerns including but not limited to wellness/self-care, trauma, workforce safety, attraction and retention of a well qualified workforce -COMPLETED

MSHN will continue to engage in the MDHHS Section 1003 and other initiatives to advocate for the provider network by addressing funding/low reimbursement issues, workforce attraction and retention issues, and to improve coordination across settings; MSHN will engage the provider network and subject matter experts in shaping MDHHS initiatives - NEW



Collaboration. Advocacy. Integration. Fiduciary excellence. Innovation.

To the extent required under its contracts with MDHHS or as determined by other regional priorities, MSHN will ensure adequate internal capacity to accomplish its responsibilities, including HCBS transition, waiver management, provider network oversight, fiscal oversight, clinical supervision, technical assistance for providers, and other required provider network service functions - *NEW*

Objectives

Goal

- MSHN will annually assess staffing capacity to meet its contractual obligations *NEW*
- MSHN will promote efficiency of operations by continuing to develop and promote reciprocity systems - CONTINUATION

MSHN will partner with MDHHS, its CMHSP Participants, and the Substance Use Disorder Provider System to establish capacity and competency to implement CCBHC's, Behavioral Health Homes, Opioid Health Homes, Psychiatric Residential Treatment Facilities (PRTF), Crisis Stabilization Units, MiCAL, and other innovations to better serve individuals, families, communities, and providers - *NEW*

- MSHN will establish a regional crisis residential unit contract to ensure added capacity without risk to its CMHSP Participants ONGOING
- MSHN will establish an internal, cross-functional workgroup of subject matter experts to address the operational impact to MSHN, relative to the implementation of CCBHCs, Opioid Health Home, MiCAL, and PRTFs; MSHN will ensure collaboration and involvement of the provider network - NEW
- Monitor the impact of telehealth; promote and support the development of telehealth infrastructure NEW

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Objectives

- Goal Public Resources are Used Efficiently and Effectively
 - New MSHN will participate in the State's development of various monitoring and reporting processes to ensure continual input and outcomes that are supportive to the MSHN region and its systems. State Engineered Systems (monitor and implement activities associated with Behavioral Health Fee Screens, Standard Cost Allocation Model, and Rate Development) - the State's goal is to reduce unit rate variability and establish appropriate and consistent cost drivers for the same service code.
 - Remove MSHN leads efforts to explore opportunities to achieve reduced administrative costs in the region (decreased horizontal and/or vertical administrative duplication) MSHN's delegation serves to outline whether CMHSPs or the PIHP is responsible for certain activities. SUD providers generally have no overlapping administrative activities with MSHN. MDHHS system reform drives this process as administrative responsibilities are outlined in the PIHP contract.
 - Remove MSHN monitors and provides reports and recommendations to improve the financial health of the region and its CMHSP participants - This function is largely operational and occurs several times throughout the Fiscal Year (FY).



- Goal Public Resources are Used Efficiently and Effectively
 - Remove MSHN manages adequate risk reserves to meet current and future fiscal and utilization risk - Funds available for risk reserve are largely based on revenue and expense activity. The PIHP's goal is to understand potential risk and ensure funds are available to meet any identified. In addition, and just as important as the PIHP's monitoring, an actuarial performs a biennial analytical assessment of the factors impacting MSHN's fiscal position to ensure factual information is available for planning.
 - New MSHN will annually review Service Use and Analysis reports with CMHSPs to discuss significant regional variances and develop cost practices to ensure consistent and best value approaches.

- Goal Regional Public Policy Leadership Supports Improved Health Outcomes and System Stability
 - Remove MSHN Board of Directors reflect high degrees of satisfaction with MSHN operations and board development activities largely operational
 - Revise MSHN continues to evaluate the feasibility and appropriateness of pursuing NCQA (or other) accreditation in light of developments in the Section 298 Pilots and other public policy venues SYSTEM REFORM INITIATIVES, POTENTIAL FOR PARTNERSHIPSIN THE FUTURE AND POTENTIAL LONG-TERM VALUE ADDED TO THE REGION. Joe will discuss.
 - Keep MSHN will ensure consistent, standardized, and cost-effective operations and will position the region for continued success regardless of payer structure. MDHHS processes for standardized cost allocation and independent rate models once promulgated will be followed to promote regional consistency.

- Goal Regional Public Policy Leadership Supports Improved Health Outcomes and System Stability
 - Remove MSHN will expand capability to conduct fiscal planning and analysis largely operational
 - Remove MSHN's Provider Network Management Systems are effective and efficient - This is moved to Provider Systems
 - New MSHN will advocate for public policies, statutes and financing necessary to advance beneficiary health outcomes improvements that demonstrate good stewardship of public resources and partnership with persons served and their advocates.

- New Goal MSHN will Collaborate with CMHSPs and SUD Providers to Develop Regional Recommendations to Expand Value-Based Purchasing and Financing Systems and will Develop Proposal for Financing Structures to Incentivize Performance Based on Adopted Outcomes Measures
 - In past Fiscal Years MSHN has been engaged with a few providers for limited Value-Based Purchasing (VBP) activities. More recently, MSHN and one SUD provider executed an incentive-based arrangement in which both parties developed mutually agreed upon metrics for quarterly review.
 - MSHN's future plans include evaluating federal VBP strategies for use with the SUD network and expanding on current internal activities that may be portable for a larger group of providers. This activity results in funding impacts however VBP is a collaborate effort across multiple MSHN departments.
 - CMHSPs are also encouraged to develop VBP agreements with their provider network and to share the information with MSHN.

Oversight Policy Board Discussion



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Next Steps



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