Mid-State Health Network Strategic Planning

May 2021

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Introduction and Overview – Day 1

- Introductions of Facilitators Jason Radmacher and Laura Vredeveld, Principals, TBD Solutions
  - Role of Facilitators
    - Keep things moving and running on time
    - Prompt participation; ask key planning questions and identify areas for further discussion
    - Scribe for MSHN leadership – keep track of comments and follow-up items
    - Contribute knowledge based on their consultantancy experiences
- Three board-level strategic planning sessions:
- **Day 1: May 6, 5-7 PM**
  - Key Assumptions and Key Questions Review (including high level Council/Committee feedback summary) Joe [5 minutes]
    - Board discussion [10 minutes]
  - Overview of Issues Affecting Public PIHP/Behavioral Health System [45 minutes] (Jason/Laura)
    - Issues Overview, Recent Senate and House Proposals - legislative papers – (Jason/Laura) [20 minutes]
    - Board discussion [25 minutes]
  - Environmental Scan [40 minutes] (Amanda) [5-10 minutes]
    - Board Discussion [30 minutes]
  - Strategic Priorities [10 minutes] (Joe) [<5 minutes]
    - Board discussion [5 minutes]
  - Q&A/Wrap up (Jason/Laura) [5 minutes]

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Introduction and Overview – Planning Process to Date

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Strategic Plan Responsibilities

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Key Assumptions

KEY ASSUMPTIONS
Carve in remains a material threat even while COVID-19 pandemic response is likely to continue well in to FY 22 (and beyond)
By their own statements, MDHHS/BHDDA will not have the necessary staffing and other resources to drive major system reform/redesign. There continues to be legislative and advocate community desire to reform the public system. MDHHS/BHDDA wants reform, too, but is under-resourced to carry it out.
MSHN should lead reform, innovation and collaboration efforts in region and statewide. Unless there are changes to MSHN bylaws or regional endorsement to take on these roles, MSHN has no independent ability to pursue multi-PIHP or public/private partnerships, multi-regional or statewide opportunities.
Regional revenues will likely be pressured in future years. Revenue/Rates for FY21 and FY22 will be adjusted down due to low utilization during pandemic, which should be an anomaly. • May be offset by new federal funding under the MH and SAPT block grant and may require that the region conduct additional planning to effectively use these funds. • Strong commitment to CCBHCs and Behavioral Health Homes and Opioid Health Homes - may require additional planning to effectively implement and use these funds. • KB lawsuit may have implications for financing and system design. • Post COVID utilization may increase (without necessary funding to support it)
Performance matters. PIHP Staff must be retained and MSHN must continue to fulfill (and exceed) expectations.
Information technologies are expanding rapidly. The region may need better surveillance, awareness and participation in information sharing initiatives (such as eConsents, ADT feeds, EMR interoperability initiatives, electronic visit verification, and more).
Health integration, including behavioral/physical health integration, pressures our systems to look more like traditional healthcare delivery systems in spite of the fact that there are significant differences in the financing, delivery, and management models. Continued pressure to conform to traditional healthcare [illegible] structures and delivery modalities will have to be faced by the public behavioral health system.

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Key Questions

KEY QUESTIONS
What is the role for MSHN and how should MSHN be preparing for CCBHC, SIM, Opioid Health Homes, Behavioral Health Homes? And to what extent does the regional delegation model impact future options and current effectiveness/efficiency?
Will MDHHS continue to seek to strengthen the existing public behavioral health system (even if "reformed") in a manner than keeps the structure largely intact?
To what extent should MSHN partner with like-minded PIHPs/Regional Entities to address key reform issues (i.e., "criticisms" upon which reform/redesign are largely based)?
To what extent should MSHN position itself to partner with other entities (including FQHCs, Health Plans in and outside of Michigan, and other entities) in anticipation of future redesign initiatives?
Should NCQA accreditation for MSHN be revisited in light of current and predicted future environment (threats and opportunities)? (PIHPs/Regional Entities operating with accredited managed care operations include Detroit/Wayne, Southwest Michigan Behavioral Health, NorthCare, Oakland, Beacon Health Options). MSHN and CMHSPs are already stretched and should consider accreditation if it strengthens the public system and enhances support of various public system initiatives (such as CCBHCs, SIM, OHH, BHH and others).

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Board Discussion

- Have the most important assumptions been addressed? Do you have any other key assumptions that should be considered in the planning process?

- Have the most key questions been addressed? Do you have any other key questions that should be addressed in the planning process?

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Overview of Issues Affecting Public Behavioral Health/PIHP System

- Current & Future Initiatives for PIHP
- Privatizing Behavioral Health
- MSHN Direction: Discussion, Considerations & Response

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Current & Future Landscape

- Integrated Care Initiatives Underway in Michigan
  - Certified Community Behavioral Health Clinics (CCBHCs)
  - Health Homes – What they are and possible future connections
- COVID Return-to-Office-Based Work & Return-to-Site-Based-Services
- Addressing health equity to lessen disparities

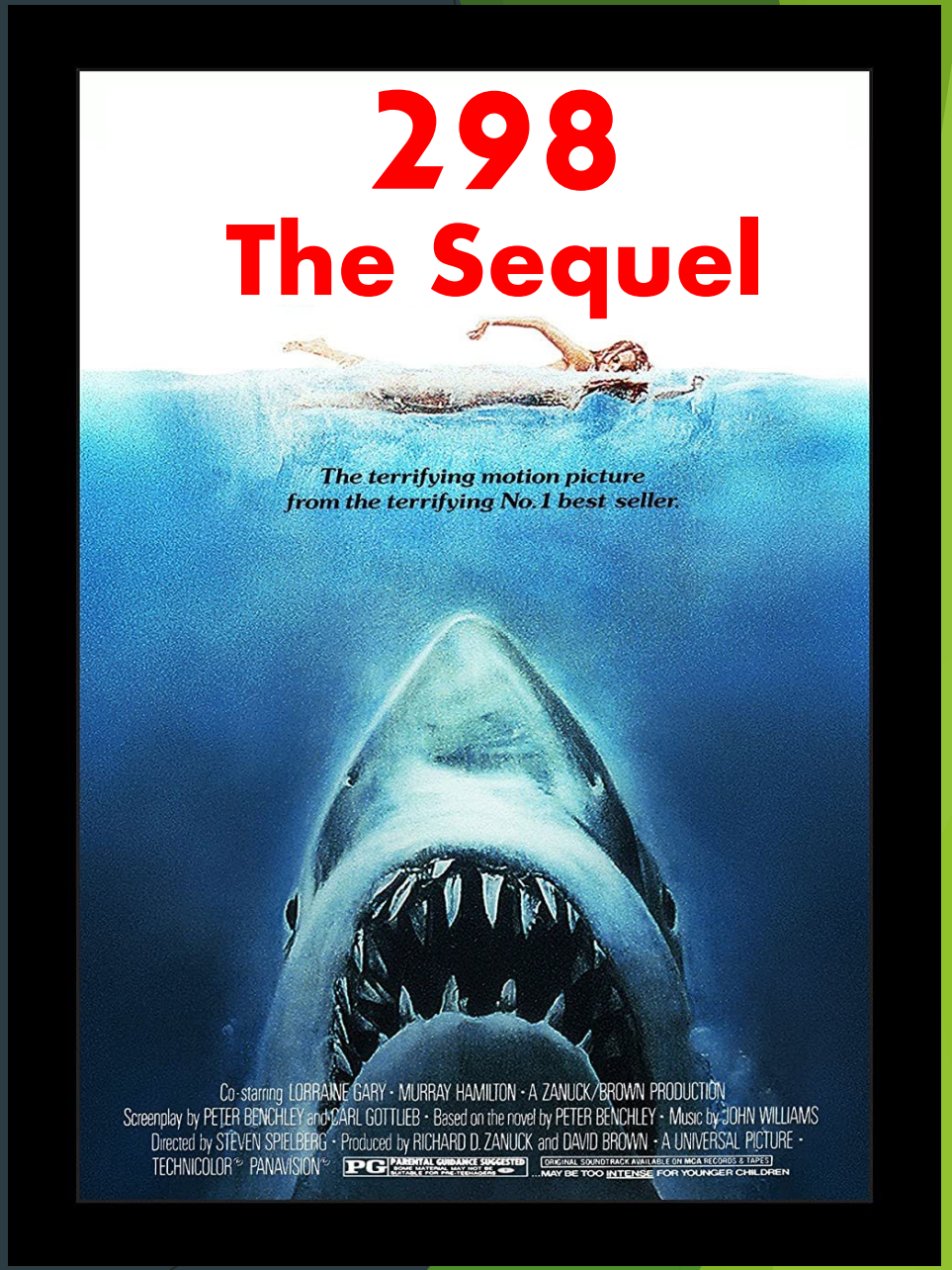
Current & Future Landscape

- Management of the Medicaid Unenrolled Population
  - Currently not eligible for enrollment with other Health Plans
  - Amanda Ittner working on design team
- Conflict-free Case Management
- MDHHS/Milliman Cost Analysis/Standardization

Senator Shirkey Carve-in Plan

"This model promotes full integration through financial, administrative, and clinical integration of physical and behavioral health services and supports."- Gearing Towards Integration Report

Sen. Mike Shirkey
R- Clarklake
Senate Majority Leader



Senator Shirkey Carve-in Plan

"Gearing Towards Integration"

MDHHS

$$Health Plan$$

CMH

Provider

Eliminates Carve-Out

Representative Whiteford Administrative Services Organization (ASO) Plan

MDHHS

ASO

CMH

Behavioral Health Oversight Council to advise MDHHS on BH

Administrative Services Organization (ASO) that replaces PIHPs, but could be awarded to a governmental or quasi-governmental entity, or other non-profit entity

Maintains Carve-Out

Rep. Mary Whiteford
R – Casco Twp (Allegan County)

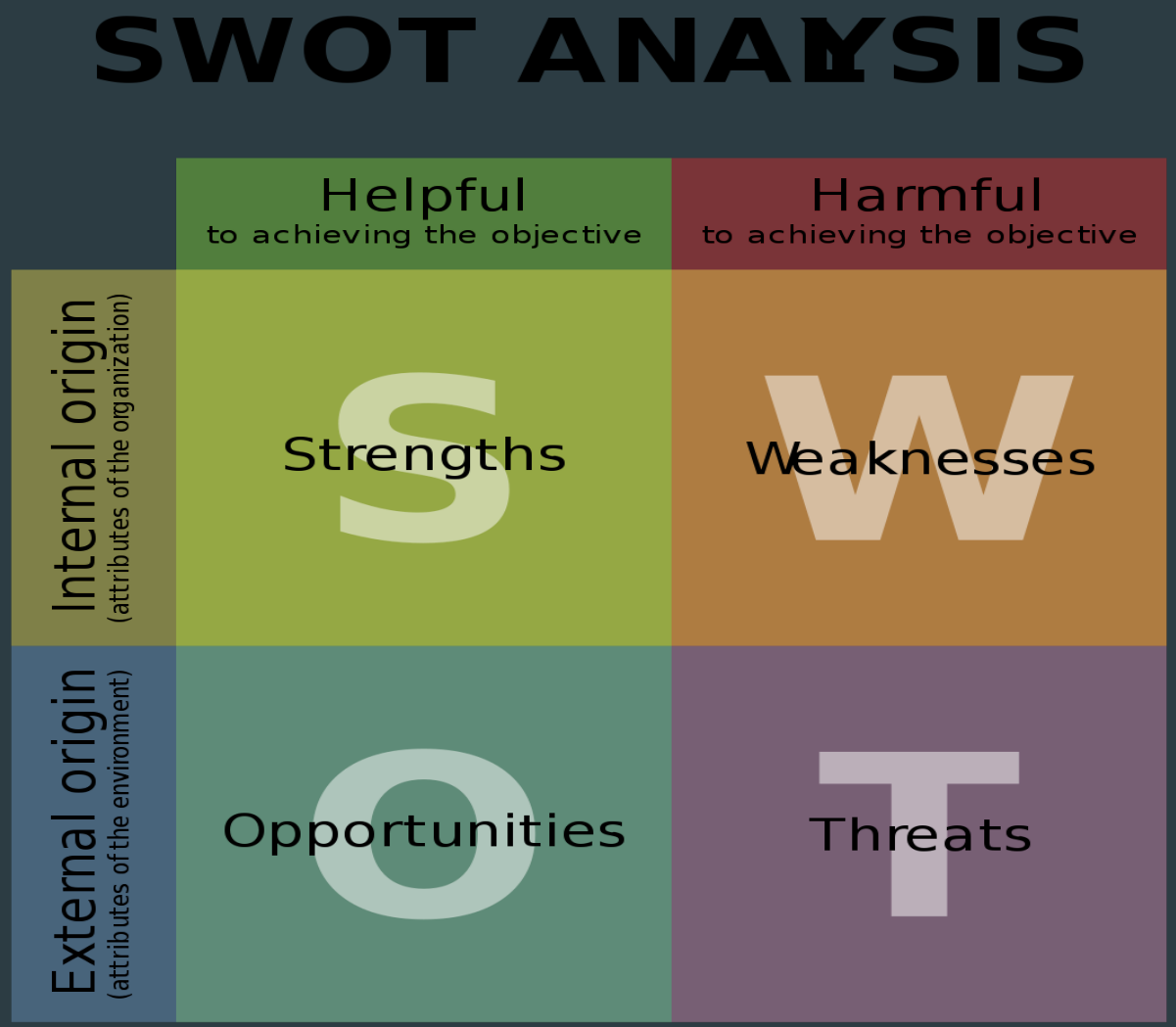
Threats to Michigan's Behavioral Health System

- Privatization threats are greatest since the start of Michigan's CMH system
- Keys Causes: Profit, Eliminating Conflicted Governance, Efficiency/Streamlining Redundancy
  - Excellent regional performance & very low administrative rates are not considerations
- Medicaid Health Plans *do not* understand Michigan behavioral health
  - Will likely return to fee-for-service model
  - Will base decisions on medical model criteria
  - Empty promises of alternative payment models

MSHN Direction: Discussion, Considerations & Response

- What is important for MSHN to hold on to in the face of these threats?
- What are the limits of dialogs we should be having with MDHHS, Legislators, potential partners (i.e., other PIHPs, Health Plans, entities in public-private partnerships, etc.)
- What is in best interest of CMHs? Providers? Consumers and other stakeholders?
- Considerations to maintain operations, innovations, progress

Environmental Scan



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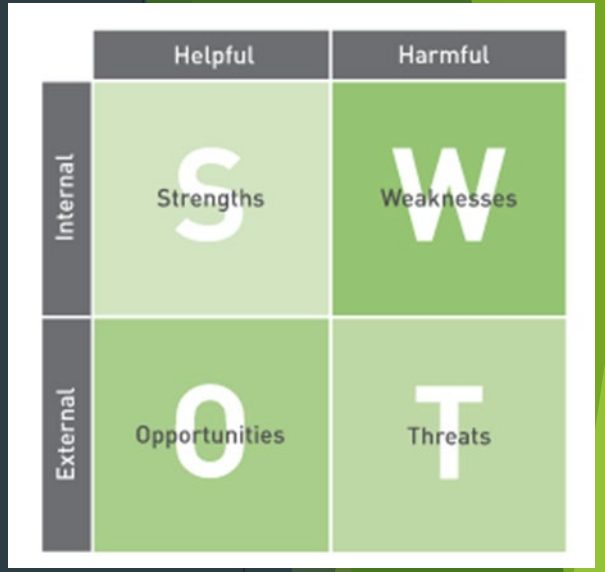
Environmental Scan

Strengths



- MSHN staff have a high workload capacity, are strong, dedicated, and competent who can work independently.
- Highly effective in remote work environment.
- MSHN board has consistently demonstrated strength, fortitude and leadership
- MSHN maintains an excellent reputation in Michigan
- High performing PIHP: Financial Stability; Quality/performance metrics; Compliance to state requirements; Data reporting
- MSHN has a strong rapport with the provider network which includes fiscal oversight, contract monitoring, and an especially strong and open communication strategy

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Environmental Scan

Weaknesses

- MSHN staff is stretched due to a lean staffing model
- Not currently participating in state innovative projects and initiatives, e.g., OHH, BHH
- MSHNs lacks the ability to act independently, the required time and resources to complete change management
- MSHN PIHP is not accredited
- SUD Provider Network level of duplication with “no wrong door”
- Understanding and development of value-based purchasing (VBP) is lacking in SUD Network
- Workforce recruitment, retention, recognition, compensation, and related factors are causing a region (and state) wide crisis

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Environmental Scan

Threats

- Legislative and MDHHS system reform/redesign elements
- State budget shortfalls
- Behavioral Health workforce shortages

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Environmental Scan

Opportunities

- Prepare and pursue dialogs that may lead to partnerships that strengthen the region (e.g., complex care management, partnerships with physical health payers, partnerships with other PIHPs and reducing health disparities.
- Focus on value-based purchasing and meaningful outcome measures
- Inter-operable information technology and consent management systems - reporting data on physical and behavioral health conditions, social determinants of health, and health equity parameters

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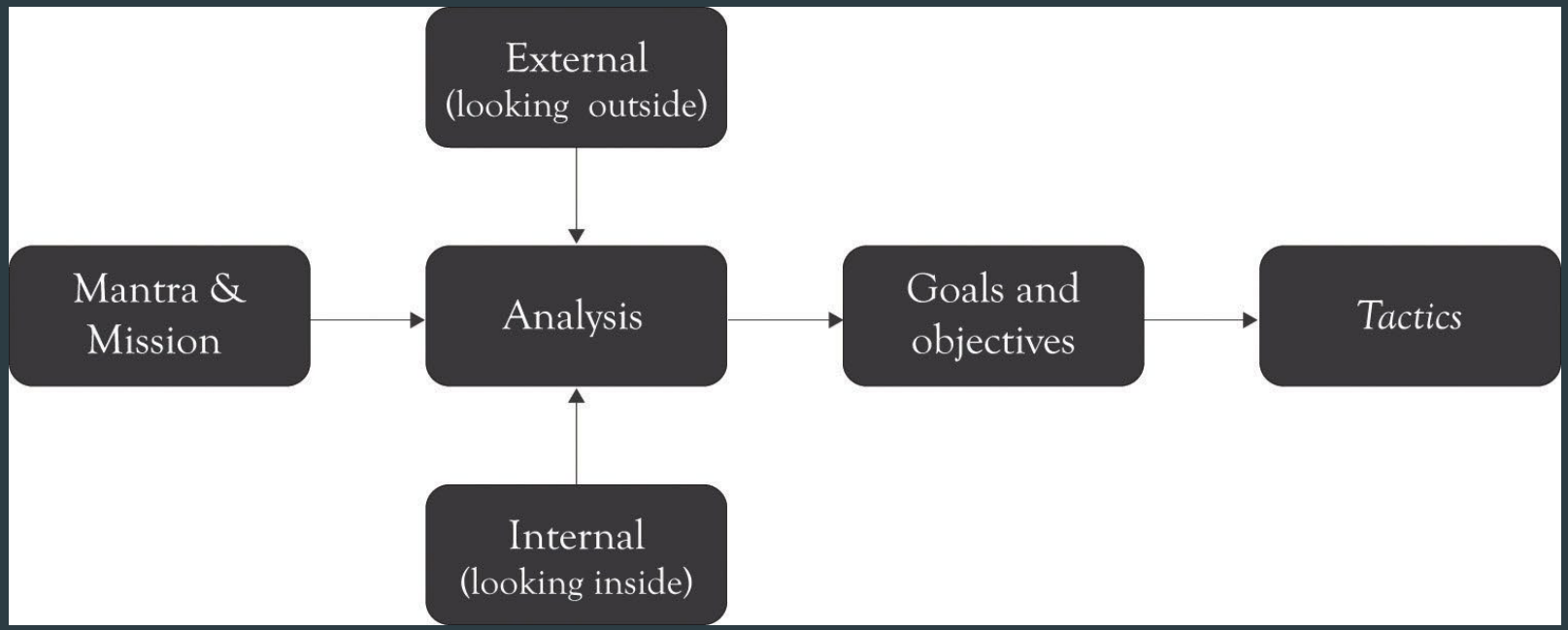
Board Discussion

- Have the most important Strengths, Weaknesses, Opportunities and Threats been identified?



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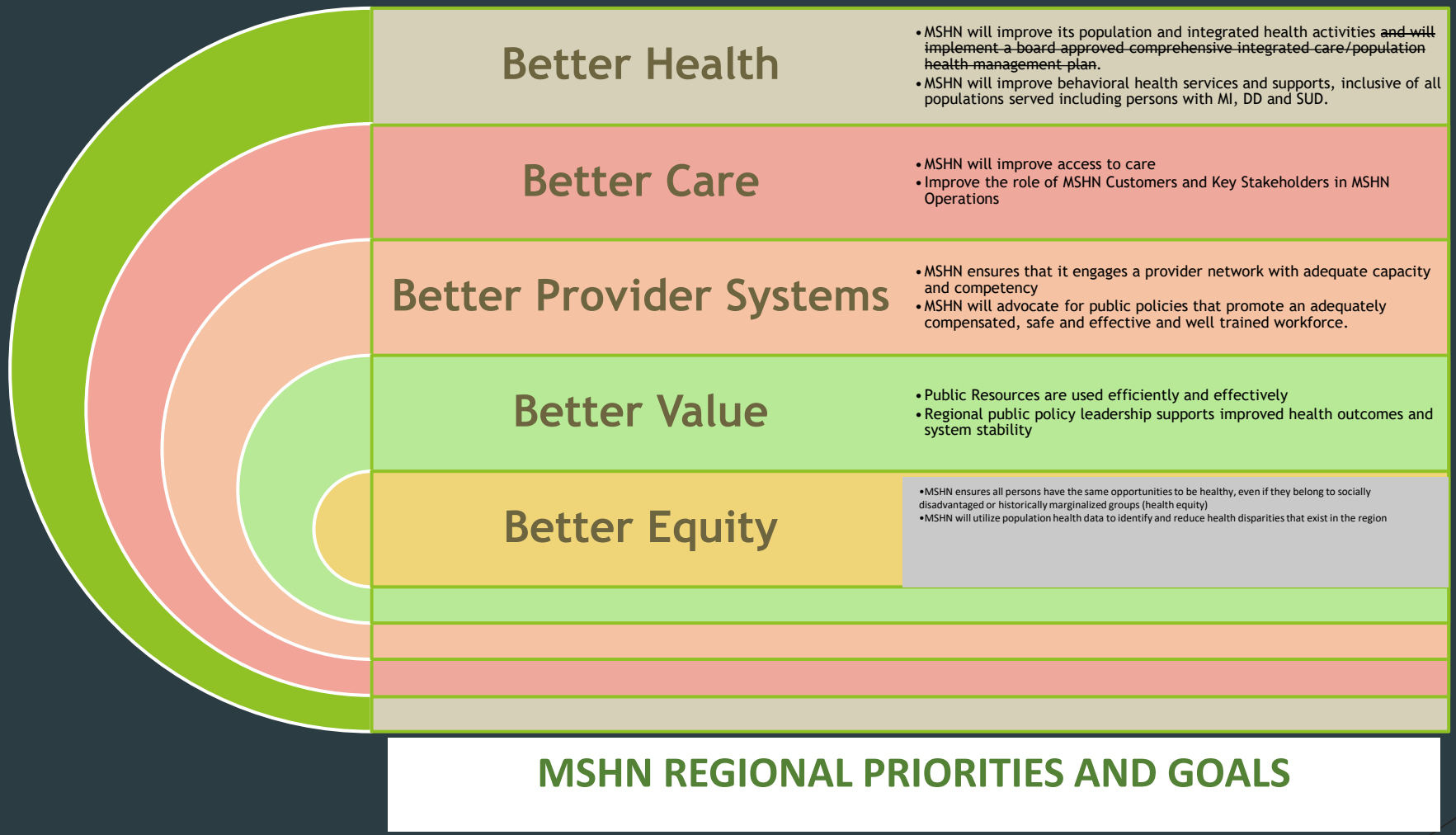
Strategic Priorities



MSHN REGIONAL PRIORITIES AND GOALS

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Strategic Priorities – Board Discussion

- Have the most important strategic priorities been addressed? Can other ideas you have "fit" into one of the five strategic priorities?

- Are there other considerations, issues, policies or priorities that you think MSHN should be addressing either internally, regionally, statewide or nationally?

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Session 1: Wrap up and Next Steps

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