MSHN
Mid-State Health Network

Community Mental Health Service Provider Network

Bay Arenac Behavioral Health

CMH for Clinton, Eaton & Ingham Counties

CMH for Central Michigan

Gratiot Integrated Health Network

Huron Behavioral Health

The Right Door for Hope, Recovery & Wellness

LifeWays CMH

Montcalm Care Network

Newaygo County Mental Health Center

Saginaw County CMH

Shiawassee Health & Wellness

Tuscola Behavioral Health Systems

Board Officers
Edward Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Jim Anderson
Interim Secretary

May 25, 2021

Mid-State Health Network (MSHN) is a Pre-Paid Inpatient Health Plan (PIHP) created as a regional entity by 12 Community Mental Health Services Programs (CMHSPs) under the Mental Health Code (MHC). We address you today as officers of the Mid-State Health Network Board of Directors and on its behalf.

Recent proposals in the House and Senate fundamentally change the public behavioral health system. The Mid-State Health Network Board of Directors opposes these proposals because:

- Beneficiaries and their families, and the communities that support them, are opposed as was well documented in prior redesign efforts and would stand to lose access to services, supports and input into the design and operation of their services and supports system. Many Michiganders are left out of the redesign proposals completely.
- Public oversight, governance, operations, and accountability would be ended.
- Current proposals for redesign are not based on performance metrics related to positive outcomes, effectiveness, and efficiency measures associated with the current public system and there is no clear statement about the problem or problems that the Senate or House are attempting to address or solve.
- These proposals incentivize and prioritize profits to private companies at the expense of the public and the beneficiaries served by the public behavioral health system.
- These proposals, if enacted, would inappropriately overlay a medical model where a social supports and service model is necessary to effectively support beneficiaries.
- These proposals seek financial integration and ignore integration where it is most meaningful and beneficial to recipients, which is at the point of service.

Instead of damaging the public behavioral health system through pursuit of these proposals, recent innovations by the public behavioral health system should be supported. The Mid-State Health Network Board of Directors supports, and asks our Legislative and Executive Branch leaders to support:

- Certified Community Behavioral Health Clinics (CCBHCs).
- Behavioral Health Homes.
- Opioid Health Homes.
- State Innovation Models.
- Local primary and behavioral health integration infrastructure and care coordination at the point of service delivery.

These innovations themselves address most access challenges and gaps of most concern to citizens and PIHPs and should be fostered, nurtured and supported by State government.

The remainder of this document provides additional details associated with our positions. Please take the time to thoroughly review our viewpoint, and please contact Mid-State Health Network's Chief Executive Officer to arrange for discussions on these fundamentally important matters.

Sincerely,

FOR THE MID-STATE HEALTH NETWORK BOARD OF DIRECTORS BY

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Statement of the Mid-State Health Network Board of Directors
On Legislative Proposals for Fundamental Public Behavioral Health System Redesign
May 25, 2021

Every year, hundreds of thousands of Michigan citizens benefit from the high-quality services and supports provided through the federal and state funding administered by PIHPs and operated by CMHSPs, their provider networks, and the substance abuse prevention, treatment and recovery service delivery system. Thousands upon thousands of individuals, their families, and communities, depend on the public behavioral health system for daily (and in some cases, life-long) supports and services. Many beneficiaries have expressed their desire to strengthen and improve the existing public behavioral health system – opposing the carving in of public behavioral health funding to physical health plans. Many Michigan citizens are completely left out of the legislative proposals. Current innovations in public behavioral health, such as Certified Community Behavioral Health Centers, Behavioral Health Homes, and Opioid Health Homes have evidence to support that they produce better access, better health outcomes, and better care for individuals, families, and communities. Because these proposals ignore the voices of thousands of people served by the public behavioral health system, leave many potential beneficiaries out, and ignore the benefits of innovative models now being established in the State, we stand united in opposing them.

The public behavioral health system is the safety net system for our state's most vulnerable and needy people. It is to us, the board of directors, who are appointed by Community Mental Health Services Program (CMHSP) boards in our 21-county service area (where we are appointed to the CMHSP board by our County Commissions) that the regional entity is accountable. The public behavioral health system is a State-County partnership and has been since its inception. We believe strongly that the public safety net behavioral health system must remain public in governance, accountability, funding, and operation. We believe strongly that beneficiaries have immediate and in-person access to their board member representatives in the community and to the whole board of directors through participation in local public board meetings under the Open Meetings Act. Recent proposals by some members of the Michigan Senate and House eliminate these key features of the behavioral health system. We stand united in opposing these proposals.

Facts demonstrate the effectiveness of MSHN and this region, as well as many other PIHPs, CMHSPs and our substance abuse prevention, treatment, and recovery provider systems. Please refer to our recently published Impact Report by clicking on this link. Proposals to "reform" or "redesign" the public behavioral health system must be based on factual determinations that define the problem(s) being addressed and measure performance against metrics meaningful to persons served and our communities. Pursuing these proposals in the absence of a stated problem (or set of problems) is nothing more than reactive and anecdotal and must be avoided. Even cursory review of performance and financial metrics would reveal that the public behavioral health system should be supported, invested in, and strengthened, including (and perhaps most especially) the innovative programming described above that is now in being established in Michigan. Because these proposals do not accomplish any of these aims, we stand united in opposing them.

The public behavioral health system carries out its responsibilities to *every citizen* in this state by seeking and serving persons with the greatest, most severe, most persistent needs and vulnerabilities without regard to whether there is risk of loss, low or no return on investment, or other non-person-centered motivations. The public system appropriately shares these risks with the State and is demonstrably more efficient at moving more taxpayer money into services and not into administration or infrastructure as evidenced by even a casual review of "Medical Loss Ratios" and "profit" profiles of public PIHPs and Michigan's Medicaid Health Plans. Because the Senate and House proposals leave many citizens out and are based on fallacious arguments, we stand united in opposing them.

The House and Senate proposals as they currently stand both eliminate Michigan's PIHPs, eliminate or threaten the CMHSPs ability to deliver services and supports to the most vulnerable and needy in our State and shift responsibility for managing public services and supports to private health plans (Senate), and Administrative Services Organization (House), and to the State. The premise of these proposals seems to be that privatization (Senate) and statewide-ness (House) are better than local access, local control, local accountability, collaborative regional/local management, and local oversight. These are just a few of the beneficial features of the current public behavioral health system that the House and Senate proposals ignore, and for these reasons we stand united in opposition to them.

These proposals, particularly the Senate proposal, is built upon a misunderstanding that the financing, administration and delivery of physical and behavioral health services are not different from each other. This is a faulty and dangerous misunderstanding, especially at the service level. Physical health services (and service management) is based on "medical models". The medical model, oversimplified, treats a specific condition (chronic or acute), primarily with medication, and

usually within an established critical-clinical pathway, with a curative or rehabilitative emphasis or goal. Treatment of or related to behavioral health conditions are based on a "social supports" model. The "social supports model", oversimplified, addresses the whole-person service and support needs of persons over a span of time to help reduce symptoms, promote adaptive learning, strengthening of social supports, address social determinants of health and are habilitative in nature. Habilitative means focused on helping beneficiaries attain, retain, or improve skills and functioning. Because the Senate proposal in particular, but the House proposal as well, are based on this faulty understanding of the differences in the delivery of physical and behavioral health care, we stand united in opposition to them.

The legislative proposals seem to ignore that "integrated care" happens when and where the person is served; instead focusing on administrative and financing structures. Every one of the CMHSPs in this region, and the MSHN regional entity itself, are actively engaged in integrated care work that results in individual and population health outcomes improvements. Because these proposals include financial integration with private entities and ignore local care integration and coordination work, such as those that could be offered through Behavioral Health Homes, Opioid Health Homes, Certified Community Behavioral Health Clinics, and other current public behavioral health system improvements, we stand united in opposing the proposals.

This is no time for major upheaval on the public behavioral health system that so many thousands of persons, their families and communities relay on for support. Especially during this pandemic period, but at any time. The public behavioral health safety net has ensured continued services and supports to individuals, families, communities, workforce members and provider organizations in every possible way before and throughout the pandemic period including tens of millions of dollars in provider stabilization and direct care worker support in this region alone.

We request that our policy making representatives support, improve and strengthen the public behavioral health safety net system, and that you support improvements in the delivery of publicly governed, publicly accountable, publicly operated regional and community-based systems, invest in and expand initiatives that are proven to improve citizen access, beneficiary engagement, individual and population health, behavioral wellbeing, resiliency, quality of life, and community betterment such as those mentioned above. These are among the daily, weekly, and yearly accomplishments of the public system that would be destroyed by pursuing these proposals.

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