

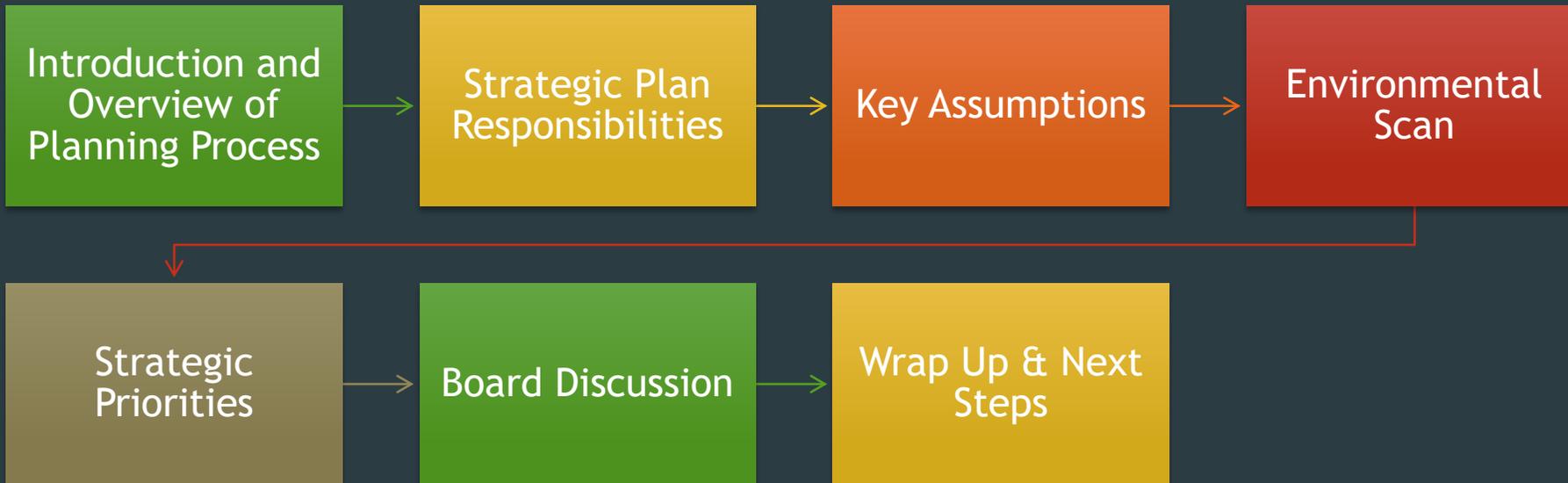


Mid-State
Health
Network
Strategic
Planning

April 2023

MSHN
Mid-State Health Network

Introduction and Overview





Introduction and Overview - Planning Process to Date

Strategic Plan Responsibilities

STRATEGIC PRIORITIES (Board Approved)

STRATEGIC GOALS (Board Approved)

STRATEGIC OBJECTIVES (Management Prerogatives - Board Advises)

Tasks/Activities (Management Prerogatives)

- 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 2023 MSHN Board Strategic Planning session.

- Strategic Objectives lead to accomplishment of strategic goals
- Preliminary Recommendations Now; Final delineation: June/July 2023

- Actions/Tasks lead to accomplishment of the strategic objective(s)
- Leadership and Staff Action Planning (July/August 2023)
- Involves MSHN leadership as champions for objectives and staff, committees or councils across the agency in task/activity design.

KEY ASSUMPTIONS

MDHHS Priority: Children in Foster Care is a focus of MDHHS; depth of understanding roles and responsibilities and needs vary across the region and across the public behavioral health system.

MDHHS Priority: Continued effort to improve Access to services by MDHHS

MDHHS Priority: Expansion of Behavioral/Opioid/Substance Use Disorder Health Homes

MDHHS Priority: Strengthening MDHHS oversight of PIHP managed care operations will add administrative burdens (and cost) and may complicate regional operations and delegation arrangements.

Medicaid Health Plan rebid may have significant impacts on public behavioral health services.

Conflict free access and planning will likely have significant impacts on CMHSPs and providers across the region and the state.

Continued review of specialty needs plans (SNPs) legislative and executive branch.

There will be major, but unknown, changes in the public behavioral health system. We should be drivers of those changes and not passive.

Politicization of health equity issues will result in pushback from some stakeholders.

Workforce shortages will continue to be a critical issue. Staffing shortages may cause reductions in services or closures of provider organizations (especially in the SUD provider network).

Some form of direct care worker wage supports will continue and/or increase.

Access to local/community psychiatric inpatient care and state hospital care will continue to be a challenge.

Access issues relating to psychiatric inpatient hospitals/units will pressure demand for crisis residential and crisis stabilization services.

Psychiatric Residential Treatment Facilities are likely to be approved by CMS for Michigan.

Child and Adolescent Needs and Strengths (CANS) assessment tool will be required statewide in FY24-25.

There will likely be increased pressures to use value-based arrangements, including incentives for achieving certain person-centered outcomes.

Medicaid Enrollment will likely decline causing decreased revenue impacts.

Provider Capacity/Staff Shortages continue to lead to reduced SUD providers

MDHHS to continue to increase monitoring and oversight (CMS requirements) without thoughtful implementation leading to duplication of reporting/monitoring and inconsistencies with what is reported statewide

DMC reviewing is a good way to monitor compliance.

Our system as we know it is on the brink of change.

Our public behavioral health system is motivated to do the right thing.

The state knows better than the PIHPs on what the system needs to be better.

Higher emphasis on timely access to services

Need to advocate for a reduced administrative burden

New Conflict-Free Access and Planning (CFAP) requirements from MDHHS are likely to result in significant changes to the way CMHSPs currently operate and may require PIHPs to centralize certain managed care functions that are currently delegated

Key Assumptions

Board Discussion

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

Environmental Scan

SWOT ANALYSIS

| | Helpful to achieving the objective | Harmful to achieving the objective |
|---|---------------------------------------|---------------------------------------|
| Internal origin (attributes of the organization) | S Strengths | W Weaknesses |
| External origin (attributes of the environment) | O Opportunities | T Threats |

Environmental Scan

Strengths

MSHN is viewed as a strong leader in the State for many different initiatives and areas of expertise. Strong collaboration with MDHHS.

MSHN provides excellent support, resources, and technical assistance to our SUD provider network, as evidenced by affirming feedback from many providers who contract with multiple PIHPs.

Innovation is a key value and MSHN's staff are committed to developing innovative ways of service delivery with SUD providers.

Focus on doing the right thing(s) for consumers is central to all MSHN and CMHSP Participant operations. The region is a strong advocate for consumers.

High performing PIHP: Financial Stability; Quality/performance metrics; Compliance to state requirements; Data reporting

Transparency in operations (both internal and with provider network); many opportunities for employees and stakeholders to provide input into processes that directly affect them.

| | Helpful | Harmful |
|----------|---------------------------|------------------------|
| Internal | S Strengths | W Weaknesses |
| External | O Opportunities | T Threats |

Environmental Scan

Weaknesses

MSHN staff is stretched due to a lean staffing model.

Decentralized access for SUD services has led to individuals receiving wrong services/incorrect level of care; Provider feedback that access process is duplicative and inefficient.

MSHN lacks the ability to act independently, the required time and resources to complete change management.

Lack of diversity in MSHN staff and in MSHN's provider networks.

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.

| | Helpful | Harmful |
|----------|---------------------------|------------------------|
| Internal | S Strengths | W Weaknesses |
| External | O Opportunities | T Threats |

Environmental Scan

Threats

- ▶ New/Ongoing legislative proposals to integrate behavioral health and physical health.
- ▶ Medicaid Health plan rebid may cause significant public behavioral health systems changes.
- ▶ Behavioral Health workforce shortages.
- ▶ End of COVID-19 Medicaid continuous enrollment could negatively affect financial resources.
- ▶ Continued discussion for use of specialty needs plans.
- ▶ Conflict-Free Access and Planning



Environmental Scan

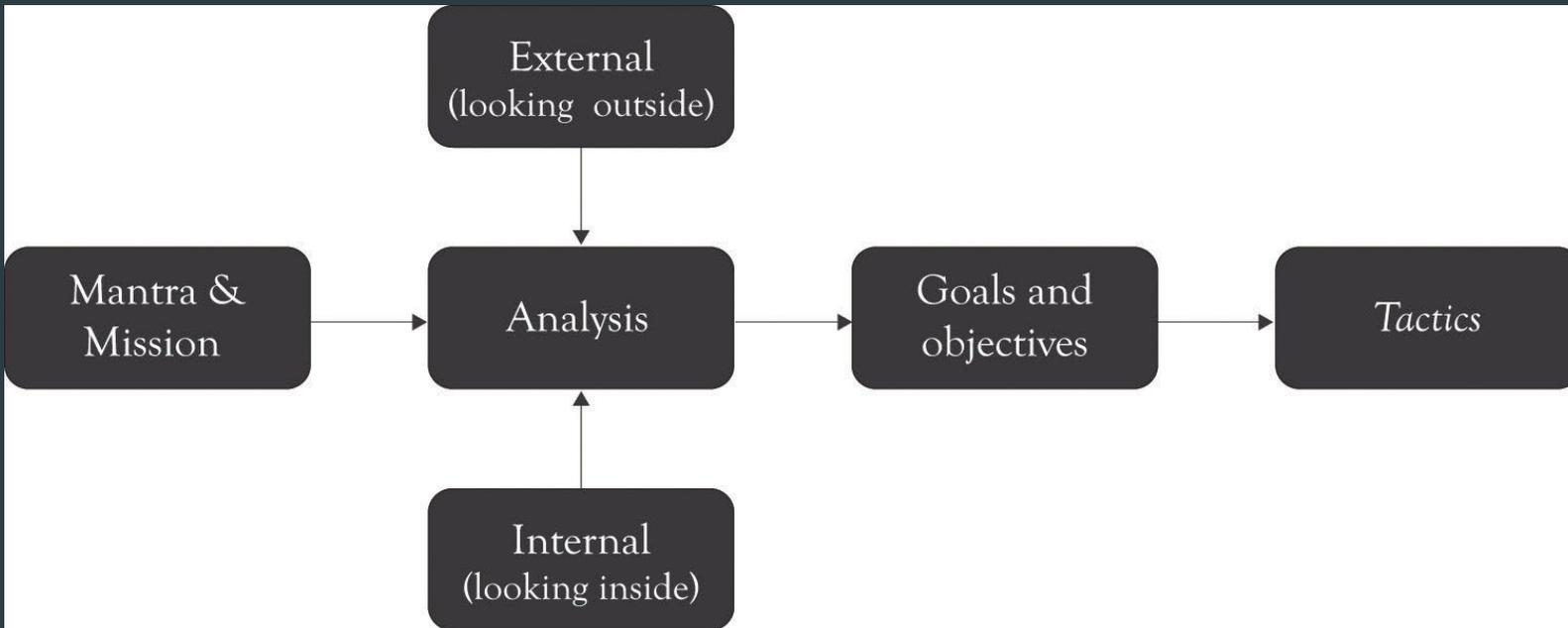
Opportunities

- ▶ 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.
- ▶ Conflict-Free Access and Planning requirements - consider redesign implications for SUD access.
- ▶ Propose new initiatives and partnerships to address state priorities with children services, foster care, crisis services, and other areas where need is acute.
- ▶ Education for public and provider systems about roles/responsibilities of PIHP vs Medicaid Health Plans; most Medicaid enrollees, stakeholders, and general public don't understand the role of the PIHP and specialization.



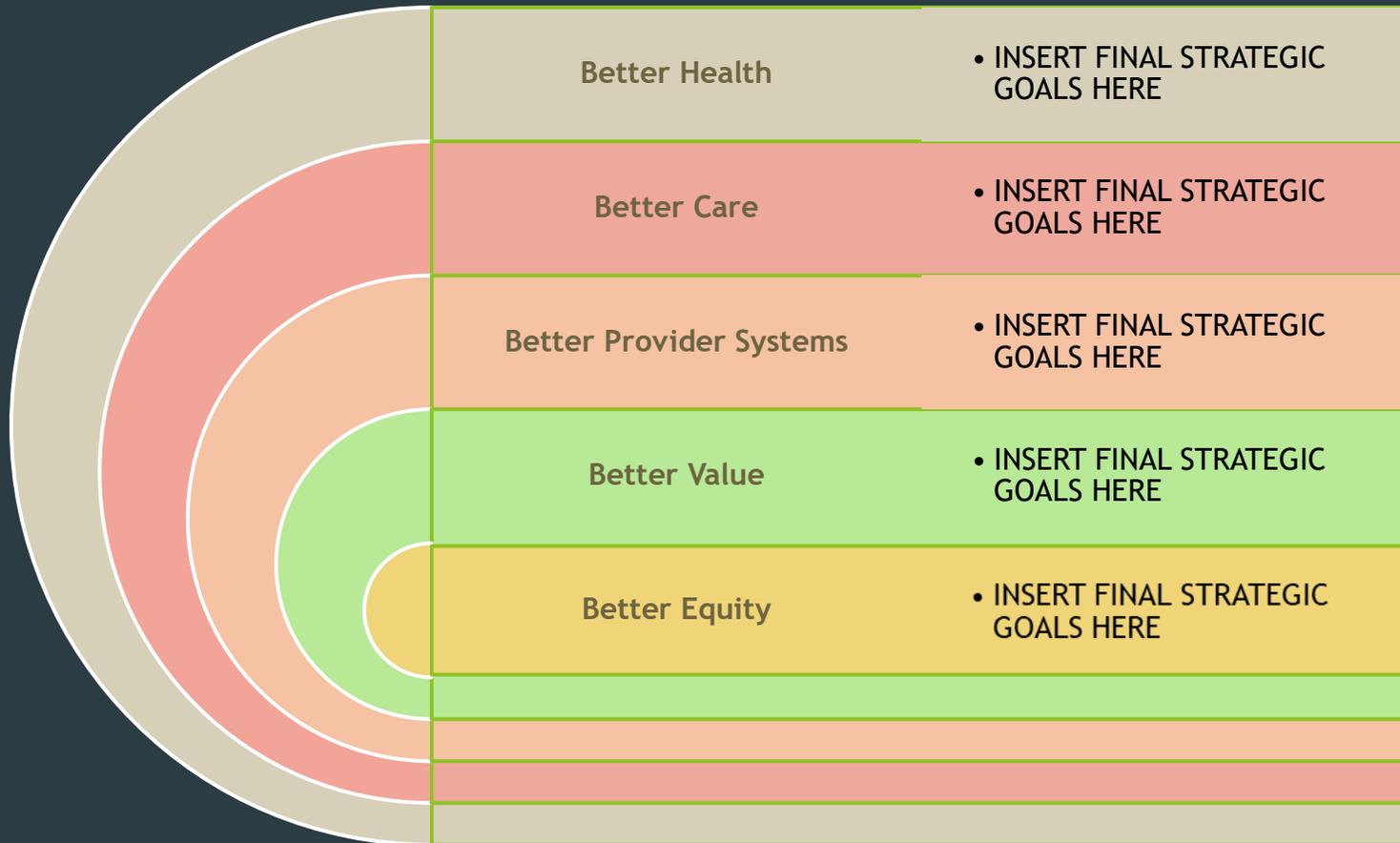
Board Discussion

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



| | Helpful | Harmful |
|----------|--------------------|-----------------|
| Internal | S Strengths | W Weaknesses |
| External | O Opportunities | T Threats |

Strategic Priorities



Strategic Goals

BETTER HEALTH:

- ▶ MSHN will improve and expand its population health and integrated care activities.
- ▶ MSHN will improve behavioral health services and supports, inclusive of all populations served and will develop and expand: CCBHCs, Behavioral Health Homes, SUD Health Homes and Opioid Health Homes and other regional strategies to impact opioid and other substance use disorders.
- ▶ MSHN will lead local and statewide key initiatives, including complex care management, population health, expansion of Medication Assisted Treatment, physical health integration at the point of service so that health equity and health outcomes are improved for all beneficiaries.

Strategic Goals

BETTER CARE:

- ▶ MSHN will improve access to services and supports across the region.
- ▶ MSHN will enhance regional quality and compliance, while reviewing areas for efficiency and reduced administrative burden.

BETTER VALUE:

- ▶ Public Resources are used efficiently and effectively.
- ▶ Regional public policy leadership supports improved health outcomes and system stability.

Strategic Goals

BETTER PROVIDER SYSTEMS:

- ▶ MSHN ensures that it engages a provider network with adequate capacity and competency (and addresses any network adequacy deficiencies) in partnership with its CMHSP participants and providers.

BETTER EQUITY:

- ▶ MSHN and its regional provider and CMHSP partners ensure all persons have the same opportunities to be healthy, especially those who belong to socially disadvantaged or historically marginalized groups (health equity).

Strategic Priorities & Goals- 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?

Next Steps

