

## RESOLUTION OF THE MID-STATE HEALTH NETWORK BOARD OF DIRECTORS OPPOSING CURRENTLY PROPOSED MODELS FOR IMPLEMENTATION OF CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN

### Community Mental Health Member Authorities

Bay-Arenac  
Behavioral Health



CMH of  
Clinton.Eaton.Ingham  
Counties



CMH for Central  
Michigan



Gratiot Integrated  
Health Network



Huron Behavioral  
Health



The Right Door for  
Hope, Recovery &  
Wellness (Ionia County)



LifeWays



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*

Kurt Peasley  
*Secretary*

WHEREAS The Mid-State Health Network (MSHN) is a regional entity created in 2014 by the twelve community mental health services programs (CMHSPs) listed at left and functions as a Pre-Paid Inpatient Health Plan (PIHP) for twenty-one mid-Michigan counties under a master Medicaid specialty supports and services contract with the Michigan Department of Health and Human Services. The MSHN Board of Directors is comprised of two appointees from each of the CMH Participants in the MSHN region, half of which are primary or secondary consumers of public behavioral health services.

WHEREAS the MSHN Board recognizes and stipulates that the federal Affordable Care Act and Social Security Act mandates that States "establish standards for the conduct of the independent evaluation and the independent assessment to safeguard against conflicts of interest."

WHEREAS the MSHN Board recognizes and stipulates that federal regulations implementing these statutory requirements compel states to require that services are accessed, planned, and delivered in a conflict-free manner.

WHEREAS The MSHN Board recognizes and stipulates that the "conflict free access and planning" federal statutes, federal regulations, and compliance issues are complex and that State compliance with federal requirements is a responsibility of the State.

WHEREAS The MSHN Board acknowledges that, to determine the course(s) the State would pursue to comply with federal statutory and regulatory requirements, it organized and convened a workgroup of stakeholders to advise it on such matters. The result of this workgroup process was the publication of four options that the State indicated it would select among to implement or demonstrate compliance.

WHEREAS The MSHN Board has studied each option proposed by the State. The conclusions of the MSHN Board **are that all currently proposed options:**

- Increase barriers to effective and efficient access to specialty behavioral health services and supports;
- Increase the system complexity and confusion of current and future beneficiaries;
- Compromise the formation of the therapeutic alliance by deemphasizing the critical role of consistency and continuity in evidence-based care;
- Unnecessarily adds costs and fiscal irresponsibility with public dollars, redundancy, duplication and ignores thoughtful application of trauma sensitive systems of care;
- Degrades quality and accountability;
- Increase marginalization of highly vulnerable populations, detrimentally affecting engagement and social determinants of health;
- Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards are preferable to systemic/structural upheaval contained in each of the four state-proposed options to date;
- Ignore Michigan's current capitated system which already mitigates against conflict and self-interest;
- Are significantly at odds with the Certified Community Behavioral Health (CCBHC) initiative and requirements.

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, in the **strongest possible terms**, and for the reasons noted herein, the MSHN Board of Directors **opposes all four of the currently proposed structural strategies** for compliance with the federal Conflict Free Access and Planning Rules.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT the MSHN Board of Directors can support, and where necessary modifying (for the purpose of strengthening) existing procedural safeguards. The changes proposed by MDHHS are extreme, rushed, and in our view will not achieve the goal of ensuring that beneficiary services are free from conflict of interest and guided only by the desires of beneficiaries and their best interests.

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OPPOSING CURRENTLY PROPOSED MODELS FOR IMPLEMENTATION  
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**MID-STATE HEALTH NETWORK BOARD OF DIRECTORS**

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Brad Bohner; LifeWays

Joe Phillips; Community Mental Health for Central Michigan

John Johansen; Montcalm Care Network

Kerin Scanlon; Community Mental Health for Central Michigan

Kurt Peasley; Montcalm Care Network

Joe Brehler; Community Mental Health Authority for Clinton, Eaton and Ingham Counties

Ken DeLaat; Newaygo County Mental Health Center

Tina Hicks; Gratiot Integrated Health Network

Susan Twing; Newaygo County Mental Health Center

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Deb McPeek-McFadden; The Right Door for Hope, Recovery and Wellness

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Ed Woods; LifeWays  
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