May 10, 2024 SWMBH Board Planning Session

Bay Pointe Inn 11456 Marsh Road, Shelbyville, MI 49344 (269) 672-8111

Facilitator Scott Dzurka

Draft: 5/2/24

Purpose: To discuss public policy and funding environment. To establish SWMBH Board strategic imperatives and priorities.

10:30 - 11:15 Meeting purpose, objectives and Board Member statements (Scott Dzurka)

11:15 - 12:30 Ella Philander and Scott Dzurka

1. Environmental Scan (d) pg.3
2. Key Informant Interviews (d) pg.24

12:30 - 1:00 Lunch

1:00 – 2:30 Ella Philander and Scott Dzurka

3. Strategic Imperatives (d) pg.29

2:30 - 2:45 Summary and Next Steps (Scott Dzurka)

2:45 Adjourn

Scott Dzurka has worked for over 30 years in Lansing associations and public policy consulting firms. He is the Principal of DZ Strategy Management, LLC. Over the course of his career, he's worked to develop and enhance system solutions within local and state government systems and nonprofit structures. After leadership roles for both the Michigan Association of Counties and the Michigan Association of Community Mental Health, he spent 10 years as CEO of the Michigan Association of United Ways (MAUW) where he directed the organization's capacity to build programs that support local United Ways and develop public policy expertise across the network. While at MAUW, he worked to bring the first ALICE (Asset Limited, Income Constrained, Employed) report to Michigan, and focused association policy on issues affecting the ALICE population.

His work in Lansing ultimately led him to consulting within the health and human services field, where he focuses on managing several projects and completing tasks through research, creating partnerships, and facilitating teams to build consensus. More recently, he has conducted in depth qualitative analysis through survey and focus group development.

Scott's credentials include a BS in Public Administration from Michigan State University, an MBA from Northwood University, and a graduate certificate in Survey Research from the University of Connecticut. He's also a certified Project Management Professional (PMP), serves on numerous non-profit boards and is an elected city commissioner and mayor in St. Johns, Michigan.

May 1, 2024

2024-2027 DRAFT Strategic Plan: Environmental Scan and Key Informant Interviews

Southwest Michigan Behavioral Health

Effective January 1, 2014, Michigan's ten (10) PIHPs became responsible for managing the Medicaid resources for behavioral health and intellectual/ developmental disabilities services for Medicaid and Healthy Michigan enrollees.

Southwest Michigan Behavioral Health (SWMBH) is the Prepaid Inpatient Health Plan (PIHP) for region 4. PIHP is a term contained in federal regulations from the Centers for Medicare & Medicaid Services. It means SWMBH is an entity that 1) provides medical services to enrollees under contract with the state Medicaid agency on the basis of prepaid capitation payments, 2) includes responsibility for arranging inpatient hospital care, and 3) does not have a comprehensive risk contract.

SWMBH was created by the eight Community Health Agencies that comprise region 4: Barry, Berrien, Branch, Cass, Calhoun, Kalamazoo, St Joseph, and Van Buren.

Statutory and regulatory requirements Require PIHPs to remain ultimately responsible for fulfilling the terms of their contract with the State, regardless of delegated or subcontracted functions.

Contractual requirements between MDHHS and SWMBH as a PIHP:

- PIHPs remain fully liable and must retain full responsibility for the performance and completion of all contract requirements.
- PIHPs must monitor the performance of subcontractors on an ongoing basis.

MDHHS contracts with Health Services Advisory Group (HSAG) to perform an External Quality Review (EQR) of the PIHPs annually, to assess compliance with the Managed Care Federal Rules and MDHHS Contract requirements.

A quality of life in the community for everyone. Our mission is to be Michigan's preeminent benefits manager and integrative healthcare partner, assuring regional health status improvements, quality, value, trust, and CMHSP participant success. Driven by our values of integrity, transparency, inclusivity, and accessibility, we strive to deliver on this mission by connecting our members to the personnel, treatments, and resources that they need.

Table of Contents

2023 Regional Strategic Imperatives

Each year the SWMBH Board of Directors reviews annual priorities based on current environmental factors and strategic growth of SWMBH. Each Department and Regional Committee work together to achieve the overarching Strategic Imperatives identified during the Board of Directors meeting. Five Strategic Imperatives were identified on September 9, 2022.

As SWMBH entered 2023, its tenth year of operations, a reconsideration of strategic objectives and tactical actions for the period 2022-2025 based on past, present and future federal and state policy changes was necessary. These plans are based on the presumption of stability in Board Ends and their definitions which the Board is free to modify. The 2022 – 2025 Strategic Plan is intended primarily for the Board and will drive downstream operational actions at SWMBH. As is displayed above a longstanding construct for all healthcare efforts is The Quadruple Aim.

- Improved Patient Outcomes
- Improved Patient Experience
- Improved Provider Experience
- Lower Cost of Care

Goal 1: Strengthen Equity and Quality in Behavioral Health Care

Goal 2: Improve access to substance use disorders prevention, treatment, and recovery services

Goal 3: Ensure effective pain treatment and management

Goal 4: Improve access and quality of mental health care and services

Goal 5: Utilize data for effective actions and impact on behavioral health

MDHHS Highlighted 2025 Budget Investments

CCBHC expanding - outcome: Increase follow up care after ER for MH or SUD

Michigan Crisis and Access Line (MiCAL) - outcome: Access and Increase response time

Medicaid Behavioral Health Provider Rate Increase

Behavioral Health Workforce

Nursing Loan Repayment Program

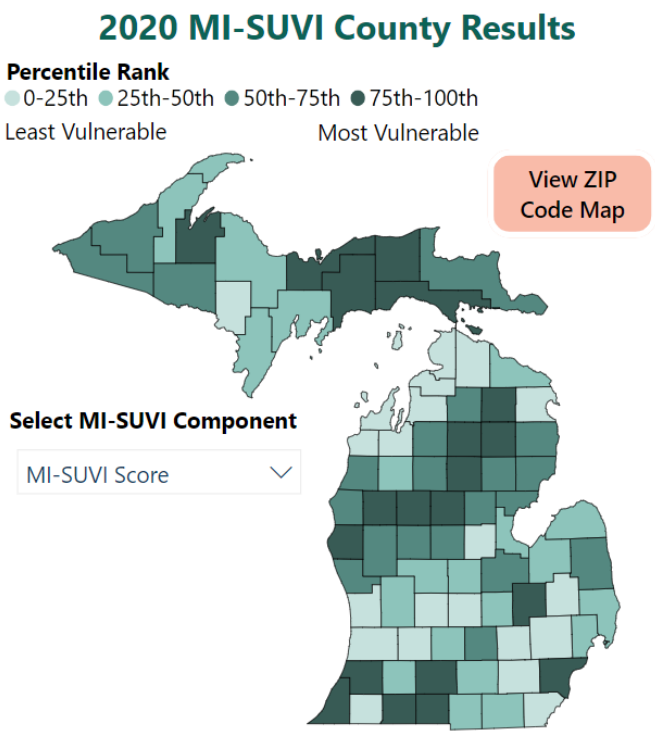
Environmental Scan:

Administration of healthcare policy and dollars in the civilian world largely emerges through the Department of Health and Human Services (DHHS) and Centers for Medicare and Medicaid Services (CMS). Significant policy and funds flow from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), also a part of DHHS.

The Center for Medicaid and CHIP (Children's Health Insurance Program) Services lays the foundation for delivery of care for mental health and substance use disorders. They partner with states and collaborate with SAMSHA in providing healthcare coverage for individuals with mental health conditions and/or substance use disorders.

The following is a non-comprehensive list of national funding opportunities which reflect the shared focus of these federal agencies:

Screening, Brief Intervention, and Referral to Treatment (SBIRT)
Trauma informed interventions for youth and young adults at high risk for psychosis
Mental Health Awareness
Improving Transitions for Youth and Young Adults with Serious Mental Disorders
Promoting Integration of Primary and Behavioral Health Care
Mental Illness and Homelessness Reduction
Supported Employment
Law Enforcement and Behavioral Health Partnerships
Offender Reentry Program
Residential Treatment for Pregnant and Postpartum Women



MDHHS has developed the Michigan Overdose Data to Action (MODA) dashboard. Amongst the data the dashboard contains is the Michigan Substance Use Vulnerability Index (MI-SUVI) which considers the factors influencing a community's vulnerability related to substance use and provides a standardized, single composite measure of vulnerability. MI-SUVI most current data is 2020, out of 83 counties, ***three of SWMBH's eight counties are in the top fifteen, with two more in the top 20: Branch (10), Van Buren (11), Calhoun (14), Berrien (17), and St. Joseph (19).***

Opioid Epidemic

Of the nearly $800 million Michigan is expecting from the opioid settlements, funds will be evenly split between local municipalities and the state. State funds go into the Michigan Opioid Healing and Recovery Fund of which the Opioid Advisory Commission is tasked with making recommendations for expenditures and Michigan's Opioid Task Force was created to inform the state's strategy (2024).

MDHHS' FY23 Spend Plan presents strategy pillars for use of the funds:

1. Prevention 2. Treatment **3.** Recovery **4.** Harm Reduction **5.** Prioritizing needs of vulnerable populations including justice-involved, pregnant and parenting, addressing racial disparities**; 6.** Data**; 7.**Technical assistance to local government.

At present, MDHHS budget proposals include opioid settlement funds of $6 million to provide peer recovery services as eligible Medicaid services (Senate) and $53.4 million to provide grants of which $30 million is designated to PIHPs (House).

Federal Health Information Technology (Health IT)

The U.S. Department of Health and Human Services has released the 2024-2030 Federal Health IT Strategic Plan for public comment. Data governance and provenance are embedded throughout the plan to ensure protection of health information.

The stated purpose of the Health IT strategic plan is to guide federal government efforts to improve: (A) Individual access to electronic protected health information (EHI/ePHI); (B) Health care delivery, experience, competition, and affordability; (C) Health Equity; (D) Public Health; (E) Health research; (F) Whole-person care delivery by connecting human services data.

Of note within the plan:

An objective to enhance delivery and experience of care is to reduce regulatory and administrative burden. One of the strategies being promoting the use of Artificial Intelligence (AI). Additional strategies related to AI include transparency in the development and use of AI including in health care settings.

Under the goal of accelerating research and innovation, a strategy shared is broadening the "use of technology and analytic approaches" so "users can use machine learning and predictive modeling . . . to inform decisions and improve care quality" (p. 20).

Under the objective of ensuring "Individual's EHI is protected, private, and secure," the government plans to help organizations integrate high-impact cybersecurity practices. Examples provided include Health Care Cybersecurity Framework and the NIST Cybersecurity Framework.

The government also plan to advance the use of forecasting and predictive analytics.

MDHHS Recent Changes

There has been increasingly enhanced oversight and monitoring by MDHHS. HSAG EQR scope is increasingly robust and rigid including file reviews in delegated managed care functional areas and a new Corrective Action Plan implementation monitoring.

MDHHS has recently undergone a reorganization increasing staff resources for monitoring and oversight of PIHP contract compliance. There has been an increase in data requests and routine reporting (Denials, Grievances & Appeals, Credentialing) and increased MDHS involvement in case-level

Key Informant Interview Participating Agencies

- Advanced Care
- Autism Alliance
- Mental Health Association of Michigan
- Michigan Association of Health Plans
- Michigan Hospital Association
- National Alliance on Mental Illness

In progress: SWMBH Region CMH CEOs

Focus Areas Identified in Environmental Scan

The following are areas of focus identified across both federal and state documents. The environmental scan included strategic plans, annual reports, briefs issued to the general public, as well as presentations made at trade conferences.

While every agency did not cover each of these areas, they were present throughout the majority of the documents reviewed.

Collaborative Care Model

Data Driven Decision-Making

Health Equity (Social Determinants of Health)

Health Information Exchange (HIE)

Integrated Care

Value Based Payments

Workforce Challenges

CMHA System Features Prominently in Strategic Plan of Michigan Health and Hospital Association

MHA represents the interests of all community hospitals in Michigan in legislative and regulatory areas. Their vision is to achieve better care for individuals with lower per-capita costs.

Amongst their core actions and multi-year priorities the CMHA system is featured:

- Identify gaps within the existing CMH system and propose solutions to state partners and policymakers;
- Create a package of legislation to address board-identified issues in the behavioral and mental health system such as coverage parity and CMH shortcomings;
- Measure responsiveness and outcomes involving intersection of CMH and traditional healthcare system health system.

Key Informant Interviews (KII): Methodology

All interviews are being conducted by the same SWMBH staff. They are all via TEAMs or Zoom and are scheduled for one hour. The interviews are conducted in an open manner resembling a conversation between acquaintances, allowing for a free flow of ideas and information.

Comments are not attributed to specific organizations at the request of some individuals. Concepts that were shared by a single organization are noted as such.

The interviewer framed questions and probed for additional information as the conversations progressed. Specific topics that were introduced if they did not naturally arise include: Data Driven Decision-Making; Intensity of Service / Severity of Illness Criteria; Opioid settlement dollars; Value based payments, Proof of clinical program performance, and predictive modeling.

KII: Threat of Privatization of the Public Behavioral Health System

Several individuals interviewed shared the view that the threat of privatization lingers. Specific statements made included, "They are reloading," "Don't get complacent," "They haven't gone away." There was support amongst some that the CMHA system is the better of the two options, and advice on what is needed to keep the threat minimal was shared.

Acknowledge that while the public health system isn't broken, it needs to be improved. We need to demonstrate that we are providing better outcomes. And while the private system has the ability to operate efficiently, their downfall is greed. We can learn from their efficiencies however. Afterall, they don't understand the mental health needs of our people. They don't understand self determination and that quality of life is more than just doctor appointments.

Predictive Modeling, Artificial Intelligence, and Chat GPT ~ they are all the future in healthcare.

Advocate feels Individuals with newly Identified Needs don't know about the Public Health System

National Alliance on Mental Illness (NAMI) stated individuals who are recently diagnosed are not aware of who to call and how to get services. Further, coverage in the media has focused on what we don't have available.

The belief is that this is a systemic problem. The public health system is good at talking to each other, but people who are not in the system need more information.

Suggestions included pamphlets available at primary care locations and truly "meeting people where they are." Keeping in mind that underserved populations do not mean just racial groups. We need to reach out to various age groups; go into middle schools and homes for the elderly. And remember that not all first responders are the same; firefighters require a different approach than police officers.

Value Based Payments: This requires realistic expectations. Health Plans are required to have these in place with their providers. The goals placed on the Health Plans are changed with every contract, the expectation is individualized based on previous performance and holding them to a higher standard every year. BCBS is attempting to create these for Autism services.

Data-Driven decision making: There is an intentional move towards this on the part of agencies. A "word of Caution, data is widely important but you can get paralyzed waiting for more data – you still need to move forward and make decisions." Agencies are using data to inform policy and make legislative recommendations.

Psychiatric Beds

Michigan Hospital Association shared that while some Michigan partners want to decrease psychiatric beds, it is notable that across the country there is more availability in other states.

While it is good that Michigan has moved from long-term psychiatric care unnecessarily, there are certain individuals who still need the long-term care.

Michigan still needs facilities and long-term spaces.

New Settings for Providing Care

There are new settings for providing care, but we have not figured out how these are going to integrate into the larger behavioral health system.

- Psychiatric Residential Treatment Facilities
- Crisis Stabilization Units
- Certified Community Behavioral Health Clinics (CCBHC)

In discussion about CCBHCs, one advocate believes this is the bottom of integrated care, and there is concern from the Michigan Association of Health Plans when the concept of CCBHC is touted to be integrated care given that the Health Plans have not been involved at all.

Legislation that is trying to be Introduced

Full Financial and Clinical Integration of Behavioral and Physical Health Care (MHP)

Change the structure of the PIHPs to decrease CMH control hence allowing the PIHPs to truly function as an insurance company (3 advocacy groups).

Workforce Shortage

The health plans acknowledge they do not have enough providers; miscommunication on the part of provider availability is a communication breakdown. Providers are expected to notify MHPs when they are no longer accepting new patients but this does not happen. Legislation is out requiring they accept to panel any willing provider, they do this currently.

Autism services are expanding to include older individuals. The concern is practitioners lack of experience with adults as well as a willingness to work more physically challenging clients. There are also not enough diagnosticians.

Expect an increase in demand for peer coaches and specialists as well as community health workers.

The rate of pay for direct care workers is approaching that of clinicians new to the field; rate of pay increases are needed for clinicians as well.

Integrated Care: "We need a common statewide definition and leadership over the movement. How we define it and execute it is the question."

There are 3 buckets: Financial, Operational, and clinical. Most agree clinical integration is good. For example, having dental, SW, GP, specialists, ABA all under one roof. At minimum a team assigned to the individual. Operationally technology is part of the solution.

Some (MHP) believe in order for clinical to occur, the other 2 buckets need to occur too.

Michigan Association of Health Plans reports there is a movement across the country to integrate all three buckets. Integration on the commercial side has been pushed forward faster with parity a beginning step.

Arizona and Washington are the furthest along with Arizona fully integrating Autism, IDD, and LTC. Managed care seems to be the more common than FFS approach. Florida, North Caroline, Arkansas, and Iowa are examples.

Most interviewed believe some collaboration between private and public is inevitable.

Collaborative Care Model

Many interviewees believe this is an extension of Integrated Care. A difficulty in using this model is the current staffing shortage across the state.

Henry Ford is one hospital with a behavioral health primary care collaborative model in which they are using data to track outcomes.

Michigan Hospital Association supports building collaborative relationships between CMHs and hospitals. While SWMBH does a good job at this, other PIHPs do not. They would like to see "best practices" developed to help roll this out in other regions.

An individual advocate stated Michigan has a nationwide reputation that this is difficult to achieve due to our systems not getting along (education and mental health).

It is believed there may be a future requirement for CMHs to contract with medical providers.

Southwest Michigan Behavioral Health
Environmental Scan
Strategic Plan Calendar Years 2024 - 2027

Confidential internal draft **5.1.2024**

Administration of healthcare policy and dollars in the civilian world largely emerges through the Department of Health and Human Services (DHHS) and Centers for Medicare and Medicaid Services (CMS). Significant policy and funds flow from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), also a part of DHHS.

Within the state of Michigan, the Michigan Department of Health and Human Services (MDHHS) is the Medicaid single state agency and the key executive branch driver of healthcare operations. The Michigan legislature initiates policy and ultimately appropriates funds, subject to the assent of the Governor.

Southwest Michigan Behavioral Health
Environmental Scan

Influences:

Federal: Administration of healthcare policy and dollars in the civilian world largely emerges through the Department of Health and Human Services (DHHS) and Centers for Medicare and Medicaid Services (CMS). Significant policy and funds flow from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), also a part of DHHS.

- President Biden's Unity Agenda for the Nation released March 2024, focuses on the opioid epidemic, the mental health crisis, "holding big-tech accountable", and care for veterans.
- In February 2024 SAMSHA announced $36.9M in Behavioral Health Funding Opportunities covering: Screening, Brief Intervention, and Referral to Treatment (SBIRT); trauma informed interventions for youth and young adults at high risk for psychosis; and peers amongst other topics. For fiscal year 2023 grant-making sample titles included Mental Health Awareness, Improving Transitions for Youth and Young Adults with Serious Mental Disorders, Promoting Integration of Primary and Behavioral Health Care, Mental Illness and Homelessness Reduction, Supported Employment, Law Enforcement and Behavioral Health Partnerships, Offender Reentry Program, and Residential Treatment for Pregnant and Postpartum Women.
- The CMS Behavioral Health Strategy focuses on three key areas: 1) substance use disorders prevention, treatment and recovery services, 2) ensuring effective pain treatment and management, and 3) improving mental health care and services. These areas are aligned with CMS's overall focus on four health outcomes-based domains: "*coverage and access to care, quality of care, equity and engagement, and data and analytics*."
- Center for Medicaid & CHIP (Children's Health Insurance Program) Services (CMCS) lays the foundation for delivery of care for mental health and substance use disorders. They partner with states and collaborate with SAMSHA in providing healthcare coverage for individuals with these conditions. In the 2023 CMCS Mental Health and Substance Use Disorder Action Plan three overarching goals are identified: to increase access to prevention and treatment, improve engagement in care, and enhance quality of care. Some strategies identified for each of the goals follow:
    - Increase Access to Prevention and Treatment by: (1) Increase Access to Prevention and Treatment by Increasing Network Adequacy and Participation by MH and SUD Treatment Providers in part with improved reimbursement through Section 1115 demonstrations; (2) Compliance with Mental Health Parity and Addiction Equity Act; (3) Improve implementation of Early Periodic Screening, Diagnostic and Treatment Services Requirements (EPSDT) which Autism services falls under in Michigan; (4) Support integration and coordination of MH and SUD treatment.
    - Improve engagement in care by: (1) Increase engagement in care by funding a continuum of crisis stabilization services, expansion of Certified Community Behavioral Health Clinic demonstration, and strengthen support for Home and Community Based Services; (2) Support access to services through non-traditional settings including school-based services and connections and supports for individuals leaving jails, prisons, and juvenile justice settings.
    - Enhance quality of care by: (1) Implementation of Evidence-based practices through: Section 1115 Demonstration Initiatives, access to contingency management; (2) Improve

quality measurement with mandatory reporting on core MH and SUD measures; (3) Analyze and Publicize Data on Key Topics.

- The U.S. Department of Health and Human Services (HHS) released the 2024-2030 Federal Health IT Strategic Plan Draft for Public Comment with comments due May 28, 2024. Data governance and provenance are embedded throughout the plan to ensure protection of health information.
    - Federal Health IT (Health IT) has four goals identified which focus on policy and technology components to support users and address plans to improve the experiences and outcomes for Health IT users.
    - The purpose of the Health IT strategic plan is to guide federal government efforts to improve: (A) Individual access to electronic protected health information (EHI/ePHI); (B) Health care delivery, experience, competition, and affordability; (C) Health Equity; (D) Public Health; (E) Health research; (F) Whole-person care delivery by connecting human services data.
    - An objective to enhance delivery and experience of care is to reduce regulatory and administrative burden. One of the strategies being promoting the use of Artificial Intelligence (AI). Additional strategies related to AI include transparency in the development and use of AI including in health care settings.
    - Under the goal of accelerating research and innovation, a strategy shared is broadening the "use of technology and analytic approaches" so "users can use machine learning and predictive modeling . . . to inform decisions and improve care quality" (p. 20).
    - Under the objective of ensuring "Individual's EHI is protected, private, and secure," the government plans to help organizations integrate high-impact cybersecurity practices. Examples provided include Health Care Cybersecurity Framework and the NIST Cybersecurity Framework.
    - The government also plan to advance the use of forecasting and predictive analytics.

State**:** The Michigan Department of Health and Human Services (MDHHS) is the Medicaid single state agency and the key executive branch driver of healthcare operations. The Michigan legislature initiates policy and ultimately appropriates funds, subject to the assent of the Governor.

There has been increasingly enhanced oversight and monitoring by MDHHS. HSAG EQR scope is increasingly robust and rigid including file reviews in delegated managed care functional areas and a new Corrective Action Plan implementation monitoring.

MDHHS has recently undergone a reorganization increasing staff resources for monitoring and oversight of PIHP contract compliance. There has been an increase in data requests and routine reporting (Denials, Grievances & Appeals, Credentialing) and increased MDHS involvement in case-level issues.

MDHHS presented to the Michigan House Budget Committee in March 2024 about Michigan behavioral health services, Certified Community Behavioral Health Clinic (CCBHC) Services, state hospitals, and FY25 budget investments.

- Approximate numbers of people provided Medicaid services in FY23:

PIHPs: 290,000	CMHSPs (regardless of payer): 316,000	CCBHC: 66,000
SUD Treatment: 54,400	Behavioral Health Home 3,900	Opioid Health Home: 4,900

- Psychiatric Residential Treatment Facilities (PRTF) & Intensive Community Transition Services (ICTS): Since June 2023 successful discharges: PRTF-Youth 13, ICTS – Adults 42
- 2025 Budget Investments
    - CCBHC expanding - Outcome: Increase follow up care after ER for MH or SUD
    - Michigan Crisis and Access Line (MiCAL) Outcome: Access and Increase response time
    - Medicaid Behavioral Health Provider Rate Increase + Behavioral Health Workforce + Nursing Loan Repayment Program

Opioid Epidemic: Of the nearly $800 million Michigan is expecting from the opioid settlements, the funds will be evenly split between local governments and the state. State funds go into the Michigan Opioid Healing and Recovery Fund of which the Opioid Advisory Commission is tasked with making recommendations for expenditures and Michigan's Opioid Task Force was created to inform the state's strategy (2024).

> Michigan's Opioids Settlement – MDHHS FY23 Spend Plan Programming Planning Overview presents strategy pillars: prevention; treatment; recovery; harm reduction; prioritizing needs of vulnerable populations including justice-involved, pregnant and parenting, and addressing racial disparities; data; and technical assistance to local governments.
>
> At present, MDHHS budget proposals include opioid settlement funds of $6 million to provide peer recovery services as eligible Medicaid services (Senate) and $53.4 million to provide grants of which $30 million is designated to PIHPs (House).
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> MDHHS has developed the Michigan Overdose Data to Action (MODA) dashboard. Amongst the data the dashboard contains is the Michigan Substance Use Vulnerability Index (MI-SUVI) which considers the factors influencing a community's vulnerability related to substance use and provides a standardized, single composite measure of vulnerability. MI-SUVI most current data is 2020, out of 83 counties, three of SWMBH's eight counties are in the top fifteen, with two more in the top 20: Branch (10), Van Buren (11), Calhoun (14), Berrien (17), and St. Joseph (19).

The eight counties that SWMBH is comprised of are at various stages of planning and spending of their funds. Information will be updated with information from CMH CEOs. Below is per the Michigan Association of Counties (MAC):

- Barry has developed their steering committee and initial planning meetings are underway. They are engaged in their community assessment with MSU and will have at minimum monthly contact with MAC. Their planning is led by a local coalition. https://www.barrycountysatf.com/opioid-settlement.html
- Calhoun has developed their steering committee and pre-planning for requests for proposals (RFP) are underway. Planning is led by their county administration with at minimum, monthly contact with MAC. https://www.calhouncountymi.gov/departments/finance/opioid_settlement_funds.php
- Branch is currently spending funds from at least one settlement and have contact with MAC as needed, typically regarding allowable uses of funds.
- St. Joseph's planning is led by county administration. MAC has presented twice.
- Kalamazoo has conduced a needs assessment through MSU. Their RFP is active as is spending. Their planning is led by county administration and contact with MAC is as needed.
- Van Buren has had MAC conduct a presentation.

- Cass planning is being led by a local judge with limited communication with MAC. https://www.casscountymi.org/1574/Opioid-Settlement-Funds
- Berrien has contact with MAC as needed. Their planning is led by the health department and their RFP and spending are underway. https://www.berriencounty.org/1902/Opioid-Settlement-Task-Force

Other Influencers:

Michigan*:* In addition to the well-funded high campaign contributor Medicaid Health Plans and their *Michigan Association of Health Plans* staff and *Community Mental Health Association*, trade associations actively engaged include *Michigan Health and Hospital Association* and the *Michigan State Medical Society*. Multiple advocacy organizations are equally influential such as *ARC Michigan*, *National Alliance for Mental Illness*, *Mental Health America of Michigan*, and *Autism Alliance of Michigan*.

Michigan Health and Hospital Association (MHA) represents all community hospitals in Michigan. Their 2023-2024 Strategic Action Plan has four key advocacy pillars: Workforce Support and Innovation; Viability; Improved Behavioral Healthcare; and the pursuit of Health Equity. Within the Behavioral Healthcare pillar new priorities identified include (1) Behavioral health bed access and capacity, especially for children; and (2) Crisis prevention and education. The remaining priorities are either multi-year or identified as core actions:

- Community Mental Health (CMH) system reform: Identify gaps within the existing CMH system and propose solutions to state partners and policymakers (multi-year);
- Legislative Effort: Create a package of legislation to address board-identified issues in the behavioral and mental health system such as coverage parity and CMH shortcomings;
- Data support for behavioral health advocacy: measure responsiveness and outcomes involving intersection of CMH and traditional healthcare system;
- MHA Service Corporation support: Enhance partnerships to support behavioral health needs through technology, services and expertise;
- MHA Keystone Center: In partnership with community organizations and hospitals, continue work in the substance abuse disorder arena, especially funded projects focused on medication for opioid use disorder (MOUD) and wraparound services.

Michigan is home to many high-quality institutions of learning. Michigan State University's Institute for Health Policy within the College of Human Medicine facilitates and supports relationships with stakeholders including MDHHS. The activities they engage in inform policy makers and state agencies. Current projects include:

- Michigan Medicaid Opioid Analytics with goals (1) expand use of statistical methods regarding prescription use and abuse of opioid and related medications.
- Health Information Technology (HIT) which includes analysis of clinician HIT use.
- MI Choice Waiver focusing on long term services and supports for individuals requiring nursing home level of care.

- MI Health Link: Integrated Care Assessment is CMS funded supporting the development of integrated care for individuals eligible for both Medicaid and Medicare with a goal to improve quality of and access to care.

Federal:

The Kennedy Forum is a nonprofit that unites advocates, business leaders, and government agencies which advances evidence-based practices, policies, and programming in mental health and addiction. It is among the top three national behavioral health public policy experts and influencers. Health Management Associates, research and consulting.

A 2024 Behavioral Health Industry Trends Report by Continuum Cloud (a provider of cloud based behavioral health software) reports the following top priorities along with challenges and strategies related to each. The report is based on results of a survey of more than 200 behavioral health and human services professionals in which they responded to a choice of ten priorities. Twenty-six percent of respondents were clinical staff followed by human resource staff at sixteen percent. Fifty-one percent were managers or directors, twenty-five percent C-level, and eighteen percent front line.

- Top priorities identified are: (1) Recruiting and Retention; (2) Client and Patient Engagement; (3) Employee Engagement; (4) Operational Efficiency; (5) Budgeting and RCM; (6) Measuring Outcomes; (7) Expanding Access to Care; (8) Whole Person Care; (9) Reporting & Analytics; (10) Company Culture and DEI.
- Strategies identified include: (A) Investing in employee engagement and retention initiatives including internal career paths; (B) Patient education materials; (C) using a patient portal; (D) Centralize data for better visibility; (E) Collecting feedback in addition to surveys of patients and staff to gather information across multiple priorities; (F) Integrating software solutions for more efficient processes and investing in new software to better support processes; (G) Consistent processes in clinical documentation and standards related to operational efficiency.

Focus Areas

Value Based Payments**:** Alternate Payment Models (APM) / Contingent Revenue: through which providers are given incentive payments based on the quality of care patients receive.

- In 2023 SAMSHA released Exploring Value-Based Payment in which Michigan is listed as having a high evidence of value based payments for SUD specifically referencing the OUD Health Home model with Pay for Performance.
- Centers for Medicare & Medicaid Services (CMS) March 2022 State-by-State Health Home State Plan Amendment Matrix Michigan plan models listed: (1) SMI targeting individuals with one or more SMI in 37 counties; (2) Chronic Conditions targeting individuals with asthma, diabetes, heart disease, anxiety, COPD, depression, or hypertension in 21 counties; (3) SUD targeting individuals with opioid use disorder at risk for the above chronic conditions as well as HIV/AIDS, hepatitis, PTSD, schizophrenia, bipolar disorder, ADHD, alcohol use disorder, tobacco use disorder, other drug use disorders in 48 counties. The latter two models are in Region Four in Kalamazoo County.
- The Kennedy Forum encourages value-based payment models that reward good outcomes.

- MHA recommendation: Evaluate VBP options for services provided by DCW – could be based on client satisfaction, rate of staff turnover, wages as a percent of reimbursement.

Workforce Challenges

- MDHHS presentation to the Michigan House Budget Committee March 2024:
  - Youth peer support specialists transition to certified peer supports specialists
  - Piloting a Michigan Career Portal for DCW recruitment
  - Student loan repayment programs
  - Developing statewide behavioral health stipend internship program
  - Establishing a behavioral health **capacity center of excellence**
- MHA's 2023-2024 Strategic Action Plan identifies the following priorities:
  - Oppose mandated staffing ratios
  - Healthcare marketing campaign (attract future workers, educate regarding opportunities)
  - Grow educational partnerships to enhance training and education of talent pipeline.
  - Support innovations to grow and support workforce including work within member legal, HR, data and endorsed business partner groups regarding use of technology (AI) to improve patient outcomes and workforce efficiency and workflow.
  - Ensure workers have the resources they need to be well and stay safe at work including educational events on workplace safety, hosting regional safe patient handling and mobility events.
  - Decrease emotional exhaustion through implementation of the 'Well-B' series with Dr. Bryan Sexton.
- The Kennedy Forum's State Policy Platform for Addressing the U.S. Mental Health & Addiction Crisis recommendations include telehealth reimbursement for MH/SUD including peers as reimbursable providers; loan forgiveness programs for MH and addiction providers.
- Advisory Board through Behavioral health cheat sheets poses these needed discussions:
  - Investing in emotional support for our behavioral health workforce
  - Partnering with local stakeholders to build a diverse pipeline
- Health Management Associates prepared a report for MDHHS on July 15, 2023. The following recommendations were made, all taking place within a Worker-Centric Growth Model.
  - Establish CoPs (Community of Practice): Common identity, meaning, purpose; multiple within the state of Michigan – *Regional*.
  - Pay: wage efforts based on regional data; shift differential (premium for evenings etc.)
  - Recommendations in addition to pay increases: Mentorship Programs; Comprehensive training and credentialing programs; Clear career pathways; Some DCW services provided remotely; Loan forgiveness; Flexible Benefits (childcare, housing, transportation); Establish multiple regional Community of Practice (CoP). At the CoP level: DCW conference, Regional centralized pool of DCWs, develop a healthcare pipeline through focused effort to support current workers and expose potential workers to the field:

Health Information Exchange (HIE)

January 2024, the CMS Interoperability and Prior Authorization Final Rule was released with some provisions to be implemented by January 2026 and a deadline of January 2027 to meet the application

programming interface (API) requirements. This rule will streamline prior authorizations while reducing burden.

By January 2026 payers will:

- report metrics about patient use of Patient Access API;
- send standard prior authorization decisions within 7 days, expedited within 72 hours;
- provide specific reasons for denials;
- on public website share annually certain metrics including percent of requests approved, denied, approved after appeal, and average time between submission and decision.

Requirements by January 2027 include:

- Implement and maintain a Provider Access API which will:
  - be able to share individual claims and encounter data,
  - ensure patients are associated with providers to ensure compliance with sharing information,
  - allow patients to opt out.
- Implement and maintain a Payer to Payer API which will:
  - Identify previous and currents payers and patients are able to opt in,
  - New payers must request data from previous payer no later than 1 week after coverage,
  - Previous payers must provide requested data within one day of request,
  - Concurrent payers must exchange data within one week of start of coverage.
- Plain language resources and materials must be provided to:
  - patients about the API data exchange with providers, and their ability to opt out;
  - providers about the process for requesting data and the attribution process;
  - patients about the Payer-to-Payer API, ability to opt in or withdraw a previous opt in decision.
- Implement and maintain a Prior Authorization API which will:
  - Identify payer-specific documentation requirements for prior authorization requests,
  - exchange of prior authorizations from providers and responses.

Michigan Health Information Network (MiHIN) released it's 2024 – 2028 strategic plan in which their first goal is to "Strengthen partnership with the State of Michigan and support their public, behavioral, and population health priorities . . . ." In 2023 MiHIN released a business process summary Sharing Newly Reconciled Patient Medication Lists Arising from Established Workflows in which the use of Electronic Health Records (EHR) along with a two-fold health information exchange (HIE) solution is proposed. In MiHIN's 2022 Annual Report programmatic highlights include a focus on: Social Determinants of Health retitled Cross Sector Data Sharing for Social Care Program given their focus on data movement and Equitable and Culturally Appropriate HIE for Tribal Nations.

A Government Technology & Governing Guide Delivering on Data in Health & Human Services: Improving Outcomes in State and Local Communities, 2023, "highlights some innovative state and local organizations using data to improve HHS outcomes" (p. 4) and illustrates The Data Management Lifecycle. The action plan for data transformation includes: engage the right people, implement innovative models, nurture public-private data partnerships, embrace AI and automation.

Data Driven Decision-Making: Also phrased as "Use data to drive decision making"

- This is referenced consistently throughout the literature reviewed. When making financial decisions, used in defining VBP, in language related to changing demographics for engaging workers with a Community of Practice (CoP)
- This is a guiding principle in the 2023 MDHHS Opioid Annual Report.
- **Michigan's Roadmap to Healthy Communities**: Social Determinants of Health Strategy released in April 2022. Acknowledges much data has been collected, but "transparency and better access to relevant data is necessary to inform decision making" (p. 53). Outcome based measures are used to evaluate effectiveness of care and patient experience and rely on data including mortality, readmissions, and timeliness of care.
- The Health IT Strategic Plan principles include advancing the use of data to increase health equity and promoting the use of data that is accurate to provide benefit to individuals and communities. Health IT also promotes individuals having usable EHI that they can engage in, understand, and use when making decisions.

Social Drivers (Determinants) of Health / Health Equity: Inequitable Engagement of Underserved Populations. Referred to as Social Care Program by MiHIN.

- Medicaid Health Equity Project Year 9 Report (HEDIS 2019) dated August 2023
    - Health Equity Priorities for 2022 – initiatives include: Equity Impact Assessment in the Policy and Planning Office and launching the Incorporating Equity into the Legislative Bill Analysis Process.
    - Strengthen community engagement to support community-driven solutions: extraordinary emphasis on engaging with community partners to develop policy and funding mechanisms that support community-driven solutions. Echoed in **Michigan's Roadmap to Healthy Communities**. Michigan regions are diverse, community-driven strategies and policies are needed specific to individual regions (p. 19).
    - Address barriers related to housing leads to improved health outcomes. Echoed in **Michigan's Roadmap to Healthy Communities**. Specific mention of: justice involved, pregnant and parenting, following treatment for SUD, youth transitioning from foster care, LGBTQ, mental and/or physical disability, veterans +++ (p. 17).
        - Michigan State Housing Development Authority Recovery Housing NOFA application due 4/22/24.
    - Medicaid Health Homes: Opioid Health Home "These programs have begun to codify and assess the needs of the population served by leveraging ICD-10 Z-codes to identify and indicate applicable SDoH needs of those served."
    - 1915 (b)(3) Waiver primarily administered through the administration and CMHSPs – housing assistance available to individuals with SMI and I/DD coverage for short-term, interim, or one-time-only expenses (not including R&B) for individuals transitioning from more restrictive settings and homelessness to more independent, integrated living arrangements while in the process of securing other benefits.
    - Project One Day: goal is to get clients approved for all requested programs within one day
- The Kennedy Forum supports use of contingency management (evidence-based); Investing in supportive services including supported employment and supportive housing.

- **Michigan's Roadmap to Healthy Communities**: Social Determinants of Health Strategy:
  - Health in All Policies (HiAP): "is the strategy of evaluating all decisions made and implemented . . . have neutral or beneficial impacts on the determinants of health. The strategy introduces improved health for all and the closing of health gaps as goals to be shared . . . "
- An objective of Health IT is for "Individuals and populations to experience modern and equitable health care," and within the goal to accelerate research and innovation is an objective to, "advance health equity by using health data that includes underrepresented groups." One purpose within these objectives is to address implicit bias in the delivery of evidence-based care.

Integrated Care: Improve health outcomes by integrating physical and mental health care. May mean mental health care is integrated into physical health care settings, or physical health care is integrated into mental health settings.

- HHS Roadmap for Behavioral Health Integration goals include, "The full spectrum of behavioral health care will be integrated into health care, social service, and early childhood systems to ensure all people have equitable access to evidence-based, culturally appropriate, person-centered care." Challenges to behavioral health integration identified include:
  - limited adoption of technology
  - insurance and financing limitations
  - inequitable engagement of underserved populations
  - inconsistent use of data and evidence
  - workforce challenges
- Dual Special Needs Plan (D-SNP): An insurance plan that covers individuals who are eligible for both Medicare and Medicaid.
  - Independent Living Systems presented D-SNP LTTS & Integrating Long-Term Care in Michigan at the 2024 Michigan State of Reform Health Policy Conference that integrated care for this population is needed given that: more than 50% live below the poverty line and have limitations impacting daily living and 40% use long-term services and supports.
  - In 2022 there were seventeen coordination only D-SNP plans in Michigan with all eight of SWMBH counties having more than one. In compliance with CMS final rule, CMS 4192-F, Michigan will be expanding to Highly Integrated Dual Eligible Special Needs Plan (HIDE D-SNP).
    - Contracts will be awarded October 1, 2024 with a start date October 1, 2026
- Collaborative Care Model (CoCM): Evidence Based - Care for behavioral health conditions including depression, anxiety, alcohol, or substance use disorder provided at Primary Care offices by a Behavioral Health Care Manager supported by a Psychiatric consultant.
  - The Kennedy Forum's State Policy Platform for Addressing the U.S. Mental Health & Addiction Crisis supports requiring reimbursement for CoCM. Avenue for payment through 1115 waivers, use of PHQ9 and SBIRT. Specialized protocols for ER.

References **(not complete – need to refer back to all links)**

Federal

Center for Medicaid and CHIP Services. (2023). Mental Health and Substance Use Disorder Action Plan. https://www.medicaid.gov/medicaid/benefits/downloads/cmcs-mntl-helth-substnce-disrdr-actn-plan.pdf

Centers for Medicare and Medicaid Services:

- Centers for Medicare and Medicaid Services: (2024). CMS Behavioral Health Strategy. https://www.cms.gov/cms-behavioral-health-strategy

  Centers for Medicare and Medicaid Services. (2024). **CMS Interoperability and Prior Authorization Final Rule** (CMS-0057-F). https://www.cms.gov/files/document/cms-interoperability-and-prior-authorization-final-rule-presentation-3-26-24.pdf

  Centers for Medicare and Medicaid Services: Health Home: Information Resource Center. (March 2022). **State-by-State Health Home State Plan Amendment Matrix**. https://www.medicaid.gov/sites/default/files/2022-03/state-hh-spa-at-a-glance-matrix-mar-2022.pdf

Substance Abuse and Mental Health Services Administration:

Substance Abuse and Mental Health Services Administration (February 2024): **Biden-Harris Administration Announces New Funding to Increase Capacity for Behavioral Health Services**: SAMSHA announces $36.9Million in Behavioral Health Funding Opportunities CMS Issues Guidance Expanding the Availability of Enhanced Medicaid Funding for Behavioral Health Care Providers. https://www.hhs.gov/about/news/2024/02/26/biden-harris-administration-announces-new-funding-to-increase-capacity-for-behavioral-health-services.html

Substance Abuse and Mental Health Services Administration: Exploring Value-Based Payment for Substance Use Disorder Services in the United States. HHS Publication No. PEP23-06-07-001 Rockville, MD: Center for Substance Abuse Treatment. Substance Abuse and Mental Health Services Administration, 2023.

Substance Abuse and Mental Health Services Administration. (2022). NOFO Forecasts.. https://www.samhsa.gov/grants/grant-announcements-2022/fy-2023-nofo-forecasts?utm_source=SAMHSA&utm_campaign=19bab65a45-SAMHSA_Headlines_2022_08_04_1601415&utm_medium=email&utm_term=0_ee1c4b138c-19bab65a45-168869066#

Substance Abuse and Mental Health Services Administration. (2023). **Results from the 2022 National Survey on Drug Use and Health**: A companion infographic (SAMHSA Publication No. PEP23-07-01-007). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-infographic Originating Office.

The White House. (March 2024). FACT SHEET: President Biden's Unity Agenda for the Nation. https://www.whitehouse.gov/briefing-room/statements-releases/2024/03/08/fact-sheet-president-bidens-unity-agenda-for-the-nation/#:~:text=The%20Unity%20Agenda%20calls%20for,cancer%20as%20we%20know%20it.

U.S. Department of Health and Human Services:

U.S. Department of Health and Human Services. (2024). **2024-2030 Federal Health IT Strategic Plan Draft for Public Comment**.

HHS Roadmap for Behavioral Health Integration (brief issued by Assistant Secretary for Planning and Evaluation September 2022). https://aspe.hhs.gov/sites/default/files/documents/4e2fff45d3f5706d35326b320ed842b3/roadmap-behavioral-health-integration.pdf

Michigan

Michigan County Substance Use Vulnerability Index Results Web Version V2, retrieved January 26, 2023, https://www.michigan.gov/opioids/category-data?utm_campaign=&utm_medium=email&utm_source=govdelivery

Michigan Department of Health & Human Services

Michigan Department of Health and Human Services: Behavioral and Physical Health and Aging Services Administration: Quality Improvement and Program Development Section: Medicaid Managed Care Division. (August 2023). **Medicaid Health Equity Project Year 9 Report on MY 2019 Data All Medicaid Health Plans**.

Michigan Department of Health and Human Services. (2023). **Michigan's Opioids Settlement – MDHHS FY23 Spend Plan Programming Planning Overview**. https://www.michigan.gov/opioids/-/media/Project/Websites/opioids/documents/Opioid-Settlement-Docs/2023_Opioids_Settlement_Planning_Template.pdf?rev=779bbd370a3d467c876c0be64738ac37&hash=43B030DDBFB7C25AAB75AEFAE0B5BEE0.

Michigan Department of Health and Human Services. (2022). Social Determinants of Health Strategy: Michigan's Roadmap to Health Communities. https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder1/Folder2/Folder1/FULL_SDOH_Strategy_032222.pdf?rev=809a412c24274ca28e1e707bf79ac024

Michigan Health and Hospital Association (MHA). (2023). 2023-2024 Strategic Action Plan. https://mhha.informz.net/mhha/data/images/2023-24%20MHA%20Strategic%20Action%20Plan_PUBLIC.pdf

Michigan Health Information Network (MiHIN):

Michigan Health Information Network. (2022). Annual Report. https://www.paperturn-view.com/us/mihin-marcomm/final-2022-annual-report-2?pid=MzE319387

Michigan Health Information Network. (N/A). **Charting the Course for a Connected Future: MiHIN's Strategic Plan**. https://mihin.org/strategicpla.n/

Michigan Health Information Network. (2023). Sharing Newly Reconciled Patient Medication Lists Arising from Established Workflows. https://mihin.org/wp-content/uploads/2024/01/Sharing-Newly-Reconciled-Patient-Medication-Lists-Arising-from-Established-Workflows-1.pdf

Michigan State University's Institute for Health Policy within the College of Human Medicine. https://ihp.msu.edu/index.php

Michigan Substance Use Vulnerability Index Documentation, June 2022, retrieved January 26, 2023, from: 4651dMichigan-SUVI-Documentation.pdf.

Other

Advisory Board. (2023). Behavioral health cheat sheets: Understand the challenges we face – get tactics to overcome them https://www.advisory.com/content/dam/advisory/en/public/ABResearch/Products/Programs/success-page/WF9548706-abres-behavioral-health-cheat-sheet-bundle.pdf

American Public Human Services Association, Governing, and Government Technology. (2023). Delivering on Data in Health & Human Services: Improving Outcomes in State and Local Communities https://media.erepublic.com/document/GT23_GUIDE_HHS_2023_NEW_V.pdf.

Continuum Cloud. (2024). 2024 Behavioral Health Industry Trends Report https://go.continuumcloud.com/2024-Behavioral-Health-Trends-Report-PDF

Health Management Associates in partnership with Public Sector Consultants, July 15, 2023. Developing Sustainable Workforce Solutions in Behavioral Health and Direct Care, Final Report, Prepared for Michigan Department of Health and Human Services.

Independent Living Systems. (April 2024). D-SNP LTTS & Integrating Long-Term Care in Michigan presented at the 2024 Michigan State of Reform Health Policy Conference https://docs.google.com/presentation/d/15Xj8uBnqmihAoLjavUkDBIlWQvbhQ5wp/edit#slide=id.p1

The Kennedy Forum. (December 2021). State Policy Platform for Addressing the U.S. Mental Health &

Addiction Crisis https://www.thekennedyforum.org/app/uploads/2021/12/2021-State-Policy-Platform_Final.pdf

Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute. udt4vq0y712qpb1o4p62dexjlgxlnogpq15gr8pti3y7ckzysi.pdf (phi.org)

University of Washington: Psychiatry & Behavioral Sciences. About Collaborative Care – AIMS Center. https://aims.uw.edu/collaborative-care/

FY 22 to 23 DHHS Budget SWMBH Excer

Key Informant Interviews Conducted to Inform
SWMBH 2024-2027 Strategic Plan - Summary/Consolidated as of 5.2.2024

Key informant interviews were conducted with heads of Michigan agencies. All interviews have been conducted by Ella Philander, SWMBH Executive Project Manager via TEAMs or Zoom. Interviews were scheduled for one hour and a $50 gift card offered in appreciation of their interview and expertise.

As of May 1, 2024 the following individuals have participated:

Advanced Care, Grant Brown
Autism Alliance, Colleen Allen
Mental Health Association of Michigan, Marianne Huff
Michigan Association of Health Plans, Dominick Pallone
Michigan Hospital Association, Lauren LaPine
National Alliance on Mental Illness, Kevin Fischer

The interviewer framed questions and probed for additional information as the conversations progressed. Specific topics that were introduced if they did not naturally arise include: Data Driven Decision-Making; Intensity of Service / Severity of Illness Criteria; Opioid settlement dollars; Value based payments, Proof of clinical program performance, and predictive modeling.

Summarized / Consolidated Response Follow. To use hyperlinks in the Table of Contents press ctrl and the topic you would like to go to.

Table of Contents:

There are new settings for providing care and how are these going to integrate into the larger behavioral health system:

- Psychiatric Residential Treatment Facilities
- Crisis stabilization Units
- CCBHC – discussion with Autism Alliance and how their consumers may qualify (ADD,etc.)

  - Advocacy side: this will not solve all the problems of the public health system – this is the bottom of integrated care.
  - Health Plans are concerned when they hear it is an integrated approach, they have not been involved at all.
  - We are not maximizing this – there are people in the medical field who are not aware of what CCBHC is.
  - Difficult to implement CCBHC in rural areas – need collaboration then it is do-able.

A need to get information into the hands of people who are not already a part of our system.

- This is a systemic problem. We are not getting information about who we are and what we do into the hands of the people who need it.
- Someone recently diagnosed – all they hear about is what we don't have.
- Meeting people where they are, do we really do this? Locations: Jr. High, Elderly, etc.
- Underserved populations do not refer to just racial; first responders aren't all the same – police and firefighters need to be approached differently.

Value-Based Payments: Requires realistic expectations, in place with Health Plans requiring they develop these for their providers, stronger expectations every year (Medicare as well).

- Those who do a better job should get an incentive.
- ABA discussion with BCBS.
- Intent was to improve the quality of services – not sure that's the actual outcome.
- Medical side is easier to create meaningful measurements.
  - Health Plans: started with loose parameters establishing baselines, now, minimum floor everyone has to hit, and increase incrementally for all plans. Pharmacy is difficult - this is 20-25% of their spend and have no leverage to negotiate.
- Based on population health not individual level (volume matters).
- Some measures drive up costs – not necessarily a bad thing – not all costs go down, but across the whole, patient care costs should go down.

Data-Driven decision making: There is an intentional move towards this on the part of agencies.

- Word of Caution, data is widely important but you can get paralyzed waiting for more data – you still need to move forward and make decisions.
- Collecting data is one thing, putting it to work is something else
- Use data to inform the policy and legislative recommendations.

Quality of Services/Proof of clinical performance

- ABA: consider accreditation standards (ACQ non-profit)
  - 2025 Center for Health and Research Transformation (CHRT) at the University of Michigan w/ Autism Alliance: What are the time delays in starting treatment. Disparities across providers and facilities. Trying to get diagnosis down to age 2. BCBS Data for 2024, then CMH/PIHP Data.
- Best way to evaluate is improved quality of life: reducing hospitalizations, fewer interactions with law enforcement, defined by the individual not the system.

- We should see a cost savings – to the whole system, not just Bx Health.
- Better care on the front end, minimize additional visits, more streamlined. Post assessments could be used.

Opioid Settlement Funds: Permanent supportive housing is a need identified in multiple interviews.

- State Funds: It's a struggle to get a feel for the direction the department wants to go. OAC direction is clear the challenge is in how to work the department.
- Municipal Funds: Michigan Association of Counties (MAC) has solid relationships with many organizations.
    - Everyone is getting something, but no one is getting enough to do anything.
    - Michigan Association of Health Plans is on a municipal few task forces but not really engaged.
- Agencies believe if the State and Municipalities worked together more meaningful outcomes (such as housing) could be achieved.

Staffing

- Inter-state licensure compacts are viewed as anti-union
- Bills to address Social Work: low pass rate amongst black (45%) vs. white (90%); decreasing length of supervision from 6 to 3 years; decrease categories of SW down to 3 only. Concern expressed about quality of the education.
- More use of Peer Recovery Coaches/Specialists and Community Health Workers
- ABA: lack of experience with adults; and coverage for more physically challenging clients; not enough Diagnosticians for adults with Autism
- Rate of Pay for Master level needs to be increased
- New out of college need better training as they are coming into the CMH system
- Health Plans lack of providers: legislation out requiring accepting to panel any willing provider; not the issue. They are in network but are not taking new patients. Standard K language if at capacity you must notify, this is not happening.
- PCP to practice at highest level of their license with support (MC3)

Predictive Modeling/AI/Chat GPT: They are the future in healthcare; comments made reflect the belief that this is coming quickly.

Collaborative Care Model: a few hospitals have behavioral health primary care collaborative model (Henry Ford) – using data to track on outcomes. Not enough staff across the state. Virtual health help such as MC3 through UofM.

- Support building collaborative relationships between hospitals and CMHs (SWMBH does a good job – other PIHPs do not). Can "best practices" be developed to help roll this out in other regions.
- Bad reputation as a state given that our systems can't get along (education, MH) known at a national level that we can't get anything done because we fight.
- Possible future requirement for CMHs to contract with medical personnel

Integrated Care: Need a common statewide definition and leadership over the movement; How we define it and execute it is the question.

- 3 buckets – financial, operational, clinical.

  All agree clinical integration is good – dental, SW, GP, specialists, ABA all under one roof. A team may be assigned to the individual too.

  Some believe in order to do this the other 2 buckets need to occur too.

  Operational: technology is part of the solution. CC360 helps but it would make more sense to have 1 care manager.

- As an advocate – some collaboration with private and public is inevitable.
- Across the country movement to fully integrate (Arizona and Washington are the furthest along) DD/Autism/LTC

  Commercial side integration has been pushed forward faster – parity is beginning step

  Managed care seems to be the more common than FFS approach. See Florida, North Caroline, Arkansas, and Iowa for examples.

  MI 2025 sample contract: responsibility grid will be changing – trying to change hospital trying to address ED boarding – just told changes will be coming.

  MPH would like control / responsibility and CMHs would still be a critical component. Care management, actuarial. It's not a matter of if, but a matter of when. It will still be a public system just administered through the private sector.

MiHIN: Grant opportunities through 2025-2026. Cohesive ability to team with them for better flow of information. Current profile of medications that are being taken, readily available and accurate.

Threat / Needs Identified

- Privatization – they haven't gone away, they are reloading – don't get complacent
  - Public health system isn't broken – but it needs to be improved. Need to demonstrate that we are providing better outcomes – don't wait for the next Shirkey bill – do it now.
  - Private system has the ability to operate efficiently – we can learn from that – downfall is they are greedy. They don't understand the mental health needs of our people. They don't understand self determination and that quality of life is more than just doctor appointments.
- Cyber attacks or on the rise
- Some of our Michigan partners want to DECREASE psychiatric beds but across the country there is more availability in other states. We've moved from long-term psychiatric care but there are certain individuals who need the long-term care. Need facilities and long-term spaces.
- Opioids: There's a pendulum that has swung too far in the other direction, some people do need narcotics and it's difficult for them to get them.
- Clubhouses are tremendously undervalued resource

Trying to introduce legislation:

- Change the structure of the PIHPs to decrease CMH control; allow the PIHPs to truly function as an insurance company.
    - Pushing for Statutory Change to the Regional Entity Statute.
    - To follow 1915 waiver and require the PIHPs to not delegate functions
    - 2024 contract language states all delegation agreements must be approved by the state and revisited regularly
- Full Financial and Clinical Integration of Bx and Physical Health Care
- ABA services during/in school settings (it's an education policy)

SWMBH Region CMH CEOs: Ongoing

Southwest Michigan Behavioral Health
Strategic Imperatives
Strategic Plan Calendar Years 2024 - 2027

Confidential internal draft 5.1.2024

Per the SWMBH Operating Agreement, SWMBH was formed for the purposes below.

(i) carrying out the provisions of the Mental Health Code in its Department designated service area as they relate to: serving as a prepaid inpatient health plan, as defined in 42 CFR 438.2 ("PIHP");
(ii) managing the business lines for which SWMBH is the contractor to Michigan Department of Health and Human Services (MDHHS);
(iii) ensuring a comprehensive array of services and supports as provided in the contracts with MDHHS;
(iv) performing all the duties and responsibilities contained in the Department/Regional Entity Contract;
(v) Substance Abuse Coordinating Agency (CA) required functions for its service area, pursuant to MCL 333.6230 et seq. (PA 501 of 2012; Amendments to Public Health Code), and MCL 330.1100a et seq. (PA 500 of 2012, Mental Health Code);
(vi) contractual participation in the Department's MI Health Link (MiHL) demonstration project for its service area, serving persons with behavioral health needs who have both Medicare and Medicaid coverage; and finally
(vii) exercising the powers and authority set forth by the Bylaws and governed by the SWMBH Board.

A quality of life in the community for everyone. Our mission is to be Michigan's preeminent benefits manager and integrative healthcare partner, assuring regional health status improvements, quality, value, trust, and CMHSP participant success. Driven by our values of integrity, transparency, inclusivity, and accessibility, we strive to deliver on this mission by connecting our members to the personnel, treatments, and resources that they need.

Statutory and regulatory requirements Require PIHPs to remain ultimately responsible for fulfilling the terms of their contract with the State, regardless of delegated or subcontracted functions.

Contractual requirements between MDHHS and SWMBH as a PIHP:

- PIHPs remain fully liable and must retain full responsibility for the performance and completion of all contract requirements.
- PIHPs must monitor the performance of subcontractors on an ongoing basis.
- MDHHS contracts with Health Services Advisory Group (HSAG) to perform an External Quality Review (EQR) of the PIHPs annually, to assess compliance with the Managed Care Federal Rules and MDHHS Contract requirements.

Southwest Michigan Behavioral Health
Strategic Imperatives

Strategic Initiatives

1. SWMBH Central will remain aware and prepare for environmental disruptors and trends impacting the Mental Health Community.

- Assure stable SWMBH staff and management during and after successions.
- 2027-2029 Strategic Plan in place by fall 2026.
- Recharter and task regional committees based on strategic plan.
- Assure diversity equity and inclusion at swmbh CMHs and providers.
- Enhance Revenue
    - Improve Medicaid and Healthy Michigan Plan geographic factors.
    - Access available DHHS Grants.
    - Develop and pursue non-DHHS Grants: SAMHSA, MHEF, BCBSM Foundation, etc.
    - Consider Dual Special Needs Plans clinical and business opportunities.
    - Maximize effective use of state, county and municipal opioid settlement funds.
    - Earn a minimum of 95% of all SWMBH and CMH contingent revenue[1].
    - Capture all first-and-third party revenues (all commercial and MHP payers).
- Create Expense Reductions
    - Business Process documentation and analyses for opportunity identification.
    - Explore and install alternate payment methods and value based purchasing.
    - Assure best practices in cost allocation, coordination of benefits and all payer billing & collections.
    - Develop / build or buy / high-cost high value programs and services required for hospital avoidance/minimization.
    - Explore joint purchases of major required items e.g., employee benefits.
- Workforce Shortage

2. Prepare SWMBH Central for new and ongoing requirements in oversight of ongoing programming, new demonstrations, and pilot projects as defined by contractual obligations.

- Assure demonstrably effective programs and services.
    - EBP services with fidelity oversight and monitoring.
    - Enhance adequacy and accessibility of all programs and services.
    - Reduce racial and ethnic healthcare access, quality, and impact inequities.
    - Enhance healthcare ecosystem stakeholder engagement and partnerships.
    - Develop and install ongoing program evaluations and public reporting.
    - Best in Class Care Coordination and Health Homes

[1] Performance Bonus Incentive Program (PBIP) and Withhold payable to SWMBH for dispersion; DHIP (Foster Care and CPS Incentive Payment) payable to CMH; Opioid Health Homes Pay for Performance payable to SWMBH with portion to Opioid Health Homes; Certified Community Behavioral Health Clinics Quality Bonus Payment payable to CCBHCs.

- Prepare and support willing CMHSPs as providers and delegated functions in qualifying and participating in new demonstrations and pilot projects including:
    - Behavioral Health Homes
    - Opioid Health Homes
    - Certified Community Behavioral Health Clinics

3. Prepare SWMBH to be the preeminent benefits manager and integrative healthcare partner, assuring regional health status improvements, quality, value, trust, and CMHSP participant success, indicated by being in the top 3 of 10 PIHPs in 90% of objective, externally generated reports including but not limited to Health Services Advisory Group External Quality Reviews of Performance Measure Validation, Performance Improvement Project(s), and Managed Care Regulation Compliance

- Assure demonstrably effective managed care functions.
    - Routinize, document and automate managed care and business processes.
        - Analyze and report PEPM expenses and utilization on a regular basis
        - Plan and provide optional clinical and administrative TA / support to CMHs and SUD tx providers
        - Assure diversity equity and inclusion at swmbh CMHs and providers
        - Plan and provide optional clinical and administrative TA / support to CMHs and SUD tx providers
    - Assure top tier HSAG managed care regulatory compliance, performance improvement project, encounter data validation and performance measure date validation scores.
- Assure SWMBH and CMH Best in Class:
    - Healthcare information technology
    - Healthcare data exchange
    - Healthcare data analytics
    - Management Information and Business Intelligence
    - Data Driven Decision Making

4. SWMBH Central will advocate for its CMHs and SUD providers regionally and statewide by identifying, participating in, and favorably influencing public policy.