Executive Director Board Report – May 2021

Item 10

Submitted by Mark A. Witte, MSW, LMSW, Executive Director
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1. **Building Update** – As an update to Gary's Administrative Services report, our architect's blueprints were approved by the USDA but put our schedule back a week. Bid invitations were released and publicized, and will be opened on Monday, June 7. Once that is done, we will create a tally sheet to share with the USDA, receive back their concurrence (and adjust the loan if the bids come in below our pre-qualified amount, or work with us to close the gap if the costs are higher than that). Once that's all done, then you will be asked to approve the contractor recommendation and authorize the execution of the construction contract. This may happen in time for us to handle it at the regularly scheduled June 15 meeting; if not, then we will ask Chairperson Dugan to call a special meeting for that purpose.

2. **Building Committee** – Per the plans discussed last month, we will hold a Building Committee immediately preceding and as part of the monthly board Finance Committee meeting. This will start once we are underway with construction; likely not until July.

3. **Branding** – Thank you for last month's discussion and decision regarding the authorization for the name change of the agency. Inspiration Studios is presently crafting a more finalized version of the concepts and we will be meeting with them in the next week or two to set the schedule/plan for conversion.

4. **Fundraising** – Interviews with prospects by consultant Keith Hopkins are currently underway for the feasibility portion of the campaign to help us estimate the potential yield of a full-fledged campaign. No report is yet available on progress or prognosis of a campaign.

5. **Consultation with TBD Solutions** – We begin our performance improvement project with TBD with a kick-off meeting with the Management Team on April 13. More updates as we progress.

6. **Biannual All Staff Survey** – We are close to the point of issuing our bi-annual all staff survey, which yielded important feedback for the agency two years ago. Many hoped-for initiatives have had to be set aside during the COVID-19 response that has engrossed us all for more than a year. However, as we emerge from the pandemic, the new set of data will be incredibly helpful to guide our efforts in making ACCMHS an employer of choice with highly satisfied and deeply engaged staff.

7. **LRE Update** – Negotiations toward a conclusion of the special conditions status of the LRE's contract with the state have slowed for reasons that are not apparent. The ball is in the state's court concerning a plan of improvement and a financial settlement plan.

8. **System Design Debate Continues** – The latest information we have received from CMHA follows:

   "As you know, Senator Shirkey and Representative Whiteford have been developing proposals to redesign Michigan's public mental health system. These proposals will be played out as proposed changes to the state's Social Welfare Act and the state's Mental Health Code. Also, as you know, CMHA, in discussions with many of you (its members) and allies across the state, has been very engaged in working the offices of both Senator Shirkey and Representative Whiteford and in pursuing other advocacy efforts around both of these proposals.

   As you can tell by our call for advocacy and updates to you, CMHA's advocacy approach differs in response to these two sets of proposals.

   As is true with all legislative and executive branch proposals, the differing approach is based on several factors. These factors include:

   - *Whether the bill sponsor is open to dialogue, negotiation, and revision in advance of the bill/bills being introduced and, once introduced, as the bill moves through committee and across the two houses*
   - *How significantly the early drafts and concepts and bills, as introduced, align with or diverge from CMHA positions.*

   In the case of Senator Shirkey's proposal, while the bills that would move the Senator's proposal forward have not been introduced, it became clear, early on, that Senator Shirkey's office was not open to revising the proposal nor proposed bill language to reflect CMHA recommendations around any of the core and most damaging components of the proposal and related bills. Given this, CMHA and its advocacy partners have taken a firm and vocal stance in opposition to the concepts in the proposal and expect to do the same when the bills are introduced.

Representative Whiteford, in contrast, appears to be open to dialogue, negotiation, and revision in her proposal and related bills – in advance of the bills being introduced. Given this, CMHA has not taken a position on the Representative's proposal nor initiated large scale advocacy action around the Representative Whiteford proposals. CMHA will determine its future advocacy around the Whiteford proposal, based on the evolving versions of the draft bill, the final version of the introduced bill, and the willingness of Representative Whiteford and her staff to reflect the stance of CMHA in these bills.

As always, as the processes around both of these proposals move along, we will keep you informed."

Thank you to those of you who have responded to CMHA's legislative advocacy invitation. Please let me know if you have not received the message.

Relative to Senator Shirkey's proposed "Gearing Towards Integration", CMHA advises:

1. Note the role of the CMH system. If CMH's become just like any other provider for a managed care entity, this is a tremendous change in the role of the agency in our community, which will thus lose the safety net function we provide today.
2. This is a privatization of the system – it puts 100% of the control and oversight in a private entity that is not overseen by a local public entity as is the case today.
3. The proposal Shirkey advances is silent about the roles and responsibilities of the current system (recipient rights, housing and employment supports, community collaboration, etc.). These are core to the social determinants, safety net role, and community collaborative work of the public system. Will those responsibilities and functions no longer exist?
4. The proposal talks about a more uniform benefit structure, but this will not be possible if there are multiple entities operating in a region. How can we expect consistent behavioral health benefits from a system that even today does not provide consistent healthcare benefits on the physical health care side?
5. One of our biggest concerns with the proposal is the timeline – implementation by 10/1/2021 does not allow for any meaningful stakeholder involvement or proof that the concept will work.

Bottom Line:

- Integration of physical and behavioral health services must begin and focus at the patient level; starting with plans for money leaves the impact on people out.
- This plan does not integrate care. It consolidates funding which has not shown better quality.[1]
- Medicaid Health Plans (MHP's) do not provide services – they simply authorize care and pay the bills. This will not create a 1 door healthcare solution; physical and behavioral health will still be siloed.
- This proposal does not eliminate any layers; MHPs will pick up the managed care functions from PIHPs but at a much higher administrative cost – 15% vs our 6%.
- The proposal lacks public oversight and accountability, eliminates our PIHP system and dramatically reduces the role of the CMHSP system and all but eliminates public accountability.
- MHPs are funded to provide up to 20 annual outpatient visits for people with mild/moderate behavioral health conditions. According to MDHHS, the average number of mental health visits authorized for qualifying MHP enrollees in 2014 was four. In 2015, only 10% of all contacts for Medicaid recipients seeking behavioral health services were with a behavioral health professional.
- Mid-COVID is not the time to even consider this kind of change. Health care systems are stretched to the limit and this will only add to the stress and concerns of those served.

Mark Witte
Submitted May 7, 2021

[1] **New Dartmouth Study Shows That Greater Financial Integration Generally not Associated with Better Healthcare Quality** (https://geiselmed.dartmouth.edu/news/2020/new-dartmouth-study-shows-that-greater-financial-integration-generally-not-association-with-better-healthcare-quality/)