

Executive Director Board Report – June 2021

Item 10

Submitted by Mark A. Witte, MSW, LMSW, Executive Director
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1. **Building** – As you will hear elsewhere, we are awaiting bid opening on June 16. There is a lot of angst in many corners about how this will go. It's logical, given what we've seen in the building industry as the COVID-19 restrictions are lifted, to perhaps expect price pressures due to fluctuating commodity prices for construction materials. We simply do not know what to expect. However, we will deal with whatever emerges. I have confidence that we will.

2. **COVID-19 Response** – After months of diligent exercise of precautions, the number of vaccinated people in our country finally reached levels significant enough to make a positive impact on the amount of community spread of the COVID-19 virus. Despite our eagerness, the CDC's announcements that relaxed many restrictions caught us a little by surprise. Michigan had been struggling more than many states, and so our restrictions were higher and didn't go away as quickly as in other parts of the country. You are likely aware that Governor Whitmer revised state restrictions on May 20 that require businesses to continue formal COVID-19 response plans. ClickOnDetroit reported:

"The guidance says vaccinated people no longer need to wear masks or socially distance indoors or outdoors, with exceptions for certain medical spaces. "We have adjusted our mask policy to match the CDC recommendation," Whitmer said. "So now, in Michigan, fully vaccinated people no longer need to wear a mask outdoors or indoors unless required by their work or business."

On June 1, all outdoor capacity limits will be lifted. "We will maintain our mask rule, as already announced, but otherwise lift all mitigation measures on outdoor gatherings, and only retain a 50% capacity limit on indoor establishments," Whitmer said. "That means that an indoor social gathering like a wedding or a funeral or a conference or a graduation party will be allowed to resume at 50% capacity through the month of June." In June, people who are not yet fully vaccinated are required to continue to wear masks when they're indoors, Whitmer said....

On July 1, Michigan will take its final step in reopening by lifting the broad mask and gatherings order and will no longer impose broad mitigation measures during the pandemic. Businesses and workplaces have the right to require masks beyond that date."

Our response plan (still required by the state) anticipated a gradual progression of steps as the mitigation efforts gradually brought our risks into control – which never really happened. Then, suddenly, vaccines did what mitigation could not. Now we are left with a scheme that makes documentation of vaccination status of staff, consumers and the public a matter of critical importance. So, we are working under the leadership of our Health and Safety Committee to do a re-write of the required plan to take all of this into account and chart a course forward, recognizing that we will likely not completely know the vaccination status of staff, clients or members of the public as we interact with them. July 1 may come before we can produce a coherent plan to address these new variables, and if the state MI OSHA drops the requirement for a response plan the matter will be moot. If it happens that way, we will likely turn our attention to determining what a "return to the office" looks like.

3. **Public Mental Health System Legislation** – Rep. Mary Whiteford and four of her colleagues have now introduced legislation that would eliminate 10 regional PIHPs and replace them with a single statewide organization that would manage Medicaid funding for all CMHs. I have been monitoring this activity and have followed CMHA's advice on it. In addition, I spent a half-hour on the phone with Rep. Whiteford last week. I told her that I would like to be able to better understand what she's trying to accomplish as she did not coordinate at all with ACCMHS prior to introducing these bills. The representative is to be commended for her interest in improving mental health care in Michigan. This, however, will not do that. Though she would not acknowledge it, I have reason to believe that the formative concepts of her proposal were provided by at least one national for-profit managed care company that might benefit from this change. Beyond the conflicts of interest that some companies have in this discussion, the chief concern is that this legislation would establish a single statewide entity that is no longer directly accountable to any local unit of government. The representative proposes the ending of managed care risk management (and flexibility) at the local level and replaces it with a fee-for-service arrangement. In my view, the legislation depends on a fairly simplistic view of healthcare financing and unwarranted enthusiasm for pay-per-service billing. There is no provision in the legislation to assure adequate rates for the services provided, nor is there an awareness that not all services in a CMH safety net have Medicaid codes in the first place. In this scenario, CMH's are relegated to the status of service provider

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and there is no need for us (or any organization other than perhaps the statewide PIHP) to establish, maintain or develop a network of providers to serve as the local safety net. At the end of the day, PIHPs are wiped out in favor of a state-level entity with no local accountability to counties or consumers, and the whole business model under the CMH system is replaced with an old school payment model and a promise of increased provider satisfaction. The state-level body is called an ASO (Administrative Services Organization) but prohibits a CMHSP or a PIHP (or even a combination of them) from holding that function. This is because the ASO must hold enough cash assets to be self-insured (and licensed as a Michigan insurance company). Rep. Whiteford asserts that this will remove a layer of administration. In fact, replacing a layer of 10 with a layer of 1 is still a layer, so it doesn't remove anything other than an accountable local entity overseen by accountable local government officials. The confidence this legislation places in centralized state-level private institutions (likely for-profit) to do satisfactory work without direct accountability at the community level is surprising. It was especially unfortunate that the press release from Rep. Whiteford's office that announced these bills started out with an assertion that the current mental health system is "broken". Rep. Whiteford does look to give CMHs the ability to serve those with mild/moderate mental illness needs. Technically that's not new. We are able to do that today if we contract with Medicaid Health Plans at current state-approved rates for outpatient counseling. Unfortunately, those rates are less than half of what it costs for reputable provider organizations to do the work. If that's any indication of how this ASO system might work, the legislation will require significant amendment.

4. **Ascension Connection** – We have reinitiated contact with leadership of Ascension Allegan after a long period of waiting for the opportunity to prioritize these discussions until the worst of COVID-19 had passed and after new leadership in the hospital and medical group had gotten situated. The new hospital CEO is Rob Mach, and has helped us reengage on the positive conversations we had in 2020 toward integrating physical/behavioral healthcare in our new facility (or sooner if needed). We will be meeting later in June to dive into the key early portions of the conversation.
5. **Individual Board Member Meetings** – Starting this month, I will begin scheduling 1:1 meetings with several board members in an effort to respond to an interest for this during my recent performance review. I will aim to have at least one phone or in-person contact every two months with each board member and will evaluate this pace as we go.
6. **MyStrength** – As you will hear through this month's Program Committee, we are ready to proceed to implement a new electronic support resource for clients, staff and community members called MyStrength. The intent is to offer meaningful integration of this service into the care plans of those we already serve where applicable, and to offer the wider community of those who are simply residents of our county a very useful resource that will support and improve their mental health and foster stronger recoveries from addiction. Your approval to purchase it will be sought at our June board meeting, but we hope each one of you will take advantage of its benefits when it is launched soon after that.
7. **MACC Coordination** – Allegan County CMH Services is a member of the Multi-Agency Coordinating Council for Allegan County. For the past few years, we have sought to maximize our impact across the community by blending resources from the County with those of our agency to hire a person who supports both the MACC and our Allegan County Housing Continuum of Care (HCoC). MACC has recently decided to involve the Allegan/Ottawa United Way organization as a new agent in helping to elevate MACC efforts to expand non-profit membership in MACC. Accordingly, as our jointly funded position was currently vacant, we have opted – with the blessing of the County – to subcontract with the United Way to foster MACC development and staff our HCoC needs. We will be working closely with the United Way to assure that the needs of the community are well-served by the continued creative blending of these efforts.

Submitted by Mark Witte
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