Making sense of our environment

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Some concepts to frame our thinking

- We are all throwing in our frameworks, perspectives, and conceptual bases to make sense of this environment.
- It is this interchange of frames, perspectives, and concepts – and their synthesis and refinement - that give us an accurate and continually evolving picture of our environment.
These framework, perspectives, and concepts – and their ongoing refinement and synthesis - form the foundation for our actions, our decisions, and our failure to act or to decide.

Their overt articulation therefore, is key.
While we must act, at times, in response to a crisis, crisis response should not become our chief mode of operation

– Leads to very short term thinking
– Can be a tool of manipulation if we are in positions of authority or power
We are active participants, not observers

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.”
The character of our systems, our organizations, ourselves is shaped by adversity, scarcity, abandonment, achievement, abundance, and support.

This character is also revealed by these factors and experiences.
Current events in light of longer term foundational trends

- Knowing how to see current events within the longer term trends in our environment gives us a sense of how to approach them
Foundational trends

- Can be a directionally constant theme – while opposition arises, at times, the direction of the theme remains relatively constant.
- Can be dialetics (opposites vying for dominance).
Some foundational trends – directionally constant

- Empowerment of those served by health and human services
- Whole person orientation in health and human services
- Democratization of decision making
- Progressivity of society
■ Demand for continual innovation

■ Demand for increased accountability
Some foundational trends – dialectic in nature

- Role of private versus public sector
- Common good versus individualism (private gain)
- Multi-culturalism (beyond race and ethnicity) versus tribalism
- Charity versus business approach to health and human services
- Mercy versus justice approach to health and human services
Examination of some key current environmental vectors in light of these foundational trends

- Identify current vector
- Nest it within the context of a fundamental trend
  - Directional in nature
  - Dialectical in nature
HCBS

- Impact will be dramatic, albeit slow moving with a 2019 deadline (with some components moved to 2022 deadline)
- Readiness efforts continue, co-led by advocates, MDHHS, MALA, MARO, MACMHB, and their members (see tool kit issued by MALA, MARO, MACMHB)
Sites and services seen as one of the following:

– unable to meet these standards
– requiring heightened scrutiny
– requiring some changes
– Meet the HCBS standards
Healthcare integration

- Imbedded or referenced in nearly every major healthcare transformation initiative
- Embraced and actively fostered by joint SAMHSA (Substance Abuse and Mental Health Services Administration) and HRSA (Health Resources and Services Administration) Center for Integrate Health Solutions
Study released by MACMHB’s Center for Healthcare Research and Innovation

Over 750 healthcare integration efforts led by CMHs, PIHPs, or providers
  – Bi-directional co-location
  – Service coordination, joint plans
  – EMR linking
  – High utilizers
  – Health screening and coordinated referrals
  – Cross discipline education
General Fund reductions to CMH system in 2014 and 2015

- 60% GF budget cut to provide savings needed to garner political support for HMP

- 10,000 persons lost services as a result
While some level of GF reduction was seen as appropriate (with Medicaid expansion), the reduction:

- Was far too deep
- did not reflect the fact that many demands exist, outside of those to be covered by the HMP
- left only $7.50 per person per year to meet the mental health needs of the 8 million Michigan residents without Medicaid
Direct Care Workers wages

- Section 1009 report called for $1 per hour wage increase, for each of the next 3 years, and other changes to make direct care work a career ($90 million Medicaid per year)
- $.50 per hour increase was included in the Governor’s FY 18 budget
- Reduced, in House and Senate budget bills, to $.25 or $.50 implemented in last ½ of the year
1115 Waiver

- MDHHS is awaiting response from CMS
- Likely October 1, 2017 implementation
- Combines all 1915 b, b(3), c waivers and substance abuse services into a single waiver
MIHealth Link (Duals project)

- 4 pilots continue
  - Upper Peninsula
  - Southwest Michigan
  - Wayne County
  - Macomb County

- Enrollment remains low due to concerns by enrollees

- No evaluation to date, 3 years in
Section 298

- Celebration for FY 17 budget
- Vigilance and advocacy in FY 18 budget
- Calley report – July 2016
- 298 Report – March 2017
- Both supported a public BHIDD system, with goals for continual improvement
- Governor’s FY 18 budget – continue inclusive, transparent dialogue
- House and Senate contain encouraging and troubling language
- Very strong coalition of persons served, advocates, CMHs, PIHPs, providers
- Very active health plan advocacy
- Public and private sector pilots seem likely
Staffing changes and culture within MDHHS

- Last 2 years of administration – as with any administration
- New staff
- Cloud resulting from AG’s efforts
Actions by Trump administration and Congress

- AHCA: Greater discretion to the states for commercial/Exchange and Medicaid put at risk:
  - Exchanges: essential benefits, access for persons with pre-existing conditions, income-based subsidies
  - Medicaid: funding, expansion sustainability, entitlement to persons and states
These prolonged and near term threats call us to

- Remain vigilant in our work to thwart these threats
- While, simultaneously, advancing our system
Advancement of the system must be marked by

- Boldness, creativity, risk taking, partnership development, and the wise synthesis of the best of public sector and private sector thinking
- Willingness to continue to grow and evolve in the areas in which we are strong
- Willingness to address, with clear-eyed honesty, the areas in which we need to improve
MACMHB’s strategic initiatives to advance the system

The strategic framework’s structure is built around:

- Need to address short term and longer term opportunities and threats
- Foundational work - longstanding strengths of the system and the Association
- Premises upon which the next phase of the action plan is based
Premises behind MACMHB approach to opportunities and threats

- Premise 1: performance and vision are important
  - High levels of performance substantiated by easy to understand comparative data
  - Identification and development of innovative visions

- Premise 2: performance and vision are necessary but not sufficient;
  - political pragmatism and strategy are essential
Premise 3: threats and opportunities will continue for foreseeable future

Premise 4: partnership with persons served, advocates, and other constituencies has always and will continue to be at the center of our work
  – They are the reason that our system exists
  – Their voice is morally and politically powerful
Action plan based on these premises

- Partnership development
- Development of a common vision and agenda
- Legislative relations and advocacy
- Executive branch relations and advocacy
- Public and media relations
- Policy analysis, research, and advocacy (Center for Healthcare Research and Innovation)
In closing, we must:

- Remain vigilant in our work to thwart threats to our system and those whom we serve
- While, simultaneously, advancing our system
Advancement of the system must be marked by:

- Boldness, creativity, risk taking, partnership development, and the wise synthesis of the best of public sector and private sector thinking
- Willingness to continue to grow and evolve in the areas in which we are strong
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