Conflict-Free Access and Planning Workgroup Meeting Notes

Meeting Details

Meeting Name:	Conflict-Free Access and Planning
Meeting Date & Location:	October 26, 2022 @ 8:30a.m. – 10:00a.m.
Call in Number:	Teams Meeting
Leader/Facilitator:	Belinda Hawks / Remi Romanowski-Pfeiffer
Next Meeting:	November 16, 2022 @ 8:30a.m. – 10:00a.m.

Key Discussion Points

Review Sequence of Frame

- The workgroup was reminded of the "Inform, Frame, Feedback" approach used to facilitate the decision-support it will provide to the State. The workgroup is in the "Frame" phase.
- All past materials and references to requirements can be found on the State's website. If members have questions about requirements or need additional context, they can visit the website and find those references in the January and February materials.
- BPHASA will consider portions of the "Frame" and "Feedback" phases concurrently with the workgroup. BPHASA is also meeting internally with MDHHS teams including Bureau of Children's Coordinated Health Policy & Supports, CCBHC Leadership, Federal Compliance, and legal.
- The activities in "Frame" include:
    - Define Problem
    - Define Criteria
    - Develop Options
    - Evaluate Options

Review Definitions of Options, Criteria, and Prioritization

- Options are the approaches to address Conflict-Free Access and Planning that will be considered by the State. Options still need to be developed. The State has not chosen an option.
- Criteria are areas that may be impacted by Conflict-Free Access and Planning, positively or negatively. Criteria can be considered the "rubric" that each option is graded. Criteria may have several sub-criteria.
- Each Option will be evaluated using the Criteria to develop feedback for the State. Each option will have pros and cons.
- The State will decide on one option for state-wide implementation across all populations.
- Workgroup member comment: The deadline for implementation in March of 2023 is quick.
    - Belinda's response: The timeline for implementation will need to be formalized. Most likely by March 2023 the State will have PIHPs submit their plan based on the State's decided model.
- Workgroup question: When will the State make a decision on the model?

    - The workgroup journey indicated the model will be decided and published between January and March. However, a clearer timeframe will be defined soon and reported back to this group.
- Workgroup question: Does the policy have to go out for public comment before it is implemented?
    - Belinda's response: Yes, the developed policy will have to go through public comment.
- Workgroup question: Will each PIHP have a different model?
    - Belinda's response: There will be one state-wide model with parameters the PIHPs can work within.

Summary of Priority Survey

- A workgroup survey was provided to members between October 3rd and October 17th to capture their criteria priorities. Listening sessions are the other venue to gather priorities. Listening sessions are taking place on October 25th and 26th to gather perspectives of people served and their families.
- The summary provided in this meeting is high-level; a feedback package will likely include more details.
- The survey included 29 respondents. There were 30 total respondents with one respondent from an MDHHS staff on this workgroup. They were removed from this summary.
    - 13 Respondents were from CMHs, 10 from PIHPs, 5 from advocacy organizations and groups, and 1 from a provider organization.
- Access, Continuity, and Autonomy were most important to survey respondents based on median rank. 22/29 Respondents said Access, Continuity, or Autonomy was their highest priority.
- Minimum System Changes had the most disagreement among survey respondents based on interquartile range. 7/29 Respondents said Minimal System Change was a top 3 priority; 14 said it was a bottom 3 priority.
- Member question: Will the CFA&P policy and process apply to all programs including CCBHC, Behavioral Health Homes, Opioid Health Homes, etc.
    - Belinda's response: Yes, the policy will apply across the behavioral health system as people can access concurrent benefits through the State plan. We have met with MDHHS teams internally, including the CCBHC team and we believe there is a way forward.
- Member comment: It is not surprising access, autonomy, and continuity are the most important criteria. The question is, how will change impact access, autonomy, and continuity?
- Member comment: The results of the survey speak to Michigan's public mental health system and how it leads with values and outcomes for people served. We will adapt the system as needed to provide the best model for people served.
- Member comment: I tried to get into the listening sessions, but they wouldn't allow me. The professionals agree with those components [of access, continuity, and autonomy]. I am concerned that in surveys and listening sessions the focus is on what people perceive to be access, continuity, and autonomy; but at times it can be more about addressing a want instead

of a need. Advocacy groups and listening sessions are presenting that "If you want it, you get it." We already have providers shutting down at a rapid rate. They can't get something as simple as direct care staff. We really focus on the wants as opposed to the clinical needs. We could really put the entire behavioral health system in a state of crisis. Not to mention, we also have privatization over our heads. There is no money for a private entity in specialty behavioral health service. Private entities want to take over and eliminate programming. I do not believe a private company will allow someone to be in a self-determined arrangement. But at the end of the day, clinical practitioners do serve consumers based on needs, not wants, and that becomes a slippery slope.

    - Response from member: The federal government is the funder of services provided in the system and it has said that what people want is okay. At the self-determination conference, a speaker outlined that goals are those you have for your life, not just the clinical goals you need to meet. Goals go beyond needing to go to the bathroom, take a shower, etc. There are differences between the needs of people with SMI and I/DD. People's needs shouldn't be criticized or penalized, and it is the job of the system to figure out how to do that so people can live their best lives.
    - Response from member: What [advocates who facilitated listening sessions] heard is they want the system to do what it says in the policy it is supposed to do. [People served] have lowered their expectations of what the system can provide because just the minimum would be better than their experiences. Everyone is working hard to do what they can, but it was a punch in the gut for me to hear that people lowered their expectations of the system. The system has moved away from institutional care with real intent, but there are still people not getting in the door.
    - Response from member: I don't think there is equitable access across the state for people to get supports and services. It is a multifaceted problem. Advocates are asking for what is in policy. Nobody wants the system privatized.
    - Response from member: There are many ways to walk alongside someone and help them live the life they want. There are struggles with access and availability; and support does not always mean a service. The system has requirements and can also support a person in finding other ways to support their life.

- Member comment: What the system thinks people want and what people actually want is not always the same. Some people do not want to live independently in the community. What guardians and advocates say is important, may not be what the person wants. That is a lot of pressure for the CMH. There is a huge difference between what somebody's goal is and what is required of us to prove medically necessary. This isn't like we are trying to hold back dollars or limit resources or not help people pursue the life they want; but I have to account for every single thing that is authorized. We get audited on this regularly. I can't afford to approve a casino trip and Tiger's game for every person who asks for it. We have to deal with the reality of what we have to work with. I get on edge when I start hearing that everybody should get everything they want. I wish the SMI population had more advocates than they do now.
    - Belinda's response: Thank you for sharing. If the system had a foundation of conflict free, some of those situations would be remedied.

Discuss Next Steps

- This prioritization summary does not include the feedback from people served and families. That perspective is being gathered from listening sessions happening October 25th and 26th. The first listening session on the 25th had between 20-30 participants; the session on the 26th is expected to have about the same participation. Listening sessions were not recorded for the sake of participants' privacy. Participants are able to email facilitators any follow-up notes a week or so after the listening sessions.
- A follow-up discussion with listening session facilitators and note takers is taking place on November 2nd.
- The State is taking a first pass at developing and defining options.
- The state will begin to define a detailed timeline for implementation.

Next Meeting

- Next CFA&P Workgroup meeting is November 16th.
- Workgroup members are welcome to reach out to Josh, Remi, Belinda, and Dana with any questions.