Michigan's Mental Health and Substance Use Disorders System

Community Mental Health Association of Michigan

The Community Mental Health Association of Michigan is a trade association, representing the 46 community mental health boards, 10 Prepaid Inpatient Health Plans, and over 90 provider organizations that deliver mental health, substance use disorder, and developmental disabilities services in every community across thus state. Last year over 350,000 persons received services from Michigan's community-based mental health and substance use disorder system. Those services assist individuals in achieving, maintaining and maximizing their potential and are provided in accordance with the principles of person centered planning.

Michigan Constitution

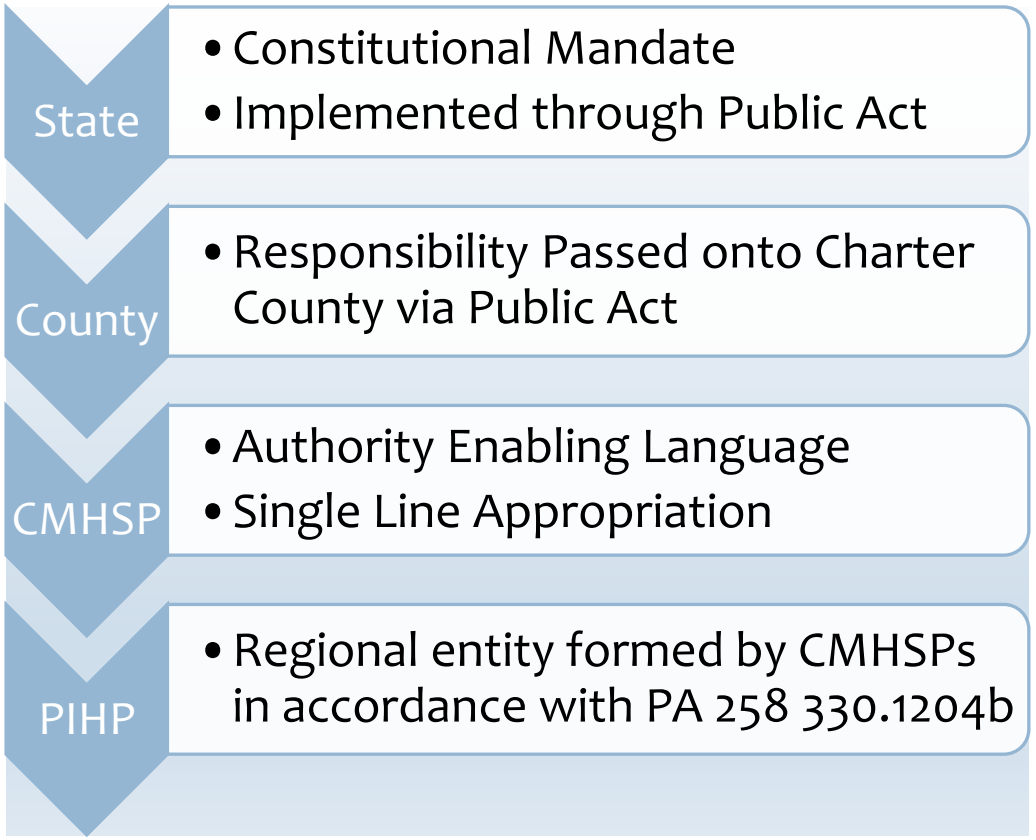
Community Mental Health Organizations are required to serve individuals with a severe mental illness or disability regardless of their ability to pay. An individual can not be denied a service that is medically necessary because of inability to pay or lack of insurance.

* **Article 8 – Section 8 of the Michigan Constitution reads: Institutions, programs, and services for the care, treatment, education, or rehabilitation of those inhabitants who are physically, mentally, or otherwise seriously disabled shall always be fostered and supported.**

Transfer of Authority

Transfer of Authority

- The State duty begins with the constitution as implemented in PA 258
- The County duty begins with PA 258 section 202.
- The PIHP duty is created in PA 258 Section 204 when CMHSPS are permitted to form a Regional Entity .
- The State may contract with a duly formed PIHP to manage the Medicaid benefit.
- The PIHP **MUST** then contract with the participating CMHSPs for delegated and provider functions.



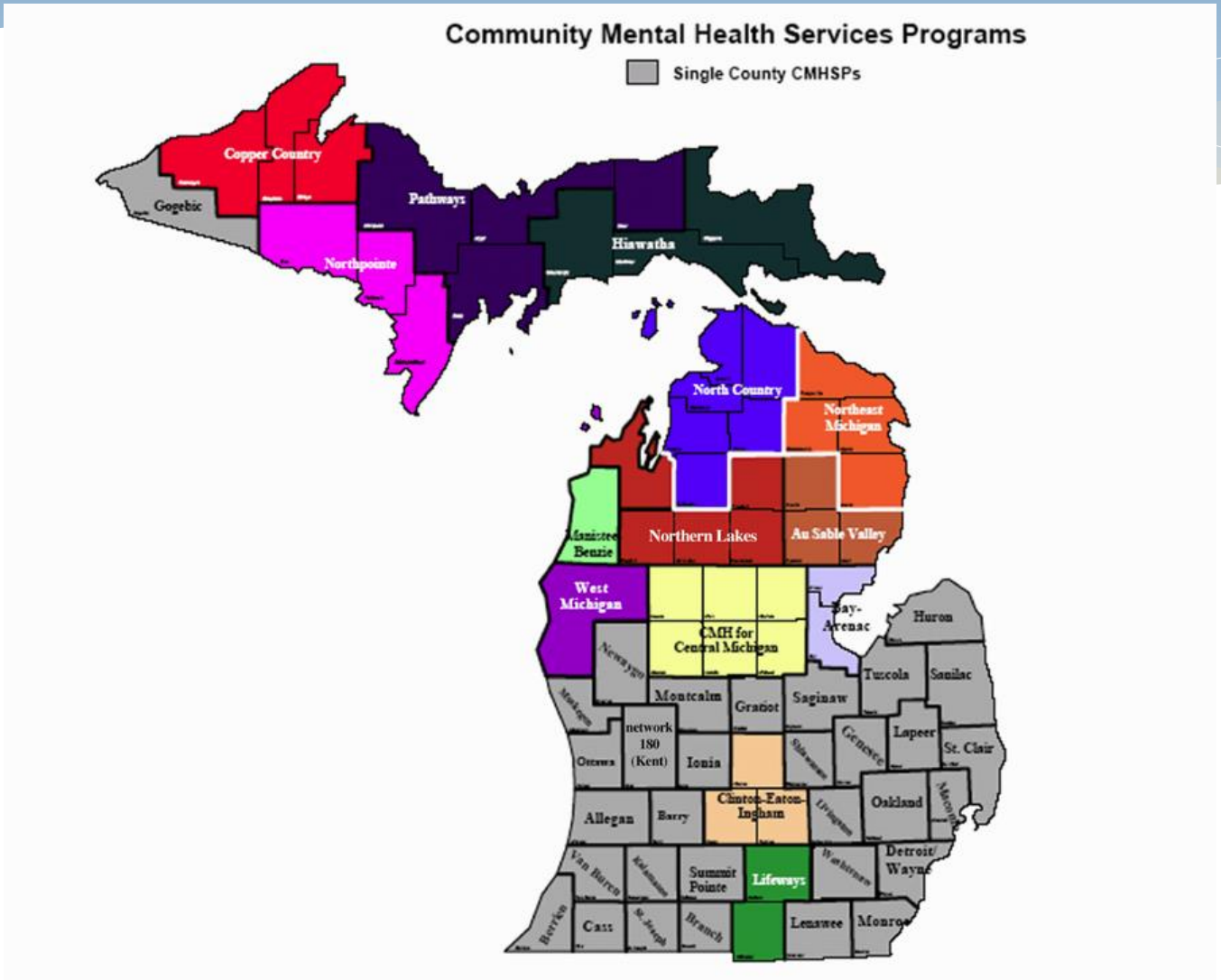
Evolution of the CMH System

1965	1991	2014
12 County Community Mental Health Boards covering 16 counties – 7 in the planning process	55 Community Mental Health Boards covering all 83 counties	46 Community Mental Health Service Programs & 10 PIHPs covering all 83 counties
41 state operated psychiatric hospitals and centers for persons with developmental disabilities – about 29,000 residents	20 state psychiatric hospitals and centers for persons with developmental disabilities – 3,054 residents	5 state operated hospitals and centers on January 24, 2018 – 772 residents. Adult Hospitals: Caro (148), Reuther (167), Kalamazoo (141) Forensic: CFP (262) Children: Hawthorn (54)

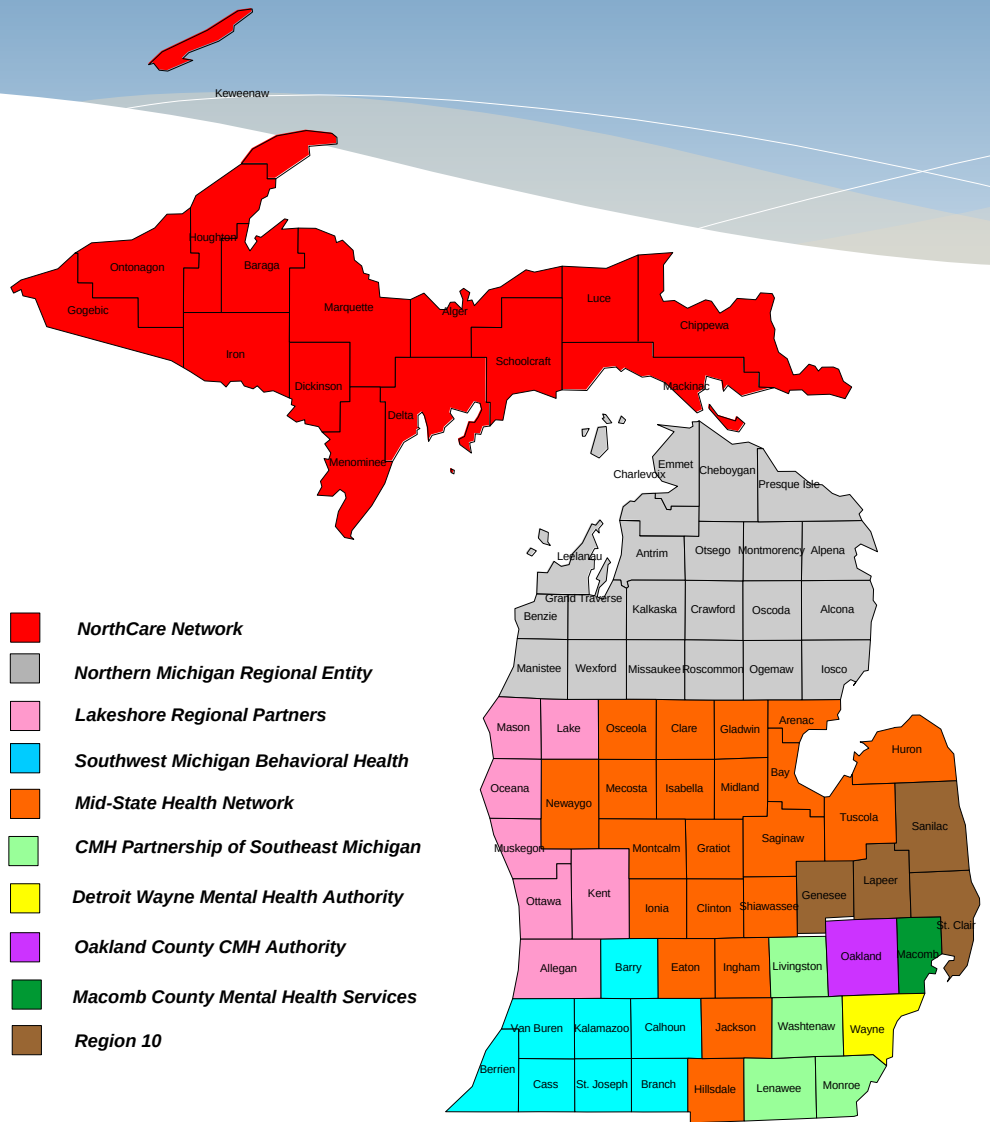
Community Mental Health Service Structure

- **Community Mental Health Services Programs (CMHSPs)** – The forty six (46) CMHSPs and the organizations with which they contract provide a comprehensive range of mental health services and supports to children, adolescents and adults with mental illnesses, developmental disabilities and substance use disorders in all 83 Michigan counties.
  - Providers, purchasers and managers of a comprehensive array of services and supports across a network of providers in fulfillment of statutory roles to serve the individuals, families and communities regardless of the ability to pay
  - Community conveners and collaborators – initiating and participating, often in key roles, collaborative efforts designed to address the needs of individuals and communities
  - Advocates for vulnerable populations and a whole-person, social determinant orientation
  - Sources of guidance and expertise, drawn upon by the public, to address a range of health and human services needs
- **Medicaid Prepaid Inpatient Health Plans (PIHPs)** – Ten (10) PIHPs manage the services and supports for persons enrolled in the Medicaid, MIChild, Healthy Michigan Plan, Autism services and substance use disorder programs.
  - Seven (7) of these regional entity PIHPs are made up of multiple CMHs (as few as 4 and as many as 12). They were created in order to realize administrative efficiencies in managing services and to provide a sufficiently large base of Medicaid enrollees to manage the risk-based, capitated funding system used to finance the system of care for Medicaid beneficiaries.
  - PIHPs contract with the CMHs and other providers within the region to deliver necessary services.

46 CMH Regions



10 PIHP Regions



Local Oversight & Public Accountability

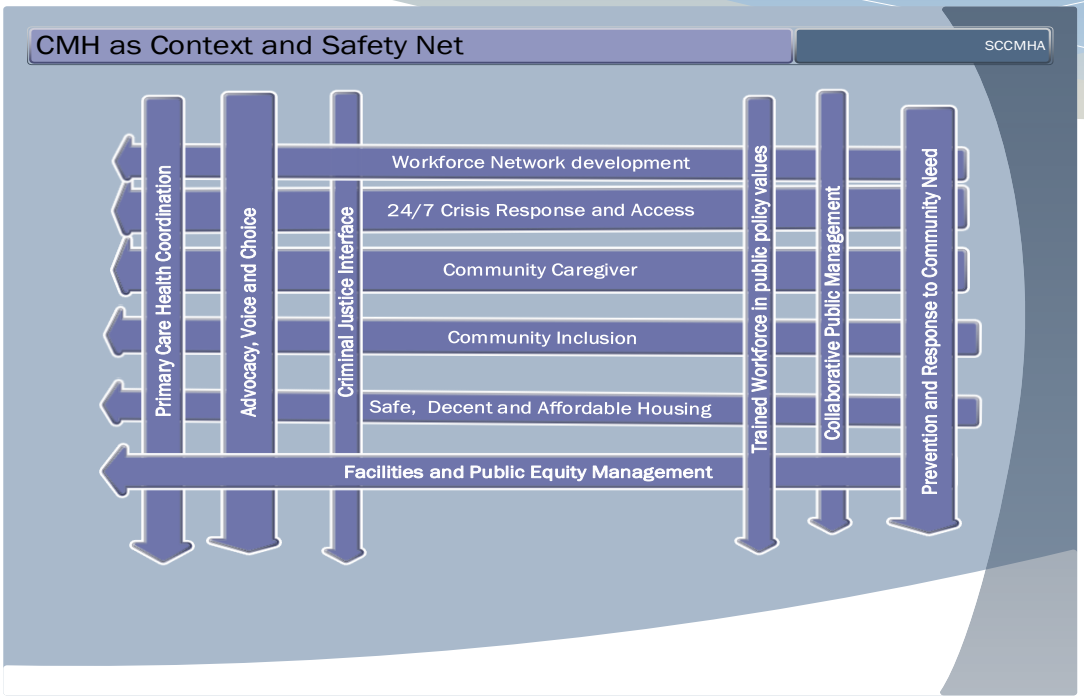
* Local CMHs are public entities, either an official county agency, urban co-op or an authority, which is a public governmental entity separate from the county or counties that establish it.

* Local County Boards of Commissioners appoint each of the CMHs' Board typically 12 members.
  * The composition of a community mental health services board shall be representative of the populations they serve.
  * At least 1/3 of the membership (4) shall be primary consumers or family members, and of that 1/3 at least 1/2 of those members (2) shall be primary consumers.

* PIHP boards are made up of appointees from the CMHs within their respective regions.
  * Additionally, local County Boards of Commissioners are responsible for appointing local representatives to the substance use disorder advisory council for each PIHP.

Specialized System of Care

Your local CMH manages a very complex specialized system of care with many community partners through interwoven funding streams, collaborative alignment of public resources and public policy roles.



* ***"This Targeted Populations /Local Management/Consolidated Funding Model has successfully concentrated community interest, stakeholder involvement, professional expertise, service delivery development, and resource deployment on the specific needs and interests of persons with mental illness, developmental disabilities and addictive disorders. The focus on local collaboration has forged necessary linkages for care coordination and cooperative community solutions to complex situations."***

* ***MDHHS: Application for Participation Implementation Guide, October 2001***

Public Safety Net

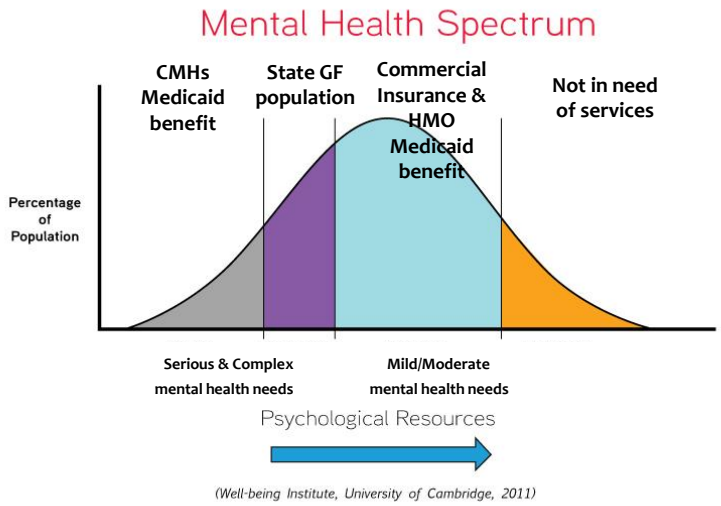
* The CMH network provides 24 hour emergency/crisis response services, screens admissions to state facilities, acts as the single point of entry into the public mental health system, and manages mental health benefits for all people including Medicaid as required by the Mental Health code with primary responsibility for funds through the state's general fund allocation.

* The local CMH system has the **unique statutory roles of public safety net and state facility gatekeeper**.

* CMHs provide **community-based** care, addressing a wide range of human needs. Some of the social care services include:
  * Behavioral health care (including developmental/intellectual disabilities and substance use disorder services).
  * Physical healthcare
  * Housing, employment, and income supports
  * Extensive use of health care integrators (case managers/supports coordinators)
  * Peer support services
  * Community linkages and collaboratives

Who We Serve

- Michigan's Public Mental Health System Serves 4 Main populations:
  - Children with Serious Emotional Disturbances (examples: Obsessive-Compulsive Disorder (**OCD**) or Attention Deficit Hyperactivity Disorder (ADHD)
  - People with Substance Use Disorders
  - People with Developmental/Intellectual Disabilities
  - Adults with Mental Illness.
- Michigan is the ***ONLY*** state that serves all 4 populations in a managed care setting.
  - Managed care was established in 1998 for behavioral health services.



Who We Serve

Section 208 of the mental health code establishes service priorities for CMHSPs as to who receives services (for General Fund Resources).

* **MUST SERVE**
  1. persons in emergent / crisis situations
  2. persons with more severe forms of severe mental illness (SMI), serious emotional disturbance (SED), and developmental/intellectual disability (DD)

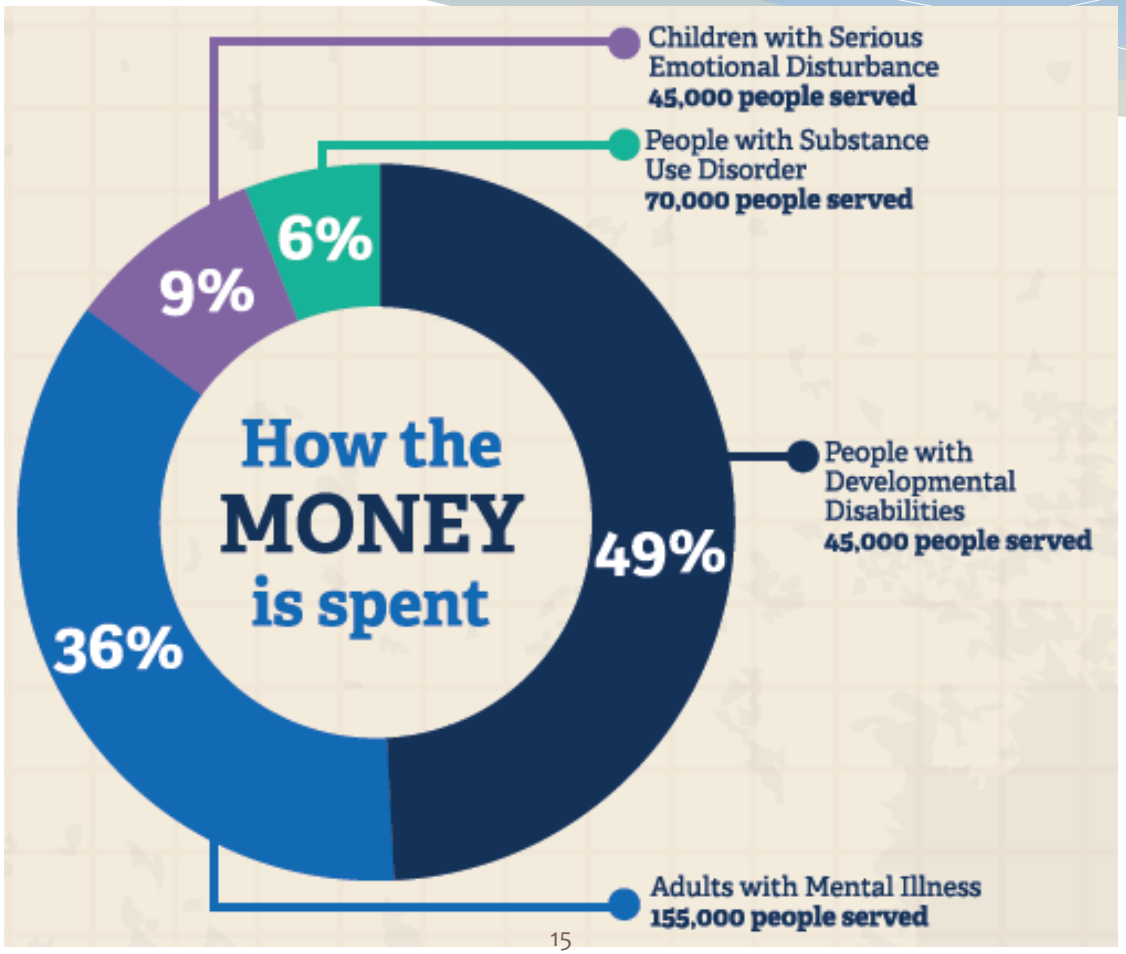
* ***IF* FUNDING EXISTS**
  3. persons with SMI, SED, and DD
  4. mild/moderate mental illness,
  5. the general community including prevention.
     * Due to dramatic general fund shifts in recent years those persons in categories 3 – 5 for most parts of the state are not receiving services.

* Ability to Pay (ATP) is taken in account for those that do not have insurance (Medicaid or private insurance).
  * People cannot be denied services because of an inability to pay.
* **Mild to Moderate mental health outpatient benefit is covered under the Medicaid Health Plans contract.**

Who We Serve

* Due to significant GF budget reductions over the past several years if a person does not have Medicaid or private insurance their ability to receive services is based on the severity of their condition.
  * If a condition is *NOT* considered severe, individuals will be placed on a waiting list.
    * Many on wait lists never receive services.
  * In order for those individuals on waiting lists to receive services their condition must worsen to a crisis state where they become a threat to themselves or the community. Many instances these individuals will seek treatment in more costly settings such as emergency rooms and/or county jails.
* **Anderson Economic Group Study published in 2011 showed the state spends 20 times more on mental health services for individuals in emergency situations vs. early intervention - $626 vs. $13,037.**

How the Money Is Spent



CCBHC

Kentucky & Michigan selected as CCBHC demonstration states

On August 5, 2021 the Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse & Mental Health Services Administration (SAMHSA) announced that the states of Kentucky and Michigan have been selected as additional participants in the **Certified Community Behavioral Health Clinic (CCBHC)** Demonstration as required by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

* **Michigan has 34 CCBHC sites:**
  - 13 CCBHCs are in a State Demonstration Initiative (described above) – with state demonstration commencing on October 1, 2021 and running until 2027 – ongoing funding
  - 21 CCBHCs operate with a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) – time-limited funding

9 Essential Functions contained in the federal Certified Community Behavioral Health (CCBHC) initiative:

- Crisis mental health services
- Screening, assessment and diagnosis, including risk assessment – Patient-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring of key health indicators/health risk
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and family supports
- Intensive, community-based mental health care for members of the armed forces and veterans

Michigan's Behavioral and Opioid Health Homes (current)

Behavioral Health Home (began 2014):

Target Population:
* Medicaid beneficiaries with a select Serious Mental Illness/Serious Emotional Disturbance (SMI/SED)

Geography
* PIHP Region (Grand Traverse and Manistee Counties); Washtenaw County (2014-2017)

Goals
* Improve care management of beneficiaries with SMI/SED
* Improve care coordination between physical and behavioral health care services
* Improve care transitions between primary, specialty, and inpatient settings of care

Enrollment as of Feb. 1, 2023

- Northcare Network 89
- NMRE 486
- CMH Partnership of Southeast Michigan 120
- Detroit Wayne 436
- Oakland 989

- **Total enrolled: 2120**
- **Current Goal: 5826**

Opioid Health Home (began 2018):

Target Population:
- Medicaid beneficiaries with an Opioid Use Disorder (OUD)

Geography
- PIHP Region 2 (21 northernmost counties in Michigan's lower peninsula); PIHP Region 1 (UP); Macomb County; Calhoun County; Kalamazoo County

Goals
- Improve access to Medication Assisted Treatment and integrated physical, behavioral, and recovery-oriented services
- Decrease opioid overdose deaths
- Decrease opioid-related hospitalizations

Enrollment
- **Over 3000 enrollees and growing**

Expansion of Both Health Homes for FY21

- **Behavioral Health Home**
  - PIHP Region 1 (the upper peninsula)
  - PIHP Region 2 (the remaining 19 of the 21 northernmost counties in the lower peninsula)
  - PIHP Region 8 (Oakland County)

- **Opioid Health Home**
  - PIHP Region 1 (the upper peninsula)
  - PIHP Region 4 (Calhoun and Kalamazoo Counties)
  - PIHP Region 9 (Macomb County)

- **Projected Expansion Impact**
  - Added to current Health Home regions, it is *conservatively* projected that when fully implemented the Behavioral Health Home will serve up to 20,000 beneficiaries and the Opioid Health Home will serve up to 5,000 beneficiaries
  - Projected cost-efficiencies

Health Home Outcomes

- **Federally Required Core Health Home Metrics**
  - Behavioral Health Home enrollees showed greater cost reductions than both control groups
    - 19% decrease in costs per member/per month – around $103 PM/PM
  - Increased 7-day follow-up appointments after hospitalization
  - Decreased inpatient hospitalization
  - Decreased inpatient hospital length of stay
  - Decreased hospital readmissions
  - Increased screenings for adult body mass
  - Increased initiation and engagement of alcohol or other drug dependence treatment

- **Delivery System Transformation and Behavioral Health Integration**
  - Transcend traditional barriers to integrated care by infusing providers from Michigan's physical and specialty behavioral health delivery systems
  - Increased communication between systems of care resulting in greater care coordination
  - Utilizes an innovative payment model including a bundled case rate and value-based payments

Contact Information

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