

# Michigan's Public Behavioral Health System: Proposed New Approach

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February 27, 2020

# Agenda

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- A. Where we are today
- B. Opportunities for improvement
- C. Proposal for the future
- D. Next steps
- E. Discussion: Questions & Comments

# How our system works today

## Individuals with mild-to moderate or no behavioral health needs



## Individuals with significant behavioral health needs

- Individuals with a serious mental illness



- Individuals with substance use disorder

- Children with severe emotional disturbance

- Individuals with intellectual or developmental disabilities

# How our system works today

## Mild-to-moderate behavioral health needs



Medicaid  
Health Plan

*Physical health  
services*

*Non-specialty behavioral  
health services*

## Significant behavioral health needs



Medicaid  
Health Plan

Prepaid  
Inpatient  
Health Plan

*Physical health  
services*

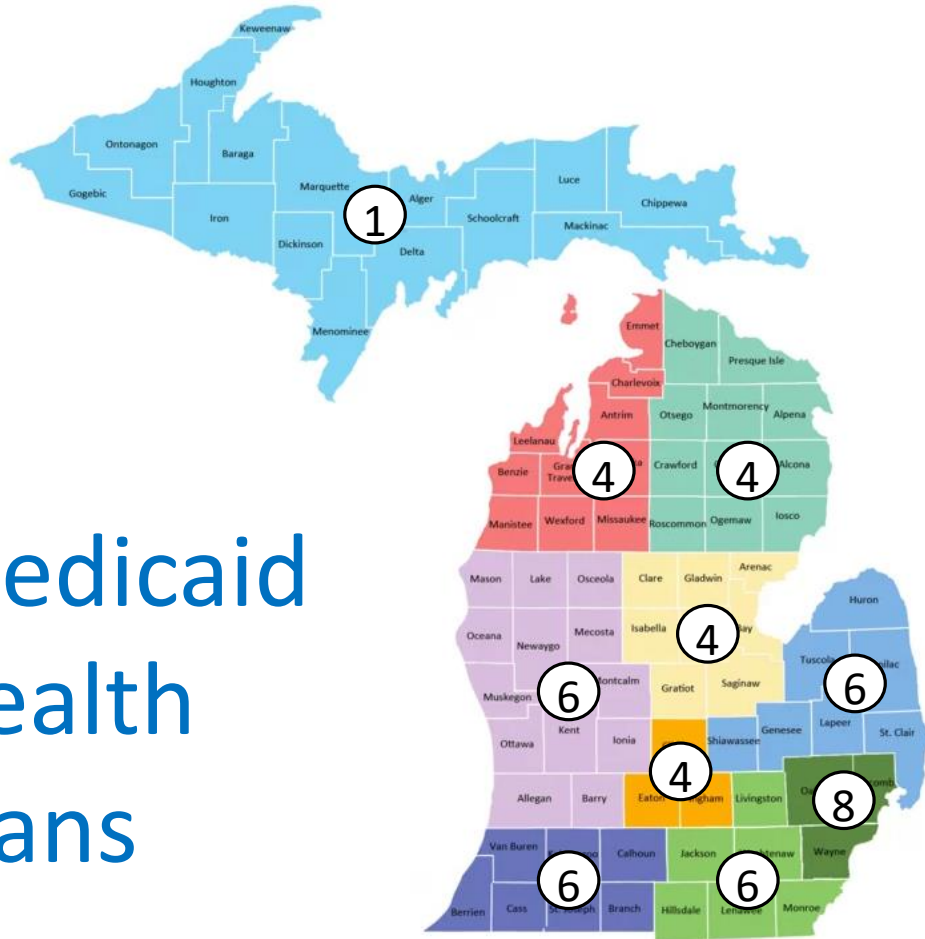
*Specialty behavioral  
health services*

## Safety net and community benefit services

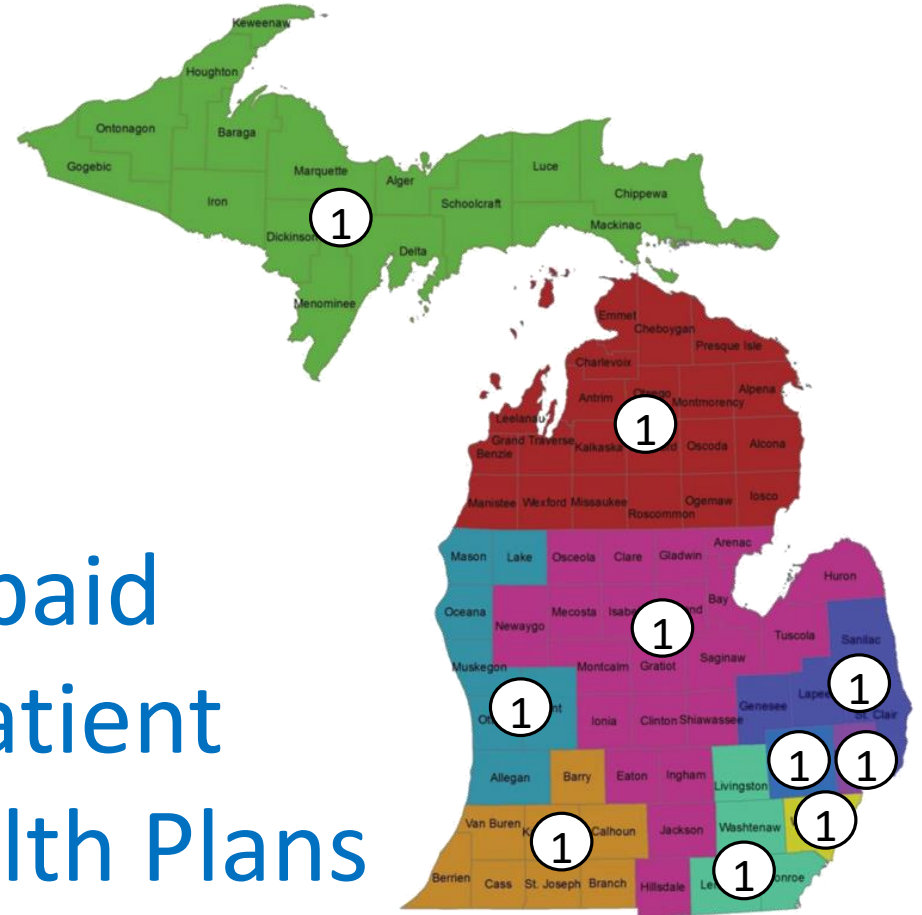
Community Mental Health Services Providers

# How our system works today

Medicaid Health Plans



Prepaid Inpatient Health Plans



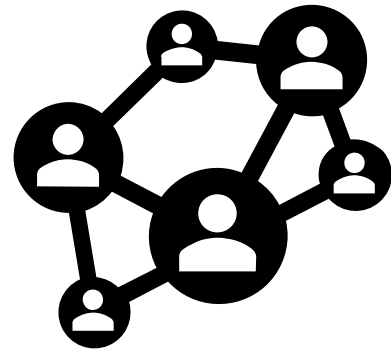
(X) Number of plans available in region

# How our system works today: the safety net

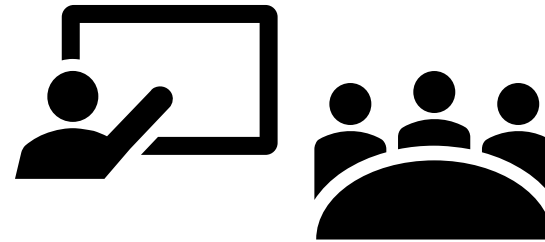
Provided by our Community Mental Health Services Programs



24/7 hotlines



Coordination with  
schools, police,  
corrections



Community training



Jail diversion

Available to any resident, regardless of insurance

# Challenges people face

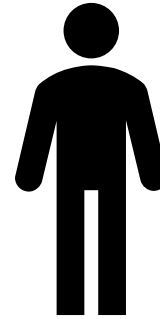
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Specialty services not available for early intervention

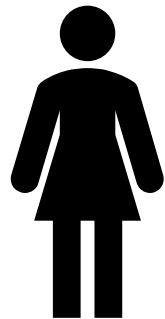
Referral delays to CMH

Emergency department boarding



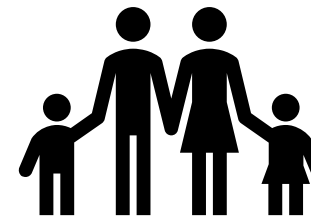
Provider shortages

Inconsistency in services across the system



Navigating two systems to access support services

Staff turnover



Complex care coordination

Lack of coordination with primary care

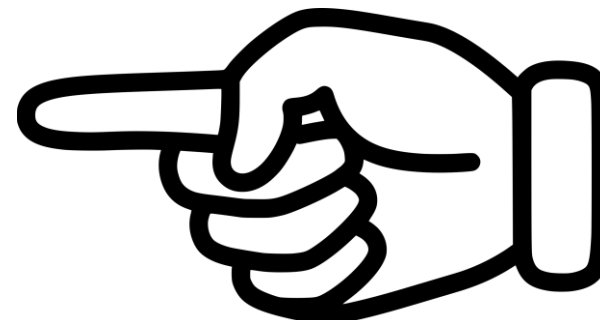
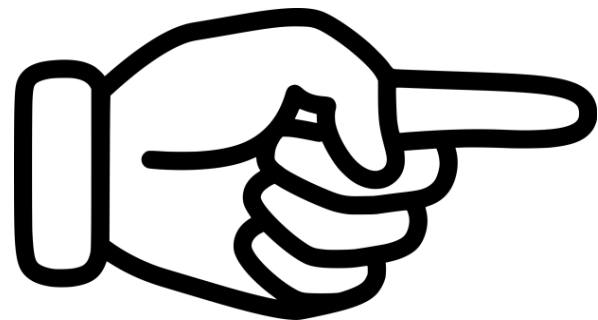
# Two systems leads to finger-pointing and limited accountability

Who should pay for housing support? Who helps arrange transportation to medical and behavioral health visits?

Did an individual end up in the emergency room because of a physical health or behavioral health issue?

Who is responsible for coordinating physical and behavioral health care? What can one side do if the other isn't interested in working together?

Who does the Department hold accountable when there are poor outcomes?





# Section 298 pilots did not launch... but taught us much

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- Proposed financial integration through the Medicaid Health Plans
- Intensive 2+ year effort that DHHS cancelled in October 2019
- Conversations yielded important insights about integration
- Pointed way to new partnerships, suggested new path needed

# Strengths of the system

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Locally based system with strong community partnerships that operates statewide

Longtime national leader in de-institutionalization

Caring, dedicated workforce

Leader in codifying person-centered planning and supporting self-determination



Invests in coordination efforts with schools, jails, prisons, and local social services

Serves all residents in crisis, not just those with Medicaid

Locally-driven innovative care delivery models

Comprehensive Medicaid benefit

# Expanding our values to the whole person

Person-centered

Self-determined

Family-driven, youth-guided

Recovery-oriented

Community-based

Evidence-based

Culturally competent

Whole-person care

# Goals

*Improving outcomes, maintaining independence in the community, and raising quality of life by...*

Improving access, quality, and consistency of care

Improving care coordination

Making things easier for people and providers

Increasing behavioral health investment

# Core elements of the proposed system

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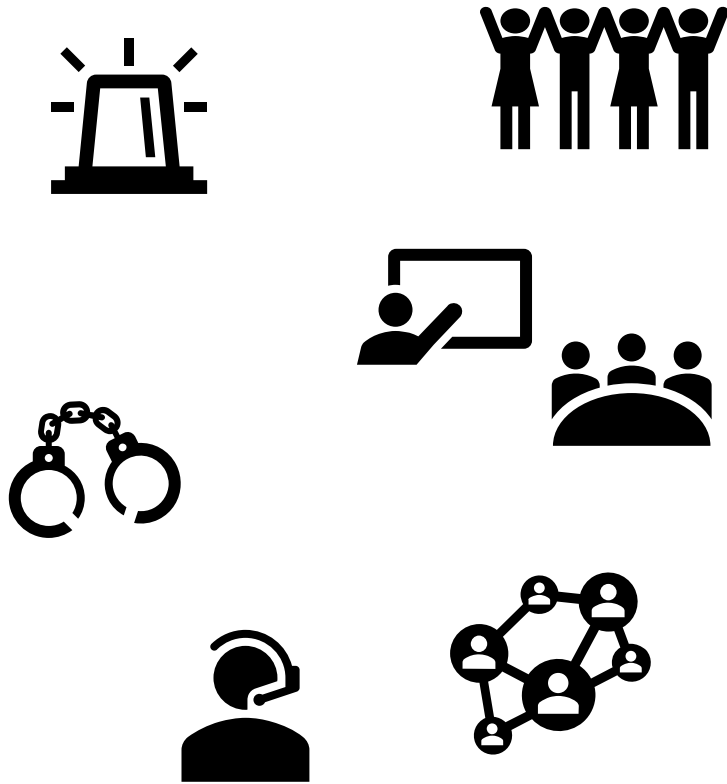
**1 Strong public safety net**

**2 Specialty Integrated Plans**



# Secure our safety net through the CMHs

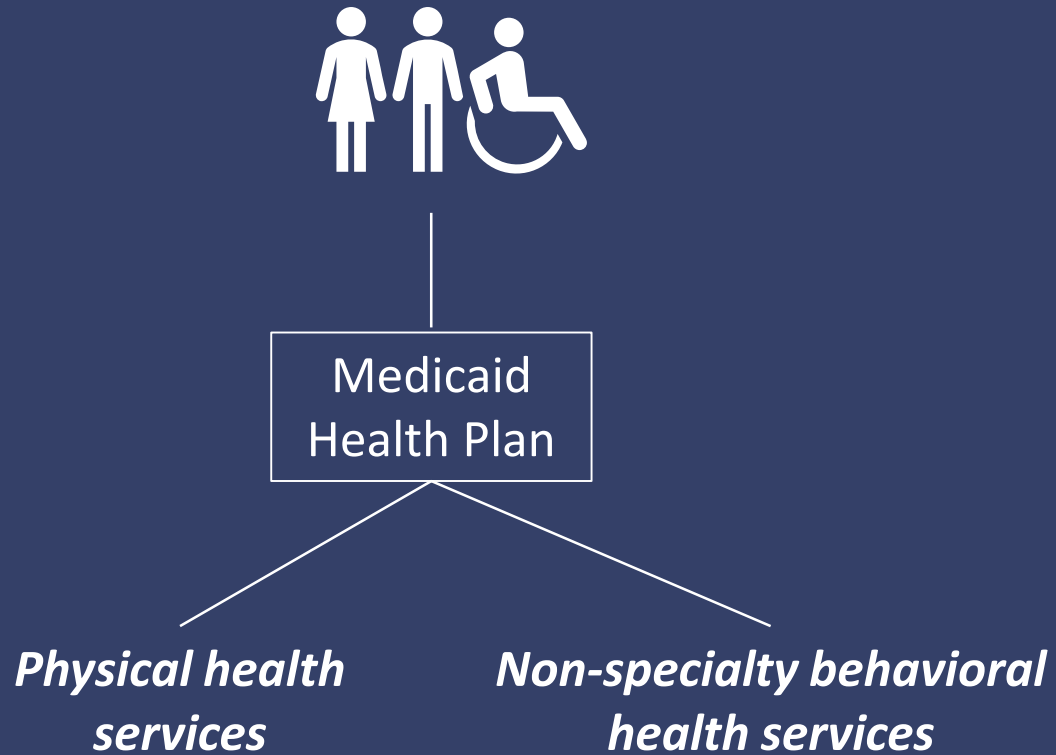
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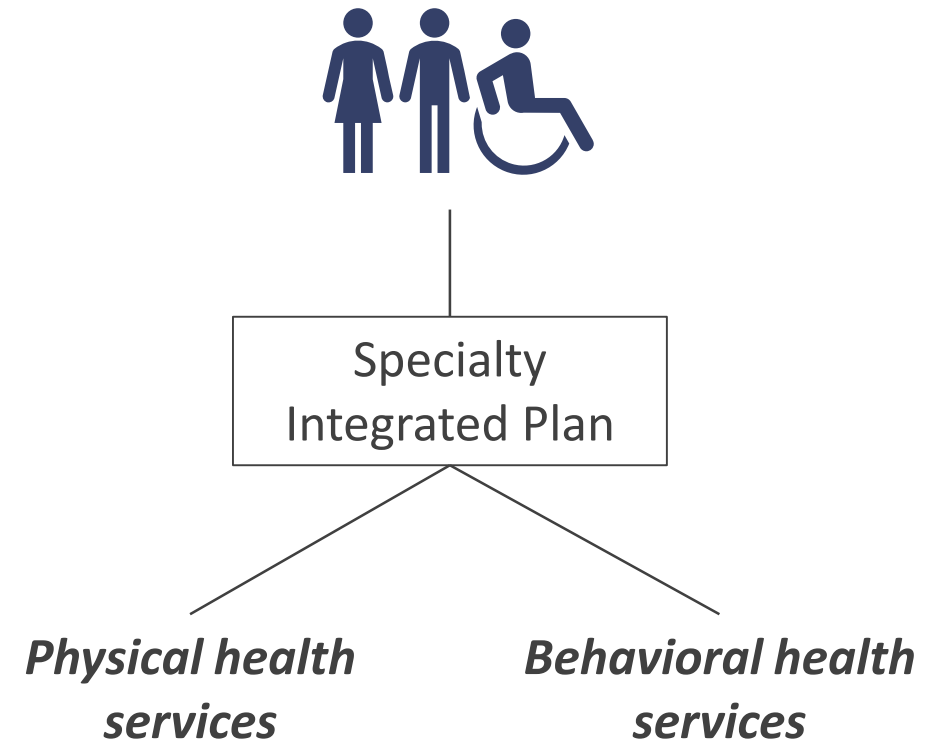
- Uniform floor of statewide responsibilities
- Flexibility above floor
- Separate budgeting for non-Medicaid services

# Future model

## Mild-to-moderate behavioral health needs



## Significant behavioral health needs



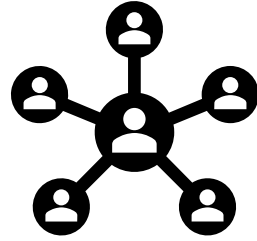
## Safety net and community benefit services

Community Mental Health Services Providers

# Specialty Integrated Plans



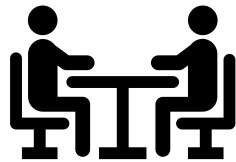
Support from a specialized care team



Strong provider network



Choice for who manages your care



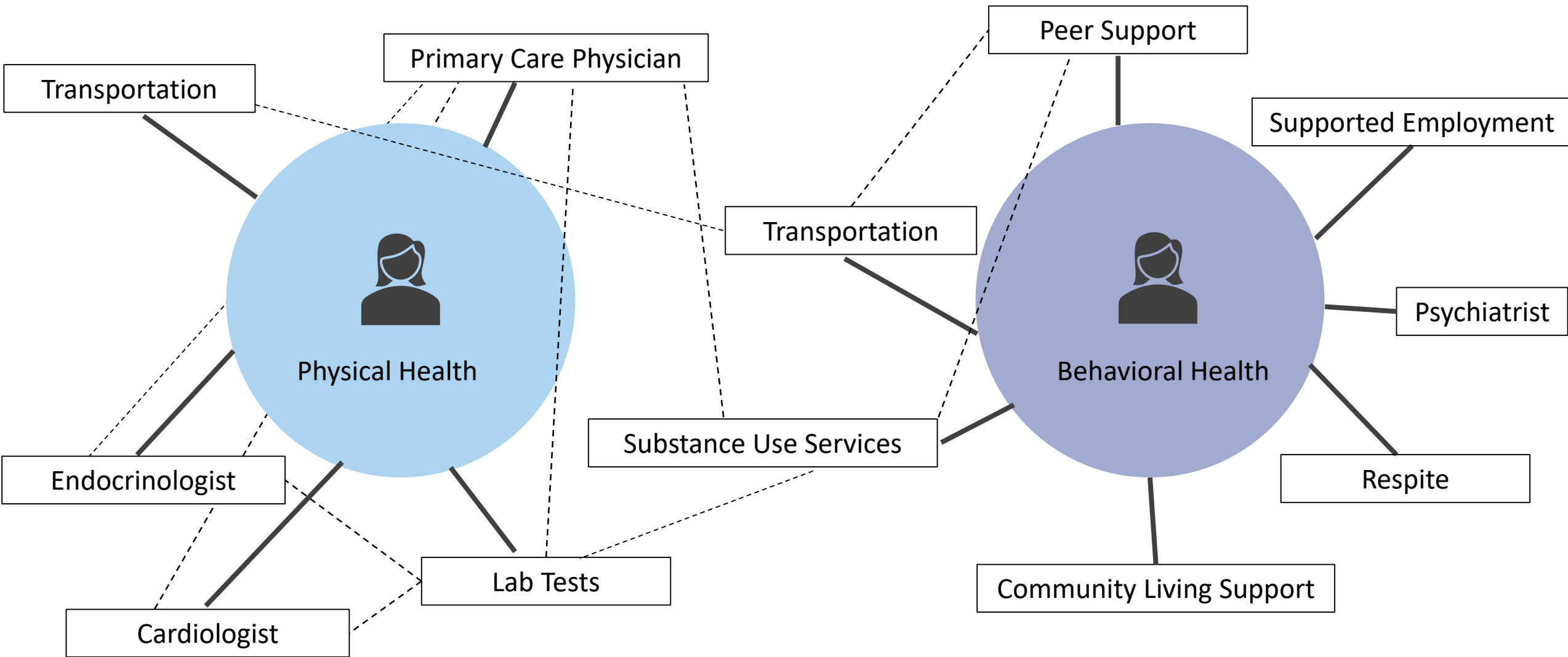
Whole-person plan with a full range of services



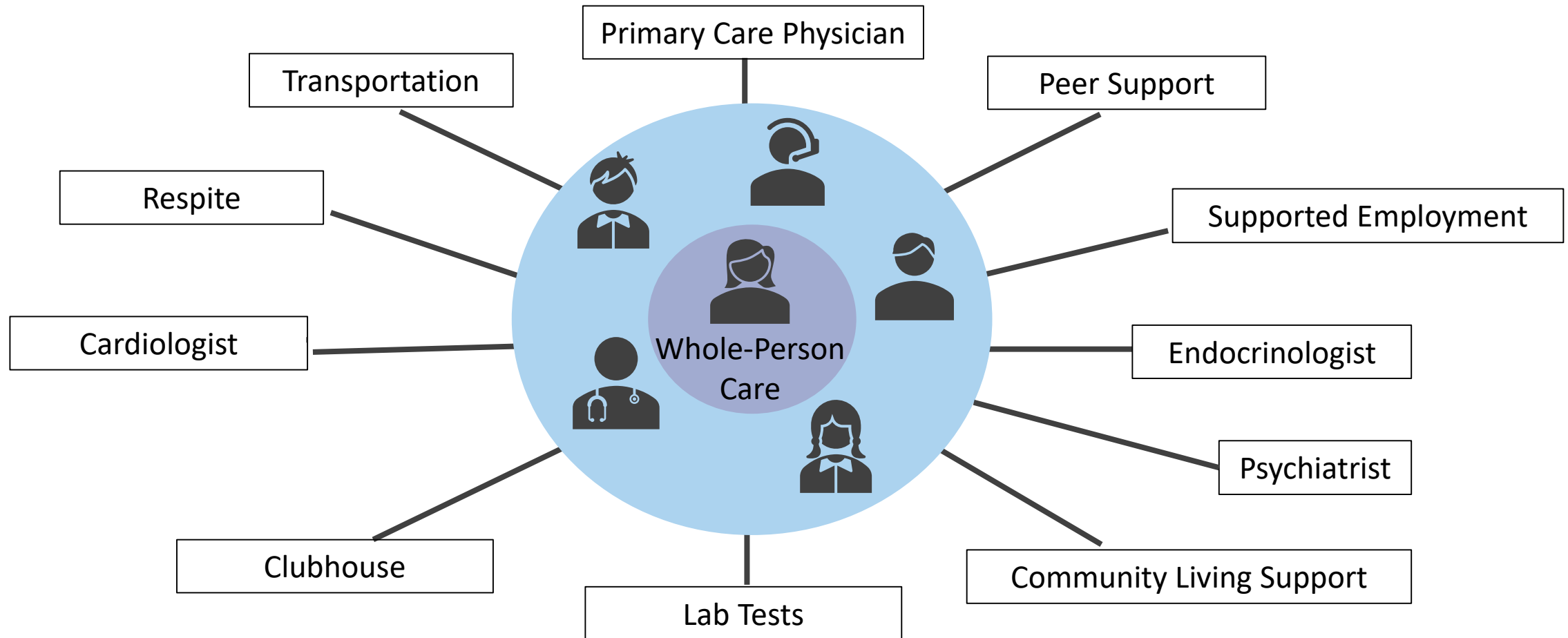
One place to go for help



# Now: fragmented care, navigating yourself



# Future: Whole-Person care, team to help you navigate



# What Specialty Integrated Plans could look like


Will include at least one:



Public-led

- Led by a group of CMHs or other public entities
- Managed care and provider partners as needed

Additional options could include any of the following:



Plan-led

- Led by Medicaid Health Plan
- BH and provider partners as needed



Provider-led

- Led by association of providers and a hospital system
- Managed care partners as needed



Public/private partnership

- Led by partnership among a Medicaid Health Plan, CMHs, FQHCs, and regional providers

# DHHS's new approach to oversight and accountability

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- Streamlined and consistent **oversight** of plans
- One set of **requirements and standards** for all specialty plans
- Shift from process to **outcomes**
- **Clear targets** that drive improvement over time
- Strong **network adequacy** standards
- Useful and **user-friendly information** for providers and people to make informed choices

# How this new system will be better

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- ✓ Easier to navigate
- ✓ More consistent services across county lines
- ✓ More access to providers and improved network of services across a full continuum of care
- ✓ More provider-level coordination
- ✓ Less complexity for beneficiaries
- ✓ Less paperwork for providers
- ✓ Ability to reinvest the savings generated by the public system in more services for people

# What people receiving services should expect

## *Most things will stay the same*

- Benefits
- Person centered planning and self determination
- Mental Health Code protections and rights
- Able to get services at your CMH if you want
- Safety net there if you need it

## *A few things will change*

- One care team to help you manage all your needs
- Providers more likely to coordinate your care
- Access to statewide provider network
- Ability to pick your plan (including a public-led option if you want)

# Our proposal is not a silver bullet

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Some challenges we are addressing separately

Some we don't have solutions to right now...but we'll keep trying

# Proposed next steps: Timeline

2019

- Announce proposal (Dec 4)
- Discuss approach

2020

- Feedback on approach
- Detailed policy design
- Enabling legislation

2021

- Prepare for implementation

2022

- Finalize implementation

*The Department is proceeding with urgency, but we will not rush this process. We will keep the wellbeing of the people we serve at the center of this transition— always.*



# What we have heard on our proposal

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Regional vs. state-wide design



Being clearer



Additional detail on key design elements

# DISCUSSION

Stay up to date at [www.michigan.gov/Futureofbehavioralhealth](http://www.michigan.gov/Futureofbehavioralhealth)