Michigan’s Public Behavioral Health System: A New Approach

December 4, 2019
A. Where we are today
B. Section 298 pilots
C. Principles
D. Policy
E. Next steps
How our system works today

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

- Individuals with a serious mental illness
- Children with severe emotional disturbance

**Individuals with significant behavioral health needs**

- Individuals with substance use disorder
- Individuals with intellectual or developmental disabilities
How our system works today

Mild-to-moderate behavioral health needs
- Medicaid Health Plan
  - Physical health
  - Non-specialty behavioral health

Significant behavioral health needs
- Medicaid Health Plan
- Prepaid Inpatient Health Plan
  - Physical health
  - Specialty behavioral health

Crisis safety net and community benefit services

Today  Section 298 pilots  Principles  New approach  Next steps
How our system works today

Medicaid Health Plans

Prepaid Inpatient Health Plans

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
Strengths of the public system

Locally based system with strong community partnerships that operates statewide.

Longtime national leader in de-institutionalization.

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

Comprehensive Medicaid benefit.

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

Serves all residents in crisis, not just those with Medicaid.

Today

Section 298 pilots

Principles

New approach

Next steps
Challenges for people

Wait to access CMH services

2 care managers

No alternatives

Less money for services to keep him healthy

Separate care teams

Struggle with transportation

Caught between 2 systems

Missing out on programs that could help
Challenges for the system

- Too few quality choices
- Difficulty with coordination & navigation
- Misaligned incentives & financial instability
Section 298 pilots did not launch...

- Financial integration through the Medicaid Health Plans
- Intensive 2+ year effort
- Parties were unable to agree on a model design
- DHHS cancelled in October 2019
...but we learned a lot

✓ Care integration

✓ Financial integration

✓ New forms of partnerships

✓ Stronger DHHS vision
We have learned from other integration efforts

- Behavioral Health and Opioid Health Homes
- Certified Community Behavioral Health Clinics (CCBHCs)
- MI Health Link
- PIHP/MHP care coordination plans, workgroup meetings, shared metrics
- Locally driven collaboration and integration activities
Values

- Person-centered
- Self-determined
- Community-based
- Recovery-oriented
- Evidence-based
- Culturally competent
Goals

Broaden access to quality care

Improve coordination & cut red tape

Increase behavioral health investment and financial stability
Policies

1. Public safety net
2. Integrated system of care
3. Specialty Integrated Plans

Better lives for the people we serve
Secure our safety net through the CMHs

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

**Individuals with mild-to-moderate behavioral health needs**

- Medicaid Health Plan
  - Physical health
  - Behavioral health

**Current System**

- Medicaid Health Plan
- Prepaid Inpatient Health Plan

**Future System**

- Specialty Integrated Plan
  - Physical health
  - Behavioral health

**Crisis safety net and community benefit services**

MDHHS

- Today
- Section 298 pilots
- Principles
- New approach
- Next steps
Other States with Specialty Integrated Plans

- AZ
- AR
- NC
Specialty Integrated Plans

One person, one plan

- Specialized care model and team

Choices

1. Risk-based capitated rates

Today

Section 298 pilots

Principles

New approach

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Specialty Integrated Plans

- All plans must meet certain requirements:
  - Fully-licensed and meets insurance regulatory requirements
  - Adequately capitalized and risk-bearing
  - Strong networks for health & specialty care
  - Typical health plan administrative infrastructure
  - Specialized care planning and management

- Governance
  - Strong statewide public-led option
  - Other options can vary, with a preference for statewide coverage and partnerships
Specialty Integrated Plans

- **Public-led**
  - Led by statewide association of CMHs
  - Managed care and provider partners as needed

- **Option: Plan-led**
  - Led by Medicaid Health Plan
  - BH and provider partners as needed

- **Option: Provider-led**
  - Led by association of providers and a hospital system
  - Managed care partners as needed

- **Option: Public/private partnership**
  - Led by partnership among a Medicaid Health Plan, CMHs, FQHCs, and regional providers
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<tr>
<th>Challenge</th>
<th>Solution</th>
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<tr>
<td>Too few quality choices</td>
<td>- New plans bring new providers, options, accountability</td>
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<td>- Integrated financing supports integrated care</td>
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<td>- Statewide approach increases consistency across regions</td>
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<td>Difficulty with coordination &amp; navigation</td>
<td>- One plan, one network, one case manager</td>
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<td>- Statewide approach and integrated plans simplify paperwork</td>
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<td>- Fewer plans further reduces overhead</td>
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<td>Misaligned incentives &amp; financial instability</td>
<td>- Incentives to invest, save, reinvest within one plan</td>
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<td>- Accountability for under-performing plans</td>
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<td>- Plan is capitalized and bears full risk</td>
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Better care for Michiganders

- Wait for services → Faster approval
- 2 care managers → 1 care manager
- No alternatives → Choices
- Less investment in prevention → More investment in prevention
Better care for Michiganders

- Separate care teams
- Missed appointments due to broken car
- Missed connections to support services
- Joint care team
- Transportation help to make appointments
- Supports team connects her with those who can help
Proposed Next Steps: Feedback

- 4 public forums to hear from individuals served and their families
- Meetings with all legislative caucuses
- Small group discussions with stakeholders: advocates, providers, Medicaid Health Plans, public behavioral health system, hospitals, and others
- Learn & comment: [www.michigan.gov/Futureofbehavioralhealth](http://www.michigan.gov/Futureofbehavioralhealth)
Proposed next steps: Timeline

2019
- Discuss approach

2020
- Detailed policy design
- Enabling legislation

2021
- Prepare for implementation

2022
- Finalize implementation
THANK YOU