

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

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December 4, 2019

# Agenda

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- 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 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*

*Non-specialty behavioral health*

## Significant behavioral health needs



Medicaid Health Plan

*Physical health*

Prepaid Inpatient Health Plan

*Specialty behavioral health*

Crisis safety net and community benefit services



# How our system works today: the safety net

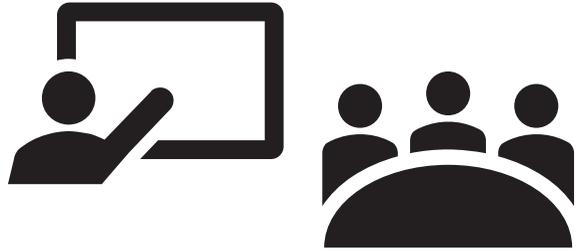
Provided by our Community Mental Health Services Programs



24/7 hotlines



Coordination with schools, police, corrections



Community training



Jail diversion

Available to any resident, regardless of insurance

# Strengths of the public system

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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



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

Serves all residents in crisis, not just those with Medicaid

Comprehensive Medicaid benefit

# Challenges for people

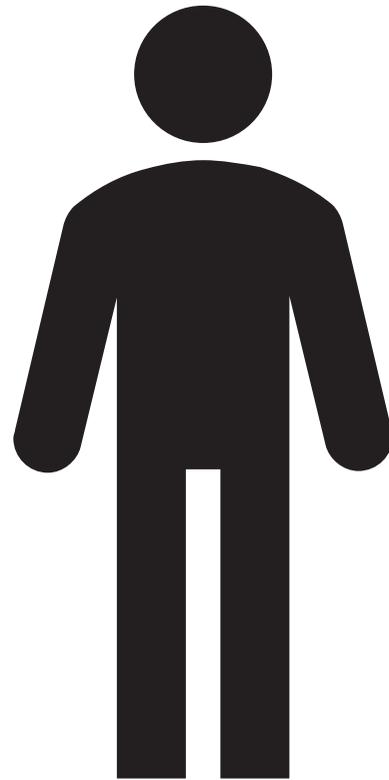
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Wait to access CMH services

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

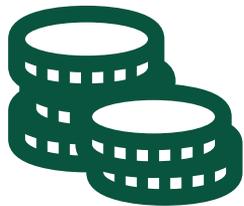
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**Too few quality choices**



**Difficulty with coordination & navigation**



**Misaligned incentives & financial instability**

# Section 298 pilots did not launch...

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- 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

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- ✓ Care integration
- ✓ Financial integration
- ✓ New forms of partnerships
- ✓ Stronger DHHS vision

# We have learned from other integration efforts

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- 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

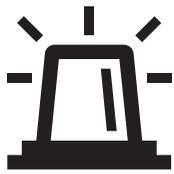
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- 1 Public safety net
- 2 Integrated system of care
- 3 Specialty Integrated Plans



# Secure our safety net through the CMHs

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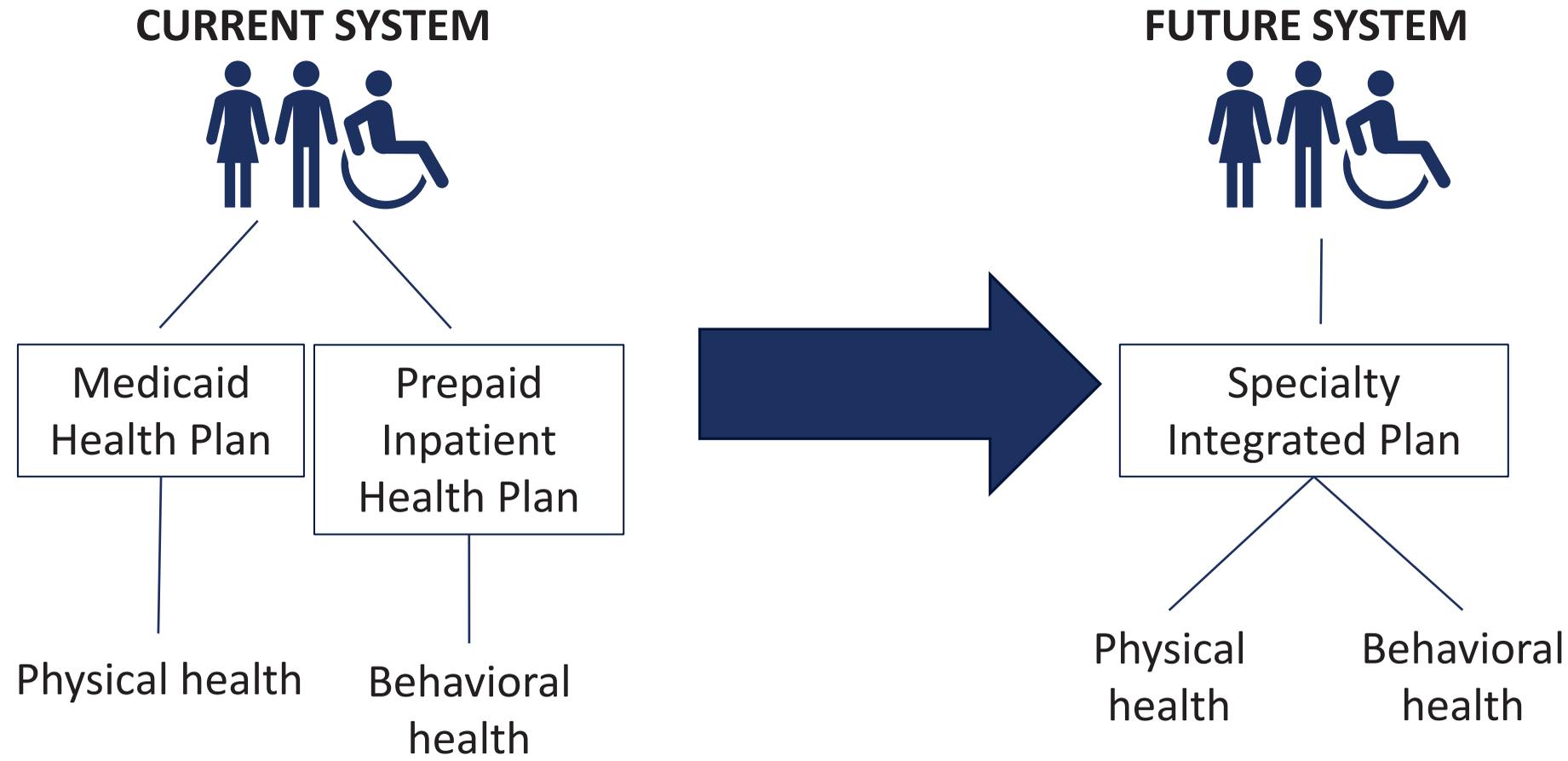
- Uniform floor of statewide responsibilities
- Flexibility above floor
- Separate budgeting for non-Medicaid services



# Future model



*Individuals with significant behavioral health needs*



Crisis safety net and community benefit services

# Other States with Specialty Integrated Plans

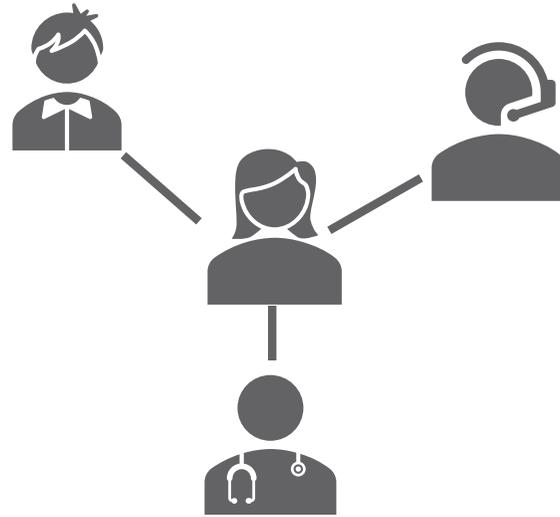
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# Specialty Integrated Plans



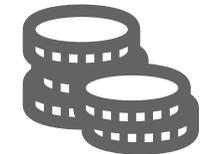
One person,  
one plan



Specialized care  
model and team



Choices



Risk-based  
capitated rates

# Specialty Integrated Plans

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- 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

# Addressing Our Challenges

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## Challenge

## Solution



Too few quality choices

- New plans bring new providers, options, accountability
- Integrated financing supports integrated care
- Statewide approach increases consistency across regions



Difficulty with coordination & navigation

- One plan, one network, one case manager
- Statewide approach and integrated plans simplify paperwork
- Fewer plans further reduces overhead



Misaligned incentives & financial instability

- Incentives to invest, save, reinvest within one plan
- Accountability for under-performing plans
- Plan is capitalized and bears full risk

# Better care for Michiganders

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Wait for services



Faster approval

2 care managers



1 care manager

No alternatives

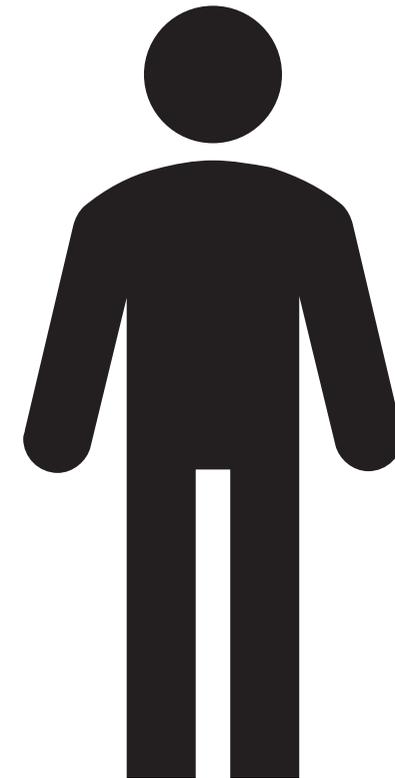


Choices

Less investment in prevention



More investment in prevention



# Better care for Michiganders

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Separate care teams



Joint care team

Missed appointments due to broken car



Transportation help to make appointments

Missed connections to support services



Supports team connects her with those who can help

# Proposed Next Steps: Feedback

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- 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



THANK YOU