

CMHSP AND SUBSTANCE ABUSE INTEGRATION STATUS REPORT

(FY2012 Appropriation Bill - Public Act 63 of 2011)

May 1, 2012

Section 470: (1) For those [substance abuse] coordinating agencies that have voluntarily incorporated into community mental health authorities and accepted funding from the department for administrative costs incurred pursuant to section 468, the department shall establish written expectations for those CMHSPs, PIHPs, and substance abuse coordinating agencies and counties with respect to the integration of mental health and substance abuse services. At a minimum, the written expectations shall provide for the integration of those services as follows:

- (a) Coordination and consolidation of administrative functions and redirection of efficiencies into service enhancements.
- (b) Consolidation of points of 24-hours access for mental health and substance abuse services in every community.
- (c) Alignment of coordinating agencies and PIHPs boundaries to maximize opportunities for collaboration and integration of administrative functions and clinical activities.

(2) By May 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the impact and effectiveness of this section and the status of the integration of mental health and substance abuse services.

*Michigan Department
of Community Health*



Rick Snyder, Governor
Olga Dazzo, Director

BUREAU OF SUBSTANCE ABUSE AND ADDICTION SERVICES

**CMHSP and Substance Abuse Integration Status Report
Section 470(2)**

House bills 4862 and 4863 are currently being considered in the Legislature which, if adopted, would roll the substance abuse coordinating agencies into community mental health entities.

This progress report focuses on fiscal year 2011 activities.

In the past year, the Department of Community Health (DCH) has not received any requests for support of planned integration of a coordinating agency and a community mental health agency. The information below was provided by eight substance abuse coordinating agencies (CAs) that have voluntarily incorporated into community mental health authorities. DCH integration assurances require coordination and consolidation of administrative functions.

Sec. 470 (1)

(a) Coordination and consolidation of administrative functions and redirection of efficiencies into service enhancements.

Bay Arenac Behavioral Health Services - Riverhaven reports that, in June 2011, Riverhaven Coordinating Agency was fully integrated into Bay-Arenac Behavioral Health (BABH), the prepaid inpatient health plan (PIHP). The following functions have been coordinated and or consolidated: access management system, customer services, claims processing, financial services and supports, network contract management, and regional oversight of evidenced-based practices. In addition, CA staff tasks have been integrated into PIHP, and regional workgroups and committees have been integrated. BABH is also in the process of integrating prevention task and activities.

By fully integrating with the PIHP, the FY12 administrative cost savings that will shift to treatment is projected to be over \$100,000. Due to the projected additional treatment funds, Riverhaven CA is working with the provider network to expand service array in the areas of recovery support services, early intervention, and case management services.

Genesee County Community Mental Health reports that all administrative functions have been consolidated, as of the summer of 2011. This includes the integration of all staff, budget and contract functions.

Though Genesee has integrated, it is a work in progress. To date, no redirection to service enhancements has occurred.

Kalamazoo Community Mental Health and Substance Abuse Services reports that it has consolidated all core administration functions for mental health and substance abuse services including: general management, financial services, information systems, provider network management, utilization management, customer services and quality management.

The Kalamazoo CA has been able to redirect savings into service enhancements. They have been able to assist providers with becoming co-occurring capable and co-occurring enhanced, providing co-occurring case management and funding peer support positions within the region.

Macomb County Community Mental Health reports that it has not extensively or structurally consolidated the administration of substance abuse and mental health services, but has jointly coordinated efforts in the following areas: planning and implementation of the co-occurring disorder treatment plan; planning of local walk-in clinics for mental health and substance use disorder client services; joint projects for integration of behavioral health services with physical health; facilitation of local change agent groups for co-occurring disorder services; participation in Children with Serious Emotional Disturbances (SED) waiver projects; Medicaid performance indicator reporting; clinical risk management; and financial reporting and annual audits.

There has been no quantifiable redirection into service enhancements although there have been improved services with regard to clients diagnosed with co-occurring disorders, especially those with severe and persistent problems, as a result of the integrated dual-diagnosis treatment plan. In fact, access to appropriate services has improved as a result of coordinated services.

network180 reports a high level of coordination and consolidation of mental health and substance abuse services since 1999 when the CA functions were transferred from Kent County Health Department to network180. The following areas are integrated: access services, financial functions, authorization and clinical records, recipient rights, agency administration, claims, and payment system. Providers are expected to provide integrated services where clinically appropriate.

Integration as a mental health authority (CMHSP and PIHP) and substance abuse coordinating agency has allowed for services provided by the mental health system to become available to individuals with substance use disorders and co-occurring mental health conditions (e.g. psychiatric evaluation, treatment, and medication coverage). Across the organization, there is a concerted effort to limit the expenses needed to administer the system. When funds are saved in administrative areas, they are used to extend services across the organization, including substance abuse services. Enhancements include consultation for mentally ill/developmentally disabled/substance use disorder integration; consultation for trauma informed care; contractual relationships with Michigan Rehabilitation Services programs for

employment support services; offering performance incentive programs for substance use disorder agencies as well as agencies serving mentally impaired; access to centralized staff development/training resources; and technical assistance for rights, contracting, policy development, licensing, peer coaching, etc.

Pathways to Healthy Living reports consolidation in corporate compliance, human resources, its governing board, information technology, medical director, payroll, recipient rights, provider network, and staff training.

Redirection of efficiencies includes coordination of care for co-occurring clients, and training opportunities for both substance abuse and CMH providers. Any savings that have resulted have been utilized for programming.

St. Clair County Community Mental Health reports that their CMH executive director is also the CA director. Utilization review standards and practices are consolidated so that everyone follows the same policies and procedures. Contract management and contract monitoring, customer service and access, performance improvement initiatives, and community outreach are all addressed to and/or meet the needs of both MH and substance use disorder systems. Financial administration is consolidated to the truest extent possible.

Washtenaw Community Health Organization reports that it has integrated administrative functions at every level of the organization. This includes finance, information management, performance improvement, compliance, contracts, audits, executive management, services, demographics, and financial reporting.

Washtenaw's ability to keep administrative costs as low as possible has not resulted in service enhancements, but has assisted in maintaining existing services.

(b) Consolidation of points of 24 hours access for mental health and substance abuse services in every community.

According to Bureau of Substance Abuse and Addiction Services Treatment Policy #7: Access Management System (AMS):

The AMS must be available to triage clients seeking services 24-hours-a-day, seven-days-a-week. This requirement does not demand 24/7 staffing, unless volume/demand is sufficient to support such a capacity. Triage can be completed in various ways, such as an on-call person available by telephone (voice mail is not adequate), an answering service utilizing trained staff, a contracted 24/7 crisis center or a detoxification provider open 24/7.

Additionally, this policy has been incorporated into the contract between the Department of Community Health and each contractor to clearly outline the obligation to adhere to the 24-hour provisions. Continued compliance is verified during site reviews. This 24/7 availability is directed for both mental health and SUD services.

(c) Alignment of coordinating agencies and PIHPs boundaries to maximize opportunities for collaboration and integration of administrative functions and clinical activities.

Currently eight CAs function independently of a PIHP. Two are located within the boundaries of a PIHP (Saginaw and Oakland), and the rest are a part of a PIHP region or compose several PIHP regions. Of the eight CAs that have integrated with a PIHP, five of those are located within the same service area. The remaining three are configured in the following manner:

Kalamazoo Community Mental Health and Substance Abuse Services

The CA boundaries are not fully aligned with the home PIHP boundaries. The PIHP portion of the agency oversees the mental health services in Kalamazoo, Allegan, Cass and St. Joseph counties. For substance abuse services, the CA portion of the agency is responsible for Barry, Calhoun, Kalamazoo, Van Buren, Cass, St. Joseph and Branch counties. Substance abuse services in Allegan County are managed by the Lakeshore Coordinating Council and the mental health services in Barry, Calhoun, Branch and Van Buren counties are managed by Venture Behavioral Health.

Pathways to Healthy Living

The PIHP oversees the mental health services for the entire Upper Peninsula. It does not oversee the substance abuse services of the seven counties in the western portion of the peninsula as those are covered by Western Upper Peninsula Substance Abuse Services CA.

Washtenaw Community Health Organization

The agency oversees the mental health services in Livingston, Washtenaw, Lenawee, and Monroe Counties, and the substance abuse services in two of these – Livingston and Washtenaw. The substance abuse services in the remaining two counties - Lenawee and Monroe - are controlled by Mid-South Substance Abuse Coordinating Council and Southeast Michigan Community Alliance respectively.