Michigan’s Public Behavioral Health System: Proposed New Approach

February 6, 2020

Virtual Forum
Agenda

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 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 services
  - Non-specialty behavioral health services

Significant behavioral health needs

- Medicaid Health Plan
  - Physical health services
- Prepaid Inpatient Health Plan
  - Specialty behavioral health services

Safety net and community benefit services
Community Mental Health Services Providers
Challenges people face

Specialty services not available for early intervention
Referral delays to CMH
Emergency department boarding

Navigating two systems to access support services
Staff turnover

Provider shortages
Inconsistency in services across the system

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?
Strengths of the system

- 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

Today
Opportunities
New approach
Next steps
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

1. Strong public safety net
2. Specialty Integrated Plans

Better lives for the people we serve
Mild-to-moderate behavioral health needs

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

Whole-person plan with a full range of services

Strong provider network

One place to go for help

Choice for who manages your care

Today Opportunities New approach Next steps
Now: fragmented care, navigating yourself

Physical Health
- Primary Care Physician
- Transportation
- Endocrinologist
- Cardiologist
- Lab Tests

Behavioral Health
- Transportation
- Peer Support
- Endocrinologist
- Substance Use Services
- Respite
- Community Living Support
- Psychiatrist

Transportation

Supported Employment
- Endocrinologist
- Substance Use Services
- Psychiatric
- Community Living Support
- Respite

Today
- Opportunities
- New approach
- Next steps
Future: Whole-Person care, team to help you navigate

- Primary Care Physician
- Peer Support
- Transportation
- Respite
- Cardiologist
- Clubhouse
- Lab Tests
- Supported Employment
- Endocrinologist
- Psychiatrist
- Community Living Support
DHHS’s new approach to oversight and accountability

- 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

✓ 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 to expect as a person receiving services

**Most things will stay the same**
- Benefits
- Person centered planning and self determination
- Mental Health Code and other 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

Some challenges we are addressing separately

Some we don’t have solutions to right now...but we’ll keep trying
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.
We are listening

Regional vs. state-wide design

Clarity on safety net services

Being clearer
QUESTIONS AND FEEDBACK

Stay up to date and provide feedback at www.michigan.gov/Futureofbehavioralhealth