Michigan’s Public Behavioral Health System: A New Approach

January 8, 2020
Agenda

A. Where we are today
B. Section 298 pilots
C. Principles
D. Policy
E. Next steps
F. Discussion: Questions & Comments
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
Strengths of the 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

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

- 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... but taught us

- 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
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
Future model

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

Significant behavioral health needs
- Specialty Integrated Plan
  - Physical health
  - Behavioral health

Crisis safety net and community benefit services
Specialty Integrated Plans

One person, one plan

Specialized care model and team

Choices

1 2 3

Risk-based capitated rates
Specialty Integrated Plans

Will include at least one:

- **Public-led**
  - Could be led by statewide association of CMHs or other public entities
  - Managed care and provider partners as needed

- **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

Additional options could include any of the following:
## Addressing Our Challenges

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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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**Today**

Section 298 pilots

**Principles**

New approach

**Next steps**
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 → 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: Timeline

- **2019**
  - Announce proposal (Dec 4)
  - Discuss approach

- **2020**
  - Feedback on approach
  - Detailed policy design
  - Enabling legislation

- **2021**
  - Prepare for implementation

- **2022**
  - Finalize implementation
QUESTIONS AND FEEDBACK

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