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

Strengths of the system

Locally based system with strong community partnerships that operates statewide

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

Longtime national leader in de-institutionalization

Serves all residents in crisis, not just those with Medicaid

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

Comprehensive Medicaid benefit

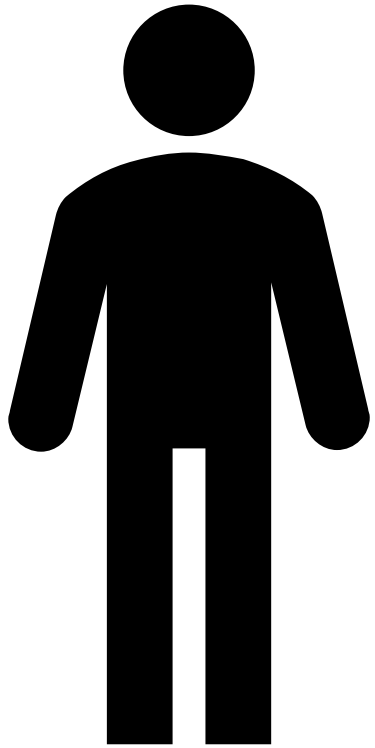
Challenges for people

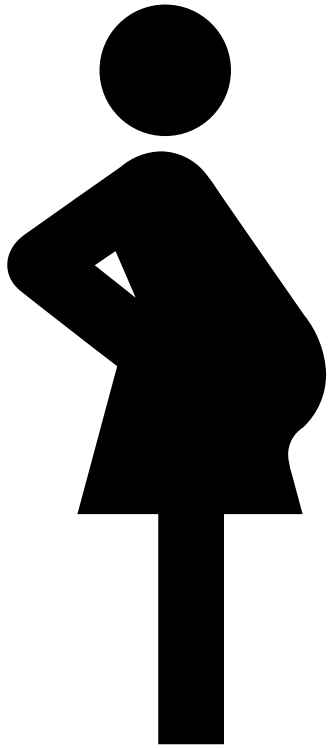
Wait to access CMH services

2 care managers

No alternatives

Less money for services to keep him healthy





Separate care teams

Struggle with transportation

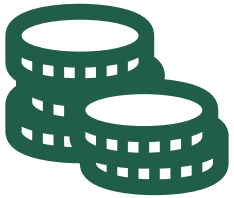
Caught between 2 systems

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**

Future model

Mild-to-moderate behavioral health needs

Medicaid Health Plan

Physical health

Non-specialty behavioral health

Significant behavioral health needs

Specialty Integrated Plan

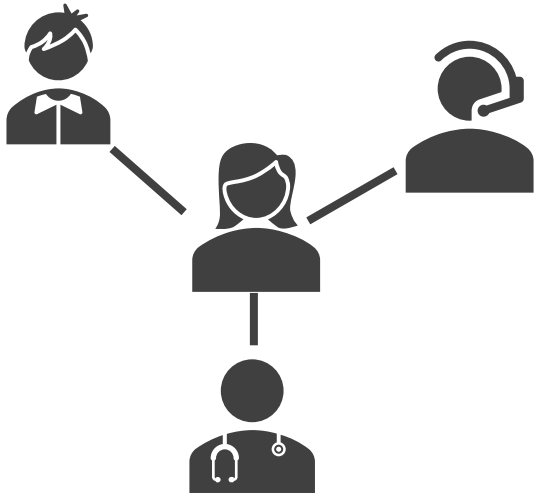
Physical health

Behavioral health

Crisis safety net and community benefit services

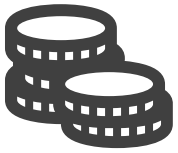
Specialty Integrated Plans

One person, one plan



Specialized care model and team

Choices



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

Additional options could include any of the following:

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

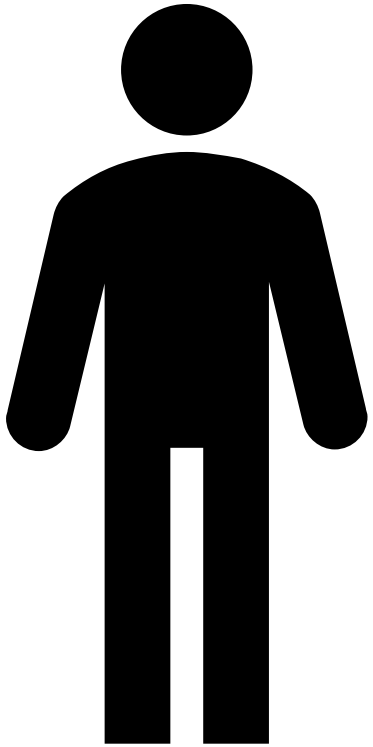
- Led by partnership among a Medicaid Health Plan, CMHs, FQHCs, and regional providers

Addressing Our Challenges

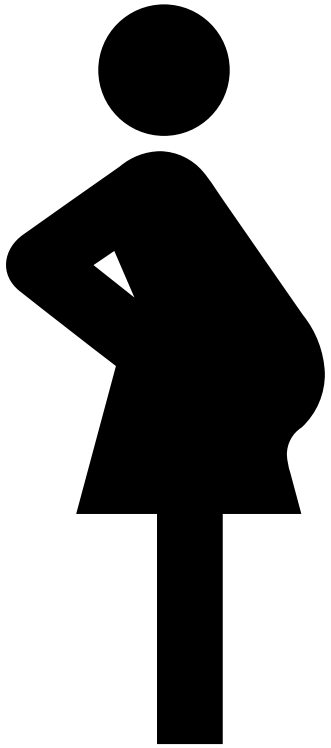
Challenge	Solution
Too few quality choices	▪ New plans bring new providers, options, accountability ▪ Integrated financing supports integrated care ▪ Statewide approach increases consistency across regions
Difficulty with coordination & navigation	▪ One plan, one network, one case manager ▪ Statewide 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

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