COMMUNITY MENTAL HEALTH SERVICES PROGRAMS (CMHSPs) AND SUBSTANCE ABUSE INTEGRATION STATUS REPORT

(FY2013 Appropriation Bill - Public Act 200 of 2012)

May 1, 2013

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.

COMMUNITY MENTAL HEALTH SERVICES PROGRAMS (CMHSPS) AND SUBSTANCE ABUSE INTEGRATION STATUS REPORT

Since the enactment of Public Acts 500 and 501 in December 2012, all substance abuse coordinating agencies (CAs) are required to merge into a prepaid inpatient health plan (PIHP) by October 1, 2014. The information in this report was provided by the eight CAs that, as of September 2012, have incorporated into community mental health authorities.

This progress report focuses on fiscal year 2012 activities.

Sec. 470 (1)

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

Bay Arenac Behavioral Health Services, Riverhaven Coordinating Agency (BABH/RCA) reported that in June 2011, RCA was fully integrated into Access Alliance of Michigan (AAM), the PIHP, as a department within AAM (PIHP managed care division). Full integration was accomplished by incorporating RCA into the PIHP's cost allocation method that has been used by the PIHP for several years. In addition to access management, the following functions have been coordinated and/or consolidated effective FY11: customer services, claims processing, financial services and supports, network contract management, RCA staff tasks, and regional committees and work groups.

Genesee County Community Mental Health reported that mental health (MH) savings are used to supplement substance use disorder (SUD) services.

Kalamazoo Community Mental Health and Substance Abuse Services reported that they operate as part of the Kalamazoo CMHSP; in addition to access points, they share emergency staff to achieve administrative efficiencies. All core functions have been integrated to maximize efficiencies.

Macomb County Community Mental Health, Office of Substance Abuse reported that in addition to access functions, they expect to consolidate information system functions during 2013.

network180 reported administrative functions are blended, supporting both mental illness and SUD services.

Pathways to Healthy Living reported that although day-to-day services allow for significant autonomy, administrative functions including accounts payable, human resources, and information technology have been consolidated.

St. Clair County Community Mental Health, Thumb Alliance PIHP reported that in addition to access, billing, reporting, human resources, board authority, management,

contract monitoring, utilization management, quality management, credentialing, and information technology are all consolidated. This provides for ease of access to both MH and SUD services. All billing, reporting, contract management and quality assurance is done seamlessly across both the SUD and MH system. Services are provided consistently and transition between systems is fluid.

Washtenaw Community Health Organization (WCHO) reported that they have been completely integrated into the PIHP; there are many functions that have been consolidated as either a shared cost or no cost to the CA. These include contracts and finance, customer service, regional recipient rights, information technology management system and supports, performance improvement, and some access functions.

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

Of the eight CAs in this report, six reported they have consolidated points of 24-hour access for both MH and SUD services in every community they serve. To date, Pathways has not yet designated consolidated points in every community it serves; and Macomb County Community Mental Health, Office of Substance Abuse reported that they expect to consolidate access functions during 2013. Several specific comments were received:

BABH/RCA reported their access center provides enrollment and eligibility screening for specialty MH and SUD services for their six-county region.

Kalamazoo Community Mental Health and Substance Abuse Services reported that they share access points with Kalamazoo CMHSP.

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

Bay Arenac Behavioral Health Services, Riverhaven Coordinating Agency (RCA) reported boundaries are aligned and that AAM has integrated SUD into all AAM regional committees and work groups. All of the CMHSPs within the AAM/RCA region have obtained licensure with the State of Michigan to provide SUD services to consumers with co-occurring serious persistent mental illness (SPMI) and SUD issues.

Genesee County Community Mental Health reported that the CA and PIHP boundaries are identical.

Kalamazoo Community Mental Health and Substance Abuse Services reported that at this time, the CA boundaries are forming an alignment within the PIHP. The home PIHP [Southwest Michigan Affiliation (SMA)], shares the CA counties of Kalamazoo, Cass, and St. Joseph. Allegan is part of the SMA PIHP, but not the CA. Lakeshore is the CA for Allegan. Barry, Branch and Van Buren counties are part of the CA region, but utilize Venture for their PIHP. The CA has historically worked closely with Venture and Lakeshore to ensure there are no service gaps and that people receive needed services. These positive working relationships and processes position the CA well for the implementation of Public Acts 500 and 501. The CA is prepared to continue to offer seamless services throughout the transfer of administrative functions to the entity currently known as "Region 4."

Macomb County Community Mental Health, Office of Substance Abuse reported that they are the single-county PIHP and CA.

network180 reported that there is an alignment with the PIHP boundaries to maximize opportunities for collaboration and integration of administrative functions and clinical activities.

Pathways to Healthy Living reported that the local PIHP boundaries include all fifteen counties in the Upper Peninsula (UP); the CA boundaries currently include eight of the 15 counties.

St. Clair County Community Mental Health, Thumb Alliance PIHP reported that the three county boundaries of the PIHP are the same for the CA.

Washtenaw Community Health Organization (WCHO) covers the same counties as the PIHP except for Monroe County, and reports that it will begin integration work with Monroe County as soon as possible.

The requirements of section 470 of Appropriation Bill Public Act 200 of 2012, have served to facilitate and encourage the integration and alignment of SUD and MH services. The outcomes related to the consolidation and coordination of administrative functions, the 24-hours access points for SUD and MH clients, as well as the alignment of CA and PIHP boundaries serve as examples and best practices to direct future system-wide integration.