CMHA
Community Mental Health Association of Michigan

# A Vision for a World-Class Public Mental Health System in Michigan

November 2018

# Executive Summary

Michigan's public mental health system is nationally recognized as one of the most comprehensive, innovative, person-centered and community-driven systems in the country. **For this system to continue to stay at the forefront of the mental health field and to serve Michiganders and the communities in which they live, concrete action – all within the reach of state policymakers – needs to be taken.** [1]

The Community Mental Health Association of Michigan has outlined these actions below and in greater detail in this document.

**Overarching vision for a world-class public mental health system in Michigan**

Michiganders deserve and expect a world class public mental health system building on the nationally-recognized system that Michigan has built over the past fifty years. Such a world class system is accessible, innovative, person-centered, and community-driven; fosters whole person and whole population health; addresses the social determinants of health; is a vital member of the community; and is fiscally and clinically strong.

## Actions to fulfill the vision for a world-class public mental health system in Michigan

Core values of the system: **self-determination, person-centered planning, full community inclusion, recovery orientation and cultural competence.**

Governance: **Ensure the governance of managed care, provider and collaborative convener roles of the state's public mental health system remain local, public, and with the involvement of persons served by the system on those governing bodies.** The governance should be embedded and linked to the counties served by the system, including the fiscal control of the system via a direct contract with the State of Michigan.

Central role of public system: **Foster the safety net role of the public mental health system** to address the health of the community, and social determinants of health and advocacy for the vulnerable, and serve as a convener of community collaboratives.

[1] *In this document the term mental health system refers to the system that serves persons with mental illness, children with emotional disturbance, persons with intellectual/developmental disabilities and persons with substance use disorders.*

Financing: **Increase Medicaid and General Fund support** to ensure the ability to meet the needs of all Michiganders in the face of growing demand and expectations for access to mental health services. Allow for the use of smart risk management practices such as the development of sufficient risk reserves.

Full range of persons to be served: **Retain and expand service to include persons with mild/moderate mental health needs,** the full range of persons served by the system, meeting the needs and expectations of the community, and to include prevention and early intervention.

Primary and mental health care integration: **Promote clinical integration** (where the client/patient receives services and supports) by supporting the current and emerging models in local communities.

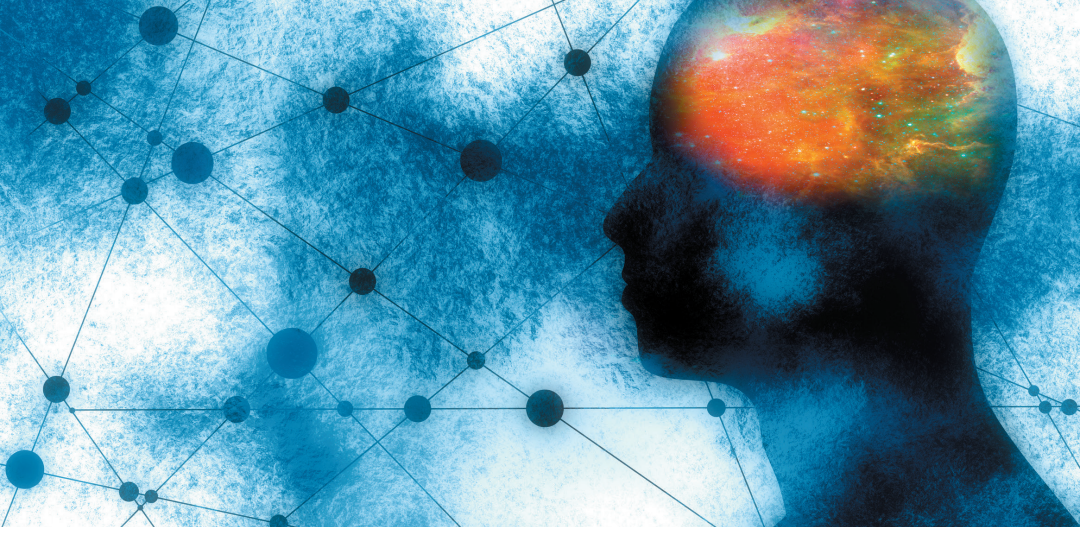
Evidence-based and promising practices: **Fund and support the use of evidence-based and promising mental health practices,** including access assurance methods, client/patient/clinician specific practices to organizational and community-wide practices.

Risk management: **Move to a full risk contract** between the state and the public system to allow for greater flexibility and innovation.

Workforce retention and recruitment: **Address the mental health workforce shortage** that exists for clinicians of all disciplines.

Administrative simplification: **Reduce administrative, regulatory, contractual and other requirements** by ensuring they tie to the core vision and values of the system and are uniform statewide and across payer types.

Health information technology, data analytics, outcome measurement: **Provide funding and support for the public mental health system** as it continues to build its health information technology and outcome measurement infrastructure.



Michigan's public mental health system is nationally recognized as one of the most comprehensive, innovative, person-centered, and community-driven systems in the country. In order for this system to continue to stay at the forefront of the mental health field and to serve Michiganders and the communities in which they live and work, concrete actions are needed – including actions by state policymakers.

The Community Mental Health Association of Michigan has outlined these action steps below.

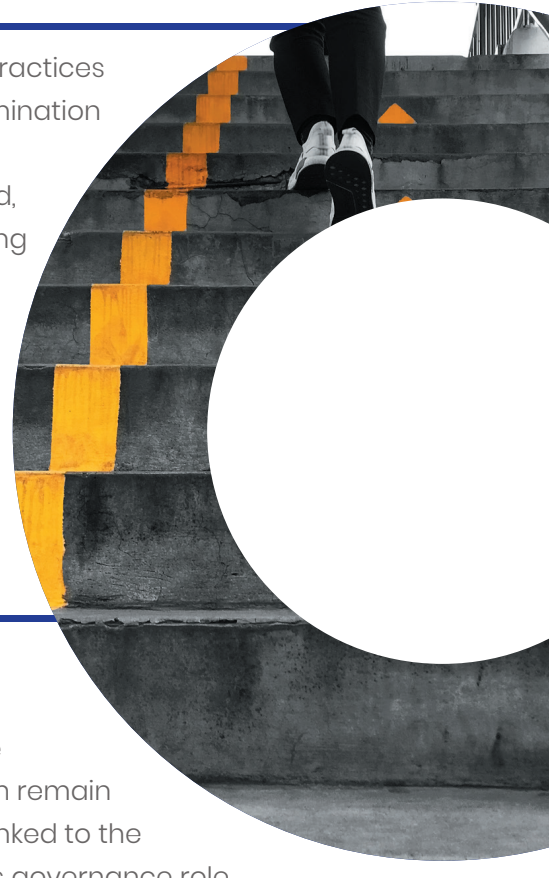
## Overarching vision for a world-class public mental health system in Michigan

Michiganders deserve and expect a world class public mental health system building on the nationally-recognized system that Michigan has built over the past fifty years. Such a world class system is accessible, innovative, person-centered, and community-driven; fosters whole person and whole population health; addresses the social determinants of health; is a vital member of the community; and is fiscally and clinically strong.

## Actions to fulfill the vision for a world-class public mental health system in Michigan

### Self-determination, person-centered, full community inclusion, recovery orientation, cultural competence:

Ensure that funding, policies, and practices foster the following: the self-determination of the persons served, healthy development of the persons served, the use of person-centered planning with full integrity and fidelity, full community inclusion for those with mental health needs, recovery-oriented systems of care, and cultural and linguistic competence.



### Governance:

Ensure that the governance of the managed care, provider, and collaborative convener roles of the state's public mental health system remain local and public; embedded and linked to the counties served by the system. This governance role includes the fiscal control of the system via a direct contract with the State of Michigan.

Ensure that the persons served are mandated members of the local governance bodies (not advisory).

## Foster the safety net role of the public mental health system (a focus on population-health, social determinants, and community collaboration):

The community mental health system's role as the population-based and place-based resource and public safety net committed to the common good is in considerable contrast with the enrollee-based coverage used in insurance models.

To foster this role, it's important to do the following:

Support the work of the system in coordinating the network of services necessary to address the range of social determinants of health: housing, employment, food access, transportation, income supports, primary care, education, family support and child care.

Remove barriers to innovative service delivery, financing, and governance partnerships between the public mental health system and a number of community partners, such as the judiciary and criminal justice system, schools, homeless and housing providers, primary care providers, and long-term care providers.

Foster the full range of functions carried out by the public mental health system through the following roles:

- Providers, purchasers and managers of a comprehensive array of services and supports across a network of providers in fulfillment of statutory roles to serve the individuals, families and communities regardless of the ability to pay
- Community conveners and collaborators – initiating and participating, often in key roles, collaborative efforts designed to address the needs of individuals and communities
- Advocates for vulnerable populations and a whole-person, social determinant orientation
- Sources of guidance and expertise, drawn upon by the public, to address a range of health and human services needs

## Financing:

Increase funding to the public system to ensure that it is sufficiently strong to meet the growing demand and expectations for access to mental health services by all Michiganders.

This growing demand centers around: ready access to crisis services for all Michiganders, fostering the ability of those with a range of mental health needs to live a full and productive life, treatment of substance use disorders, prevention of incarceration, prevention of homelessness, and the provision of services to children with mental health needs and their families.

## Financial investment is needed in:

- **Michigan's Medicaid program:** The actuarial analysis used to determine Medicaid financing of the system must be improved to accurately reflect real and growing needs and real costs.
- **Michigan's non-Medicaid mental health line:** Restore the General Fund dollars to the system to ensure that Michiganders can continue to rely upon the state's mental health safety net for a range of crisis-response and non-crisis mental health services, regardless of their insurance coverage or income (by restoring the GF that was cut by 60% with the advent of the Healthy Michigan Plan).

Financing of risk reserves – the Medicaid rates must include sufficient contribution to the risk reserves of the PIHPs. Federal regulations required that the payments to risk-bearing entities, such as PIHPs, in a capitated/risk-based financing model, include a component for contribution to risk reserves.

Parallel to the changes needed to allow for the development of risk reserves by the PIHP's, the CMHs should be allowed to retain savings for investment in the system.

The fair and just distribution of funding, reflecting population needs, and population dispersion – achieved through the addition of funding not through redistribution; no community is over-funded for mental health services.

Foster local millages and other efforts to build the local funding base to support CMH and provider systems, while recognizing that local millages cannot/do not relieve the state's obligation to fund MH care via GF and Medicaid – to ensure uniformity of funding (blanket coverage for the state) regardless of the ability of counties to fund millages and the availability of other local funding.

## Breadth of populations served and services provided:

Retain and expand the populations served by the system (to meet the expectations of the community). These expectations include all of the populations currently served by the public system: adults with serious mental illness; children and adolescents with serious emotional disturbance; children, adolescents, and adults with intellectual/developmental disabilities; children, adolescents, and adults with substance use disorders.

Unite the state's Medicaid mental health benefit under the system with the proven expertise to manage and provide such comprehensive services – the public CMH and PIHP system – by bringing the mild-moderate Medicaid mental health benefit, for adults and children, within the benefit package managed by the CMH and PIHP system.

Integrate substance use disorder treatment and prevention dollars into the financing, contracting, and network management system used for services to persons with mental illness and intellectual/developmental disability services.

Improve whole-person integrated care by fostering efforts to bring the management of the physical health care of the persons served by the public mental health system under the management of a service delivery system designed to serve that population, the CMH/PIHP system.

Promote and fund prevention and early intervention services for all populations – aimed at preventing the development of harmful, life-altering, and costly conditions.

## Primary and mental healthcare integration:

Foster real health care integration, not the consolidation of funding and profits, via clinical integration (where the client/patient receives services and supports) by supporting the current and emerging models in local communities, often led by the CMH/PIHP/provider system.

## Access to care:

In tandem with the financing and population health recommendations, fund and support same day access, early intervention (including services to persons experiencing their first episode of psychosis), simplified referral from other providers, aggressive outreach, and other proven access improving practices.

## Evidence-based and promising practices:

Fund and support the use of evidence-based and promising mental health practices, from client/patient/clinician specific practices to organizational and community-wide practices.

## Risk management:

Move to a full risk contract between MDHHS and PIHPs to allow for a range of standard risk management practices by the PIHPs and their CMH sponsors.

## Eliminate barriers to CMHs taking on full-risk, shared incentive and shared savings structures across a range of public and private payers.

Foster value-based payments via regional approaches to payment and outcomes (to reflect the CMH-sponsored health plan structure of our system).

Allow CMHs to retain earnings and assets from their Medicaid line of business, as is allowed for all other Medicaid providers, all of which will be retained in the public system for use in meeting unmet community need and invest in system improvements.

## Workforce retention and recruitment:

Address the mental health workforce shortage issue by: implementing the recommendations of the Section 1009 workgroup for direct care workers (e.g., improve compensation, foster a career ladder, support continuing education), broadening loan repayment programs for a range of clinical disciplines experiencing shortages (psychiatrists, nurses, social workers, psychologists, occupational therapists), and other recruitment and retention approaches.

Support the public system's longstanding role as the largest employer and trainer of mental health practitioners with experience in the latest clinical technologies.

## Administrative simplification:

Reduce the administrative, regulatory, contractual, and other requirements by ensuring that these requirements tie to the core vision and values of the system and are uniform statewide and across payer types.

## Health information technology, data analytics, outcome measurement:

Given the lack of access to the federal funds provided to the physical health system (via the Health Information Technology for Economic and Clinical Health (HITECH) Act), provide funding to the public mental health system to continue to build its health information technology infrastructure, fostering inter-organizational health care integration.

Foster the use of a small and focused number of nationally recognized outcome measures, applied statewide that are tied to client/patient outcomes.

Foster continued and expanded access to timely client-specific clinical and population health data and the data analytic tools to make use of these data.


The Community Mental Health Association of Michigan is the state association representing Michigan's public Community Mental Health (CMH) centers, the public Prepaid Inpatient Health Plans [(PIHP) public health plans formed and governed by the CMH centers] and the private providers within the CMH and PIHP provider networks. Information on the CMH Association can be found at **www.cmham.org** or by calling **(517) 374-6848.**

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