

COMMUNITY MENTAL HEALTH IN MICHIGAN: *Evidence and Innovation*

A policy brief highlighting the findings of a new report prepared by Public Sector Consultants Inc. The full report is available on the Michigan Association of Community Mental Health Boards website at www.macmhb.org.

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EXECUTIVE SUMMARY

INTRODUCTION

The health care system is increasingly moving toward patient-centered care, evidence-based treatment, integration of service delivery, and value-based payment models. Committed to innovation, the Michigan's community mental health (CMH) system has been leading the way in these areas as it delivers real value to people with mental illness and intellectual and developmental disabilities and their families.

Michigan's community mental health system leaders have long looked to evidence and innovation to meet the needs of the population they serve while working to control costs. As the heart of the state CMH system, local community mental health service programs (CMHSPs or CMHs) are responsible for identifying needs and serving and supporting people in their communities who are living with serious mental illness or an intellectual or developmental disability.

CMHs have sought out evidence-based strategies and pushed for new approaches that will enable them to better meet the needs of the population they serve. This report provides a strengths-based review of the community mental health system in Michigan, with a focus on its efforts to promote recovery, use evidence and innovation, integrate with physical health care, and control costs.

SYSTEM STRUCTURE

The Medical Services Administration (Medicaid in Michigan) contracts with ten prepaid inpatient health plans (PIHPs) to manage Medicaid-covered specialty mental health, developmental disability, and substance abuse services. Each of the state's 46 CMHs is affiliated with a PIHP and works to coordinate treatment and services in their respective areas, either by providing treatment directly or contracting with other mental health agencies and professionals for service.

Mental health funding comes primarily from two lines in the Michigan Department of Community Health appropriations budget: Medicaid mental health services and community mental health non-Medicaid (general fund/general purpose dollars).

Medicaid mental health funding is paid through capitation-based rates to PIHPs, which then contract with CMHs. CMHs use the funding they receive from the PIHPs along with general fund dollars and local county funding to provide services and supports in the community, as well as to purchase services from state or local community hospitals and community residential services.

A RECOVERY-BASED SYSTEM

While the health care system has been moving toward patient-centered care, especially with the increasing adoption of the patient-centered medical home model among primary care practices, the CMH system has been working since the mid-1990s to ensure that the people who are served guide the development of their own plans of service. A focus on recovery, along with a person-centered emphasis, provides a guidepost by which those who work in the CMH system make decisions and do their work, according to the CMH directors and staff who participated in the interviews. Examples of this were offered in descriptions of efforts to create a culture of recovery, the use of person-led processes and peer supports, community integration efforts, and the support of health and wellness among CMH consumers and staff.

EVIDENCE AND INNOVATION

Increasing calls for evidence-based treatment in medicine and evidence-based practices in public health, along with stronger promotion of health care innovation, are guiding the future of the health care system. With recovery as a guiding principle in the community mental health system, CMHs turn to evidence-based practices and innovative solutions to deliver services, make the most efficient use of resources, and provide the greatest value for consumers and their families.

A commitment to the use of evidence-based practices ensures that CMHs are delivering services that have a high probability of success. Mental health courts are showing up across the state as an evidence-based, innovative intervention to keep people with mental illness out of the criminal justice system. And multidisciplinary teams are being used by CMHs to better meet the variety of needs faced by their consumers.

HEALTH CARE INTEGRATION

Lawmakers and health insurers are promoting the integration of health care delivery across multiple service systems through patient-centered medical homes, accountable care organizations, and health homes for people covered by Medicaid. People with serious mental illness and intellectual and developmental disabilities often face unique challenges to accessing health care services, and providers in the CMH system have implemented unique solutions to address both the physical and mental health needs of the populations they serve.

These initiatives range from establishing protocols and pathways for communication between providers, assisting consumers with navigating the health care system, co-locating physical and behavioral health services, and establishing Medicaid health homes that focus on people with serious mental illness.

COST CONTROL AND FINANCING STRATEGIES

The health care system is moving away from fee-for-service payment methods toward payment models that promote value and the efficient use of resources. For a decade and a half, the community mental health system in Michigan has provided Medicaid-covered services for people with serious mental illness and intellectual and developmental disabilities within a capitation-based payment structure.

Interview participants described innovative strategies that they have implemented in payment, service delivery, and leveraging of funding to maximize the reach of the resources available. Many also described active utilization review and management strategies to limit the need for inpatient treatment.

METHODOLOGY

Public Sector Consultants Inc. conducted both primary and secondary research to prepare this report. PSC interviewed the directors and staff at 13 CMHs across the state to learn more about how the system is working in practice and what evidence these providers have of the success of the services they provide. PSC also conducted interviews with people who have received services from the CMHSPs to find out about their experience of care. In addition, PSC reviewed existing documentation on the public mental health system to provide an overview of the system and supplement information gathered during interviews with CMH directors and staff.

The same interview instrument was used across all interviews, and CMH directors and staff were asked to focus on one or two areas in which their CMH demonstrates particular strength. Thus, not all CMHs are represented in every section of the report. Attempts were made to ensure that relevant information shared in every interview is highlighted in the report, which also includes numerous vignettes that provide more detailed descriptions of innovative activities at each CMH. The report is not intended to act as a compendium of every activity happening at CMHs across the state, but to highlight those activities that best illustrate the strengths of the system.

CONCLUSION

- Michigan's Community Mental Health system serves as a safety net and a champion for those with some of the most challenging mental and physical health conditions. Those who work in the system have a clear focus on identifying and delivering the services that will provide the greatest value for consumers and their families.
- The advances in treatment and service delivery made within the community mental health system over the past few decades reflect many of the same changes that are currently being promoted within the broader health care system. The CMH system has often been out in front in efforts to:
 - put people at the center of the services they receive,
 - try innovative service delivery strategies,
 - integrate and coordinate care, and
 - control costs within a risk-based payment model.

- CMH staff are focused on doing what is needed to promote the recovery of individuals through the use of evidence-based, cost-effective practices. Meanwhile, they keep an eye on innovations that may provide even better solutions.
- CMH leaders seeking to prevent the premature death of Michiganders with behavioral health issues have been at the forefront of Michigan's efforts to integrate mental and physical health care. Aware of the need to spend taxpayer resources efficiently and effectively, CMHs across the state are using innovative financial strategies to focus spending on people, not programs.
- CMH has also leveraged financing and implemented new service delivery strategies. State General Fund dollars and local financing revenue are critical to these innovations because they don't have the same restrictions as Medicaid funding.
- The unique position of local CMHs within the community is critical to meeting the needs of the people they serve. CMH's longtime partnerships with local stakeholders have been crucial to helping with employment, education, housing, community integration, health and wellness, and the development of mental health courts.

INNOVATION IN ACTION

Clinton-Eaton-Ingham Community Mental Health Authority: Cost Control

The Clinton-Eaton-Ingham Community Mental Health Authority (CEI CMHA) has developed and implemented a clinical and fiscal management system that directs funds where and when they're most needed to most effectively serve consumers.

CEI CMHA worked closely with the CMHs in its region to carefully monitor and manage the region's Medicaid spending, using what CEO Robert Sheehan calls "leading edge financial management pillars": sub-capitated, shared-risk financing; accurate revenue and expenditure forecasting; active fiscal and risk management through regular reviews of region-wide revenues and expenditure trends; active management of the pooled revenue and risk reserve; and retaining a modest risk reserve made possible by these active fiscal management approaches. "This allowed us to keep a right-sized and modest risk reserve and send the largest amount of revenue possible to services," Sheehan said.

Sheehan said a key component of the active fiscal management approach was the submission of quarterly Medicaid financial status reports by all CMHs in the region. By reviewing and projecting revenues and spending on a quarterly basis, they were able to reallocate Medicaid revenues to different areas of the region as needed.

network180: Center for Integrative Medicine (Grand Rapids)

The Center for Integrative Medicine (CIM) is a partnership between network180 and Spectrum Health that identifies people who often turn to expensive hospital emergency rooms for treatment and instead provides them with more appropriate, cost-effective interventions. The approach is based on research by Dr. Corey Waller, network180's medical director for substance abuse and a former emergency department physician, who found that 950 people were responsible for more than 20,000 ER visits to two local hospitals in a single year, at a cost of \$40-\$50 million. CIM uses a biopsychosocial model of care that addresses biological, psychological, and social factors that contribute to a person's illness. A six-month pilot of the center with 30 patients demonstrated an 85 percent decrease in visits to emergency departments and a savings of about \$1 million. The pilot led to the establishment of the CIM full time. The CIM is staffed by Dr. Waller, a physician assistant, and two network180 social workers. Patients undergo a brief screening, meet with a social worker for a more detailed assessment, and then have two to four sessions with interventions. If they need more services, staff work to authorize them for more care at network180. After about six months, patients are discharged to a primary care medical home.

Community Mental Health for Central Michigan: Evidence-based Practices

At Community Mental Health for Central Michigan, Linda Kaufmann says that evidence-based practices (EBPs) play a prominent role in the services they provide: "We have over 30 evidence-based practices at our CMH and have a unique way of implementing them and making them part of ongoing services. We've seen a lot of success." The CMH has developed a grid of all of the EBPs, including the criteria required for training and/or certification to provide the services, the target population for the service, frequency of fidelity monitoring required, and a lead subject matter expert, who is responsible for ensuring solid implementation. Kaufmann notes, "From my perspective, EBPs make mental health centers stand out. I can't tell you how often I've received calls from people with private insurance who want what we have to offer." Kaufmann considers her CMH to be an early adopter of evidence-based practices: "We were one of the first to use Parent Management Training-Oregon Model. And we're just getting started with Mom Power [a parenting and attachment skills group for mothers receiving Medicaid] with the University of Michigan; it is actually showing a difference in the frontal lobe of the brain after just ten weeks of therapy. It's very exciting."

Community Mental Health Services of Muskegon County: Multidisciplinary Teams

Community Mental Health Services of Muskegon County redesigned its service delivery approach to use multidisciplinary teams to improve services without increasing costs. The agency identified several very frequent users of CMH services that were not being well coordinated to maximize effectiveness. The CMH then developed a multidisciplinary team for each of the CMH's populations: an autism team, two high-intensive teams, and teams for adults with serious mental illness, children with serious emotional disabilities, adults with developmental disabilities, children with developmental disabilities, and those with co-occurring disorders. Each team is made up of different providers depending on the intended population, but each team has case managers, therapists, nurses, supports coordination, and peer supports. Embedding providers into the team improves coordination of services and ensures that services are working together to help reach the client's goals, even when the service provider is not employed by the CMH. Julia Rupp of CMH Services of Muskegon reports, "This model gives better team expertise, more cohesiveness, and the services are better. We are no longer 'throwing' services at people and seeing what works."

Northeast Michigan Community Mental Health Authority: Person-led Processes

Ed LaFramboise, executive director at Northeast Michigan CMH, describes the importance of person-centered planning and self-determination in supporting recovery. “Self-determination is something we use to engage people in living a life that they choose,” says LaFramboise, “and it starts with the person-centered planning process, which is critical to identifying what people want, where they want to live, how they want to live, and how we might support them in achieving outcomes that are important to them.”

LaFramboise emphasizes the level of control that consumers are given over their own lives through these processes, which differentiates the CMH system from the medical care system. “Person-centered planning has really changed our approach to allowing people to identify a lifestyle that is important to them and how we might assist them. Self-determination actually gives people control over dollars, in that they can purchase service from whomever they think is appropriate. We don’t fit the traditional health care model.”

Washtenaw Community Health Organization: Integrated Care

The Washtenaw Community Health Organization (WCHO) was created in 2000 to sponsor and develop integrated physical and mental health care. After struggling over the first decade with models that didn’t work very well, in 2010 WCHO received a grant that provided funding to place physicians and nurse practitioners in the CMH setting. CEO Eric Kurtz describes this as “an ideal setup for the people who see CMH as their place for health and wellness, and who were not engaging with PCPs (primary care physicians) in the community.” The grant has ended, but the WCHO continues to provide these services. “Even though we have limited general fund dollars and no dedicated funding stream, this is our mission, it is what our board expects us to do,” Kurtz said. In addition to providing onsite integrated care, Washtenaw became a pilot health home site in July 2014. Individuals are identified by the state as meeting criteria, and then the CMH is paid a monthly fee per member for a set of administrative services including linking clients to services, registering clients, providing communication activities such as talking on the phone and physician consultation, and offering prevention activities. These efforts help people with different mental health issues meet their behavioral and physical health needs.

Detroit Wayne Mental Health Authority: Supported Education

Educational attainment, for many consumers, is part of their path to wellness and recovery, as well as better employment opportunities. Detroit Wayne Mental Health Authority (DWMHA) is helping consumers reach their educational goals through funding for a Supported Education Program (SEP), a six-month specialized course that focuses on preparing and supporting consumers to obtain college degrees. SEP provides an orientation to an academic lifestyle; it helps prepare students to manage mental health symptoms in an academic setting; it helps improve test-taking skills and reduces test anxiety; it helps students learn how to write academically appropriate essays and give oral presentations; it helps resolve defaulted student loans; it helps students obtain financial aid and scholarships; it develops a career plan and assistance registering for college classes; and it improves computer proficiency skills. DWMHA partners with Wayne State University and Wayne County Community College to provide this program. The program has served 372 consumers since it began in 2011. It has helped 150 consumers secure financial aid support, helped two-thirds of participants apply to a college, and over 30 consumers register for college classes.

