# Boardworks 2.0: Systems MACMHB Spring Conference 2014

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# Introduction and Overview

* Focus on the systems managing public mental health policy in Michigan
  * Management Functions
  * Structural Foundations
  * Organizational Infrastructure
  * Policy Management and Service Provision
  * Community Health

# Public Policy Management

* Legislative Action
  * Community Mental Health Centers Act of 1963
    * Services to be provided in the community
    * Supports Inpatient Care, Emergency Care, Partial Hospitalization, Outpatient Care and Education/Consultation
    * Mandated to establish a Continuum of Care through linkage with other community services

# Public Policy Management

* Legislative Action
  * Medicare and Medicaid Act of 1965
    * Enacted Medicare Hospital and Outpatient programs for elderly and disabled
    * Enacted Medicaid program as an entitlement supported by open-ended federal matching funds
    * Linked Medicaid coverage to the aged poor, blind, disabled and families with dependent children

# Public Policy Management

* Legislative Action
  * Michigan Mental Health Code, Public Act 258 of 1974
    * Establishes the state mental health authority and county based systems of care
    * Defines priority populations for public services
    * Provides state regulations and recipient protections for the provision of care to persons with a mental illness and/or developmental disabilities

# Public Policy Management

* Role of the Federal Government
  * Establishment of quality and regulatory standards via *Department of Health and Human Services*, *Center for Medicare and Medicaid Services* and the *Substance Abuse Mental Health Services Administration*
  * Provides financing for health care
  * Operates largest health care system in nation in the Veteran's Administration

# Public Policy Management

* Health Care Reform
  * Established an individual mandate for health insurance
  * Provides tax incentives / credits for purchasing health insurance
  * Established exchange mechanisms to encourage competition
  * Established requirements for all public and private health care plans

# Public Policy Management

* Role of the State Government
  * Ensures a safety net for vulnerable citizens
  * Finances health care via general purpose funds
  * Administers the state Medicaid plan
  * Monitors compliance with federal and state requirements

# Public Policy Management

* Role of County Government
  * Oversees Community Mental Health and Coordinating Agencies
    * Creation/Dissolution
    * Board member appointment/removal
  * Finances health care

# Public Policy Management

* Role of Community Mental Health Services Boards
  * Provides a comprehensive array of mental health services
  * Includes 24/7 crisis stabilization and response
  * Assessment, diagnosis and plan development
  * Therapeutic clinical interactions, adaptive skill training, rehabilitative and vocational services

# Public Policy Management

* Role of Substance Abuse Coordinating Agencies
  * Manages an array of substance use disorder services
  * Includes prevention, counseling, detoxification, methadone and residential services
  * Funding provided through federal block grant and state liquor taxes

# Public Policy Management

* Evolution of Community Based Care
  * 41 State operated hospitals / centers had 29,000 residents in 1965
  * Expansion of civil rights activities
  * Establishment of community psychiatry
  * Development of psychiatric medications
  * Outcome: 5 State operated hospitals / centers with less than 800 residents by 2013

# Public Policy Management

* Legislative Action
  * Public Acts 500 and 501 of 2012
    * Requires integration of coordinating agency designations with community mental health entities
    * Revises community mental health entity requirements to include substance abuse representation
    * Establishes oversight advisory board appointed by county commissions represented in the geographic service area

# Structural Foundations

* Public Governance and Management
  * Board of Directors
  * Accountable to county government
  * Establishes By-Laws and policies for the organization
  * Provides oversight of Executive Officer

# Structural Foundations

* Mission Based System of Care
  * Guaranteed Rights for recipients
  * Suitable treatment
  * Person-centered plan
  * Consumer choice
  * Protections from abuse and neglect
  * Least restrictive treatment
  * Second Opinion

# Structural Foundations

* Quality Management
  * Performance Measurement and Improvement
    * Establishes performance measures specific to most significant health care operations (i.e. procedures impacting the largest number of consumers, procedures involving the most restrictive services or highest risk)
    * Adoption of Evidenced-based Practices

# Structural Foundations

* Information Management
  * Evolution and Application to Health Care
    * Traditional health care information has been hand written, paper-based documentation (i.e. hospital medical record)
    * The recording of health information has converted from paper documentation to electronic systems and has increased the capacity for storage and retrieval

# Structural Foundations

* Information Management
  * Application to Health Care
    * Provides for ease of access and more accurate health information
    * Produces aggregate data for performance improvement and comparability to national, state and industry standards
    * Supports Interactive and Interoperable service delivery processes
    * Improves the health and safety of consumers through more complete decision-making

# Structural Foundations

* Corporate Compliance
  * Establishes processes to detect and prevent health care fraud
  * Ensures that staff and providers are eligible to participate in federal programs
  * Assures compliance with related regulatory requirements including False Claims Act and Medicaid Integrity programs

# Structural Foundations

* Risk Management
  * Environment of Care
    * Ensures that the physical environment is free of hazards to consumers, staff or visitors
  * Infection Control
    * Reduces the possibility of endemic or epidemic infections to consumers, staff or visitors
    * Ensures compliance with occupational health and safety standards

# Organizational Infrastructure

* Executive Leadership
  * Assists the board in the development of the service mission, vision and values
  * Develops a strategic plan to guide operations
  * Administers services in accordance with
    * Annual program plan and budget
    * Policy guidelines established by the Board
    * Applicable governmental and regulatory procedures

# Organizational Infrastructure

* Finance
  * Responsible for budget planning, accounting, forecasting and reporting
  * Implements the most cost-effective measures to accomplish organizational mission
  * Performs procurement and purchasing decisions
  * Assures compliance with legal and general accounting standards

# Organizational Infrastructure

* Access & Eligibility
  * Ensures 24/7 emergency response and service availability
  * Establishes clinical eligibility criteria
* Customer Services
  * Provides referral to other agencies and information regarding benefits, confidentiality, authorization processes and advance directives
  * Implements a formal grievance and appeal process for consumers and families receiving services

# Organizational Infrastructure

* Recipient Rights
  * Ensures Medicaid enrollee rights are protected
  * Establishes Office of Recipient Rights (ORR) to implement protections in the MI Mental Health Code
  * ORR includes dignity & respect, suitability of treatment and protection from abuse and/or neglect
  * Provides education and consultation services to all service operations

# Organizational Infrastructure

* Provider Network
  * Maintains a provider network sufficient to meet requirements of service populations
  * Ensures proper balance between expense and quality in purchasing and/or delivery of services
  * Negotiates contract requirements and compensation
  * Implements quality management and oversight activities in the external service delivery system

# Organizational Infrastructure

* Community Relations and Collaboration
  * Recognizes traditional social service role of public agencies and benefits to the community
  * Examples include outreach & prevention, 211 participation, human service collaborative councils, emergency planning/disaster preparedness and connections with schools, local government, law enforcement and the judicial system

# Organizational Infrastructure

* Human Resources
  * Determines the qualifications, credentials and competencies necessary for service mission
  * Provides for the orientation, training and education of staff
  * Ensures that personnel activities are conducted within applicable federal and state regulations

# Management and Service Provision

* Regulatory and Market Influences
  * Increased cost of health care
  * Expanded federal and state roles in health care financing
  * Consumer choice
  * Expanding private managed care models for public health care services (i.e. Medicare Advantage Plans; prescription drug program)
  * Changes in clinical practices

# Management and Service Provision

* Regional Consolidation
  * Reduction from 18 to 10 Pre-Paid Inpatient Health Plans
  * Alignment with Integrated Medicare/Medicaid Health Plans and medical trading areas
  * Ensures 7 new PIHP regions will have equal governance and ownership by all CMHSP members

# Health Care Reform: Impact on Community Mental Health Services

* Increased demand from most all consumers and all payers
  * Especially for acute care issues, i.e. depression, anxiety and substance use disorders
* Complexity in public market
  * Health Exchanges, New Accountable Care Organizations, Special Needs Plans
* Increased competition
  * Funding and policies promoting primary medicine based care coordination

# Unified Community Health

* Relationship with other agencies
  * Coordinating Agencies
  * Department of Public health
  * School health programs
  * Community Health Centers
  * Federal Qualified Health Centers
  * Department of Human Services
  * Services to the Aging

# Unified Community Health

* Increased Coordination and Integration of Health Care
  * Health Insurance/Medicaid health plans
  * Community Hospitals
  * Long Term Care providers
  * Ambulatory Service providers
    * Primary care physicians
    * Specialists
    * Pharmacies
    * Lab/Ancillary services

# What the Literature Says

* The use of integrated primary and behavioral health care arrangements has resulted in the following:
  * 7% savings across the board in medical costs
    (Patient Centered Primary Care Collaborative. "Patient Centered Medical Home: Building Evidence and Momentum. A Compilation of PCMH pilot and demonstration projects," 2008)
  * 10% savings in health care costs
    (National Council for Community Behavioral Health Care. "Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home," April 2009)

# What the Literature Says

* 12% reduction in high cost, high-risk patients
  (Thomas, M., "Colorado Access." Presentation at Robert Wood Johnson Foundation Depression in Primary Care Annual Meeting, February 2006)
* 20-30% reduction in medical costs
  (Cummings, N., O'Donohue, W., Cummings, J. "The Financial Dimension of Integrated Behavioral/Primary Care." Journal of Clinical Psychology in Medical Settings, Springer Science and Business Media, LLC, January 2009)
* 26% reduction in medical costs
  (Weisner, C. "Cost Studies at Northern California Kaiser Permanente." A Presentation to County Alcohol & Drug Program Administrators Association of California, January 28, 2010)

# Integrated Care

* Reduction in per capita health care costs for targeted Medicaid population
* Probable reduction in hospital bad debt and charity care
* Improved population health
* Less reliance on long term care facilities
* Reduced health care disparities among like populations

# Integrated Care

* Increased oversight and supervision by primary care physician
* Enhanced screening and tracking of health care outcomes
* Embedded nurse practitioner/physician located in behavioral health care setting

# Unified Community Health

* Future Directions
  * Private Welfare vs. Community Health Model
  * Consumer directed purchasing
  * Value based purchasing
    * Patient experience
    * Improved health outcomes
    * Increased cost effectiveness