



KEY ISSUES UPDATE
BEHAVIORAL HEALTH AND DEVELOPMENTAL
DISABILITIES ADMINISTRATION

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Session Overview

MDCH Issues Update

- Vision, Mission and Purpose
- Celebrate System Growth and Success
- Current Issues
- Changing Environment
- Leadership Strategies Toward System Transformation

Vision, Mission, Purpose

“My vision is for Michiganders to be healthy, productive individuals, living in communities that support health and wellness, with ready access to an affordable, patient-centered and community-based system of care.”

*Governor Rick Snyder
September 14, 2011*

Vision, Mission, Purpose

MDCH will **protect, preserve, and promote** the health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and underserved populations.

Vision, Mission, Purpose

⦿ Constitution

- Health and General Welfare-Primary Public Concern
- Institutions, programs, services for...treatment...rehabilitation of those....physically, mentally or otherwise seriously disabled shall always be fostered and supported

⦿ Mental Health Code (258 of 1974)

- Continually and Diligently Endeavor to Ensure Adequate and Appropriate Mental Health Services Available...
- Promote and Maintain Adequate and Appropriate System of CMHSPs Throughout the State...
- Shift Primary Responsibility for Direct Delivery....from State to CMHSP....Where Demonstrated Willingness and Capacity
- Board Powers and Duties: Needs Assessment, Annual Plan, Fund Request, Establish Policy, Secure Funding, Authorize Contracts, Review/Evaluate Quality, Effectiveness & Efficiency of Services

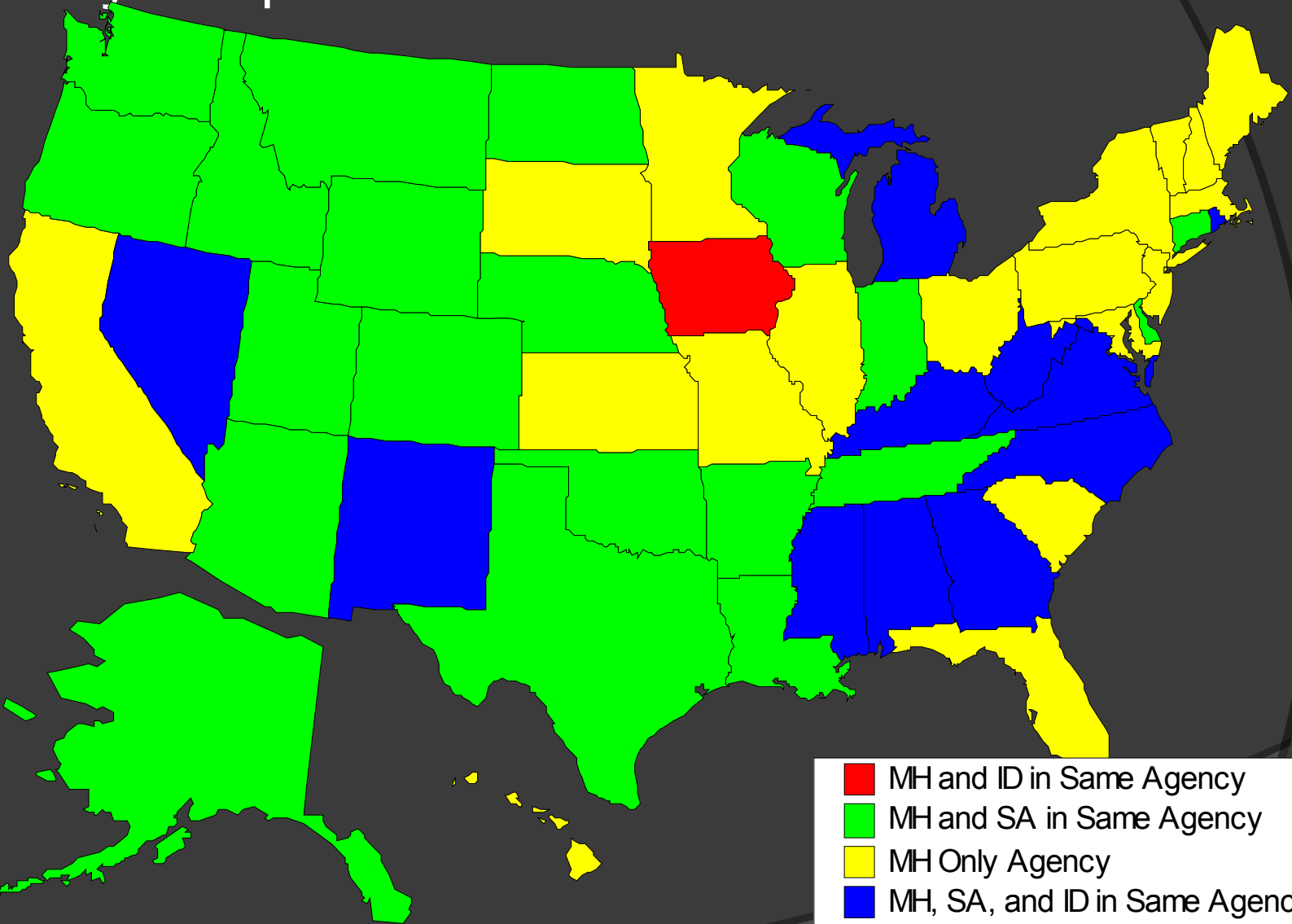
Vision, Mission, Purpose





- ◎ Public Health Code (368 of 1978)
 - Part 62 Substance Abuse Services
 - CA Duties...Comprehensive Plan, Technical Assistance, Data, Budget, Contract With Public and Private Providers, Evaluate/Assess Services....Have Local Advisory Board
- ◎ Social Welfare Act (280 of 1939)
 - 400.109f. DCH support Medicaid funds for Specialty Services...SMI, DD, SED, SUD...managed by PIHPs...shall be carved out from basic Medicaid healthcare benefits
 - Specialty PrePaid Health Plans Considered MCOs...Responsible for Inpatient, Outpatient, Physician...other State Plan...Waiver Services

Celebrating Growth and Success

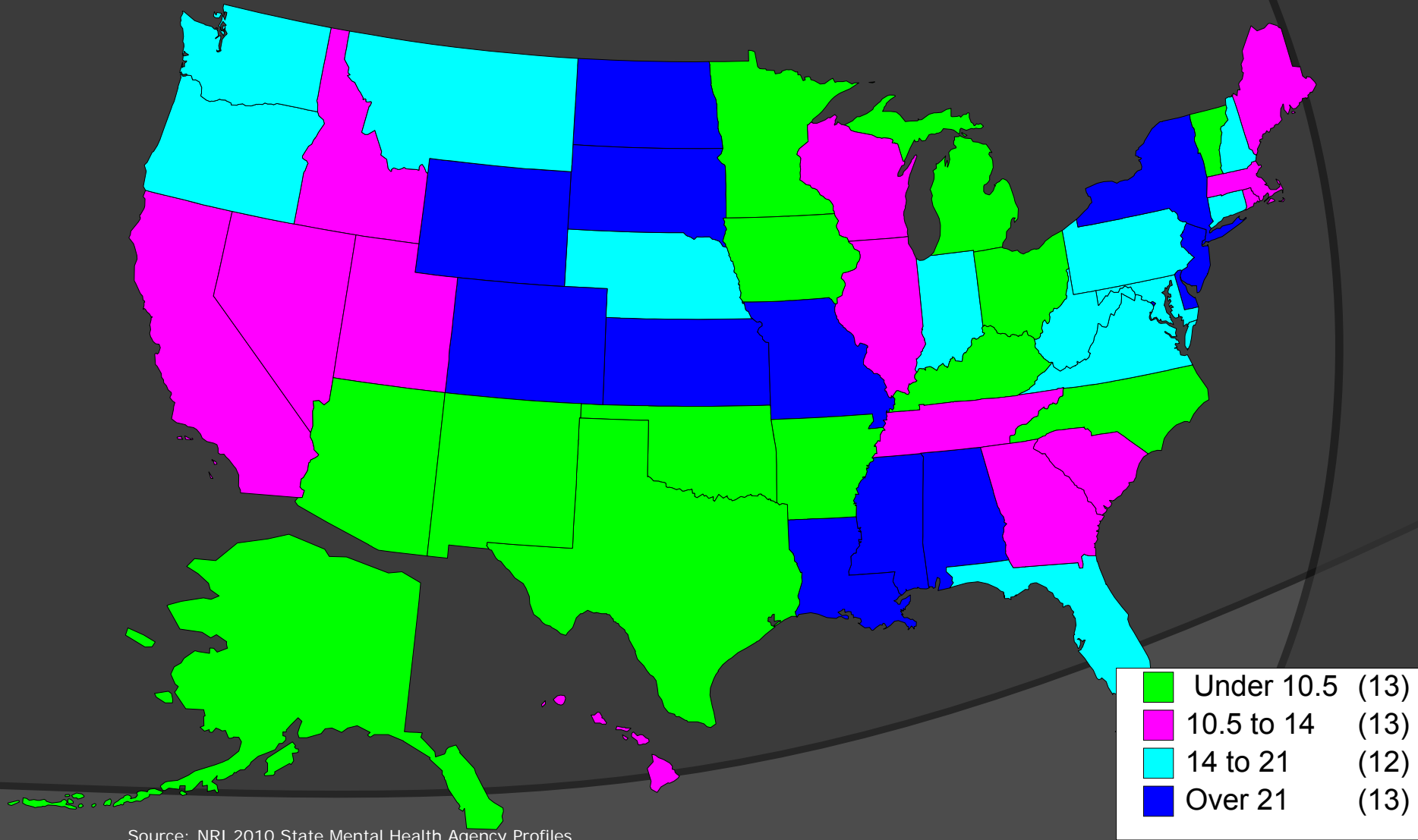
- ◎ Culture of Continuous Learning
 - Peer Support and Parent-to-Parent
 - Recovery Coaching
 - Culture of Gentleness
 - Recovery-Oriented Systems of Care
 - Self Determination/Participant Driven Services
- ◎ Commitment to Evidence-Based Services and Systems
- ◎ National Leader in Managing Care Systems for Special Populations

Disability Responsibilities of SMHAs: 2010

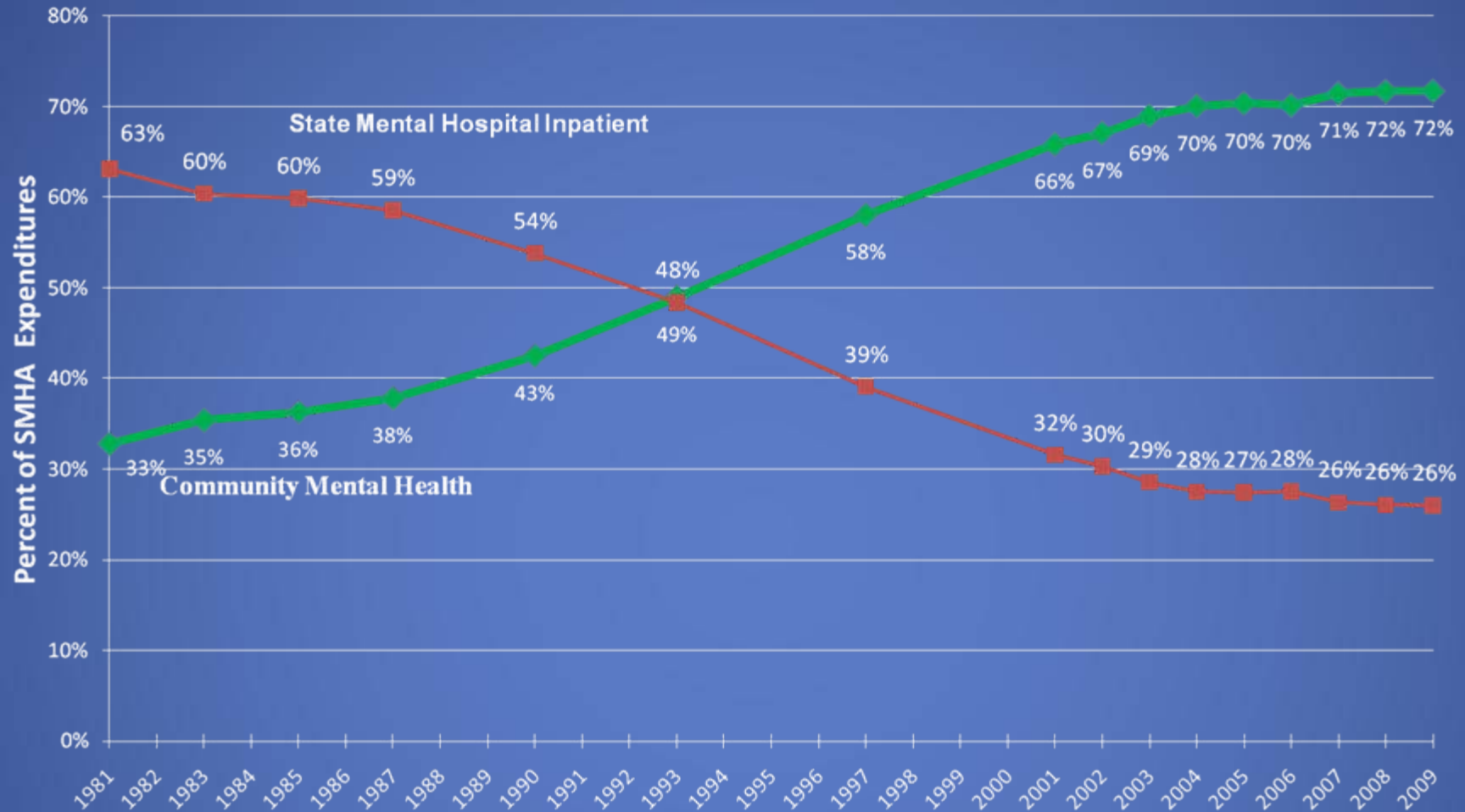


	MH and ID in Same Agency	(1)
	MH and SA in Same Agency	(20)
	MH Only Agency	(19)
	MH, SA, and ID in Same Agency	(11)

Number of Residents Per 1000 Population In State Psychiatric Hospitals: 2009



State Mental Health Agency Controlled Expenditures for State Psychiatric Hospital Inpatient FY'81 to FY'09



Current Activities

- ⦿ Budget
 - Medicaid
 - GF Reduction-Total \$8.48 million
- ⦿ Administrative Simplification (490)
 - Report/Action Plan June 1, 2012
- ⦿ Deemed Status (494)
 - Report/Action Plan July 1, 2012
- ⦿ Examining MDCH-BHDDA Structures and Processes to Streamline Cross Bureau/Office

Current Activities

- ◎ Mental Health Workgroup Report 2008
 - From Governor's Health Message
 - DCH Facilitate Action Plan Meetings
 - Recommendations 1-4 (Pre Prison)
 - Improve Community System (courts, jails, mental health providers, training)
 - Diversion Programs, Jail Re-Entry, MH Courts
 - Improve Management in Jails (identification, treatment, training staff)
 - Streamline/Standardize Info Sharing/Intake

Current Activities

- ◎ Boilerplate Section 407
 - Coordinating Agencies within PIHP Boundary
 - 5% or Greater Savings-Initiate Merger Discussions
 - Report by April 1, 2012

Current Challenges and Realities

- Disparate Health Status
- Escalating Health Care Cost
- Access to Care Challenges
- Minimal Coordination Cross Delivery System
- Mentally Ill and Disabled in Jails and Prisons

Current Challenges and Realities

- ⦿ Administrative Interface Complexities
 - National (Medicare, Medicaid)
 - State (MSA, BHDDA)
 - Community (CMH, PIHP, FQHC, Hospitals, Physicians)
- ⦿ Emerging Health Models (Dual Eligible and Multi-Payer Projects, Affordable Care Act 2014)

Leadership Considerations

- ⦿ Today's System Reflects The Deep Change of The Past
- ⦿ Deep Change of The Past:
 - Risky
 - Uncertain
 - Controversial
 - Necessary to Avoid System "Slow Death"¹
 - Necessary to Improve Quality of Life and System of Care

¹ Quinn, *Deep Change: Discovering the Leader Within* California: Jossey-Bass, 1996

Leadership Considerations

- ◎ Deep Change of Today:
 - Risky
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Leadership Considerations

- ⦿ Current Service Array and Choice of Providers Highly Valued
- ⦿ Intra System Administrations Complex and Not Positioned Well for Future
- ⦿ Integrated Care Pilot Learning:
 - Persons with Severe MH Diagnoses Prefer Physical Care in CMH Locations
 - Persons with Mild to Moderate MH Issues Prefer Behavioral Health Delivered in Physical Care Settings

Moving Forward

- ◎ Build Solutions Now
 - With Primary Care (Hospitals, FQHCs, Non-profits)
 - Crossing PIHP/CMH/CA Areas
 - With The State (Administrative Efficiencies Workgroups, Health Home Design)
- ◎ Consider Appropriate Local and Affiliate Structures For Future Scenarios:
 - Integrated Payer Systems
 - 2014 Expanded Coverage/Impact on GF
 - Dual Eligibles in Blended Payment System
 - CMH to CMH within Affiliation. PIHP to PIHP

Moving Forward

- ◎ Initiate the Tough Conversations
 - How to Maximize Local Solution Building Yet Minimize Administrative Duplication
 - What are Greatest Assets and Liabilities Looking Toward Future of PIHP, CMH, Affiliation
- ◎ Evaluate Sharing Resources, ACOs, CCHOs, Etc---Models Where Consumers Benefit and Costs Reduced or Better Managed

Moving Forward

- ◎ Be Involved in Workgroups and Activities
 - Deemed Status
 - Administrative Efficiencies
 - Health Reform MACMHB Workgroups (Models, Consumer Education/Advocacy)
 - Dual Workgroups
 - Mental Health Workgroup
- ◎ Maintain Stellar Contract Compliance During Time of Change! Evidence of PIHP/CMH System Integrity and Strength

Moving Forward

- Consider and Reduce Variance of Access Across the System
- Maximize EHR Utilization and Data Driven Decision Making
- Strengthen Relationships with Medicare and Medicaid HMOs, BCBS, Insurers, Hospitals, FQHCs, Etc
- Communicate With MDCH About Barriers and Problems. Suggest Solutions!

In Summary:

- ◎ Be A Multi-Faceted, Multi-Tasking, Multi-System, Solution Builder
- ◎ Toward our Common Vision for all:
 - *Healthy productive individuals*
 - *Living in communities that support health and wellness*
 - *Ready access to affordable, patient-centered, community-based system of care*
- ◎ *With Particular Attention to Persons Who Are Vulnerable or Underserved*