Boardworks 2.0: Systems
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Christopher Pinter
Chief Executive Officer
Bay-Arenac Behavioral Health Authority
Introduction and Overview

* Focus on the systems managing public mental health policy in Michigan
  * Public Policy Management
  * Structural Foundations
  * Organizational Infrastructure
  * Unified 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
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
Legislative Action

  - 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

* Legislative Action
  * Public Acts 500 and 501 of 2012
    * Required integration of substance use disorder services with community mental health entities
    * Revised community mental health entity requirements to include substance abuse representation
    * Established oversight advisory board appointed by county commissions represented in the geographic service area
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
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
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
Role of County Government

- Oversees Community Mental Health Services Programs
  - 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
Role of Regional Entities

- Serve as the Medicaid Specialty Services Prepaid Inpatient Health Plan for designated community mental health geographic areas
- Oversee the management of Medicaid and Healthy MI services provided by community mental health programs
- Oversee the management and delivery of publically funded substance use services through Medicaid and federal block grant funds
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 Governance and Management

- Board of Directors
- Accountable to county government
- Establishes By-Laws and policies for the organization
- Provides oversight of Executive Officer
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
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
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
- Provides for ease of access and more accurate health information
Structural Foundations

* Information Management
  * Application to Health Care
    * Produces aggregate data for performance improvement and comparability to national, state and industry standards
    * Supports Interactive and Interoperable service delivery processes such as the use of mobile technology that link persons to real-time benefit, provider, health and other information via health care exchange
    * Improves the health and safety of consumers through more complete decision-making
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
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
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
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
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 and directed purchasing
  - Expanding private managed care models for public health care services (i.e. Medicare Advantage Plans; prescription drug program)
  - Changes in clinical practices
  - Increased competition
Health Care Reform: Impact on Community Mental Health Services

- Value based purchasing
  - Patient experience
  - Improved health outcomes
  - Increased cost effectiveness
- Complexity in public market
  - Health Exchanges, New Accountable Care Organizations, Special Needs Plans, Medicaid Expansion flexibility
- Additional Regulatory Requirements (Medicare)
  - Meaningful Use Incentives (Electronic Health Record)
  - Physician Quality Reporting Systems
Unified Community Health

- Relationship with other 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
  - 12% reduction in high cost, high-risk patients
  - 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)
Unified Community Health

* Future Directions
  * Population and community health outcomes; optimizing the health of populations over the life span and across generations
  * Community-integrated health care systems; networks partner with public health and community organizations to both reduce community health risk factors and provide coordinated illness care
  * Integrated health, psychosocial services, and wellness care designated to optimize and maintain health and well-being across the life course
Future Directions (continued)

- Health and medical information follows the person; there is connectivity between the health and human service systems; and actors have access to real-time data on quality, cost, and outcomes for individuals and populations.

- Focused on health outcomes for geographically defined population, including upstream socioeconomic and developmental correlates of health.