Community Mental Health in Michigan

Evidence and Innovation

Amanda Menzies, MPH
Senior Consultant
What we’re doing

- Describing how Michigan’s CMH system uses evidence and innovation to promote recovery
- Identifying how well it works for people receiving services
How we’re doing it

- Reviewing information about the CMH system and evidence-based practices
- Conducting interviews with CMH directors and staff
- Conducting interviews with people receiving services and their families
What the report will include

- Brief overview of the CMH system in Michigan
- Description of, and evidence behind, key features of the CMH system, with examples from the interviews
- Ideas for continued forward movement in the CMH system (based on the interviews)
What we’re finding

- Recovery-oriented, person-centered approach
  - Peers supporting every aspect of services
  - Focus on health and wellness as part of recovery
  - Mental health courts
  - Keeping Recovery Skills Alive in St. Clair County
  - Northern Lakes Recovery Blueprint Work Plan
  - Recovery Institute in Kalamazoo
What we’re finding

- Emphasis on community integration and inclusion
  - Self-determination
  - Supported employment
  - Permanent supportive housing
  - Planned health campus in Kalamazoo
What we’re finding

- Integration with physical health care
  - Onsite pharmacies and primary care clinics
  - Mental health providers in primary care clinics
  - EMRs that can be shared between providers
  - Protocols for sharing information about people served by physical and mental health systems
  - Center for Integrative Medicine and Care Management pilot in Grand Rapids
What we’re finding

- Innovative Cost Controls
  - Strong utilization management to ensure appropriate level of service provision
  - Minimizing inpatient admissions and readmissions
  - Maintaining minimal risk reserves through active fiscal and clinical management
  - Personal emergency response system in Northeast Michigan
  - Same day access policy in Central Michigan
What we’re finding

- So many evidence-based practices!!!
  - ABA
  - ACT
  - CBT
  - DBT
  - FPE
  - IDDT
  - IMH
  - MST
  - PMTO
  - And more!
What we’re hearing

• We were doing [this] before it was required
• It’s our job to find out how people want to live their lives and support them in doing that
• Everyone should get to design their own life and be at the center of their own life—mental health and health care services should not be the main focus of anyone’s life
• Partnerships with other systems and others in the community are critical
Moving forward

- Flexible funding is critical to innovation
- Opening up billing codes could support health care integration efforts
- Grant funding supports upfront investment in evidence-based practices
- Continue to focus on the individuals we serve and the needs they tell us they have
- CMHs will continue to be innovative to meet the needs of the population they serve