Michigan's Mental Health and Substance Use Disorders System

Community Mental Health Association of Michigan

The Community Mental Health Association of Michigan is a trade association, representing the 46 CMH boards and over 95 of the providers who are under contract with those boards to provide mental health and substance use disorder services in all 83 counties in Michigan. Last year over 300,000 persons received services from Michigan's community-based mental health and substance use disorder system. Those services assist individuals in achieving, maintaining and maximizing their potential and are provided in accordance with the principles of person centered planning.

Michigan Constitution

Community Mental Health Organizations are required to serve individuals with a severe mental illness or disability regardless of their ability to pay. An individual can not be denied a service that is medically necessary because of inability to pay or lack of insurance.

* **Article 8 – Section 8 of the Michigan Constitution reads: Institutions, programs, and services for the care, treatment, education, or rehabilitation of those inhabitants who are physically, mentally, or otherwise seriously disabled shall always be fostered and supported.**

Evolution of the CMH System

1965	1991	2010
12 County Community Mental Health Boards covering 16 counties – 7 in the planning process	55 Community Mental Health Boards covering all 83 counties	46 Community Mental Health Service Programs covering all 83 counties
41 state operated psychiatric hospitals and centers for persons with developmental disabilities – about 29,000 residents	20 state psychiatric hospitals and centers for persons with developmental disabilities – 3,054 residents	5 state operated hospitals and centers on February 19, 2014 – 719 residents. Adult Hospitals: Caro (143), Reuther (150), Kalamazoo (153) Forensic: CFP (218) Children: Hawthorn (55)

Community Mental Health Service Structure

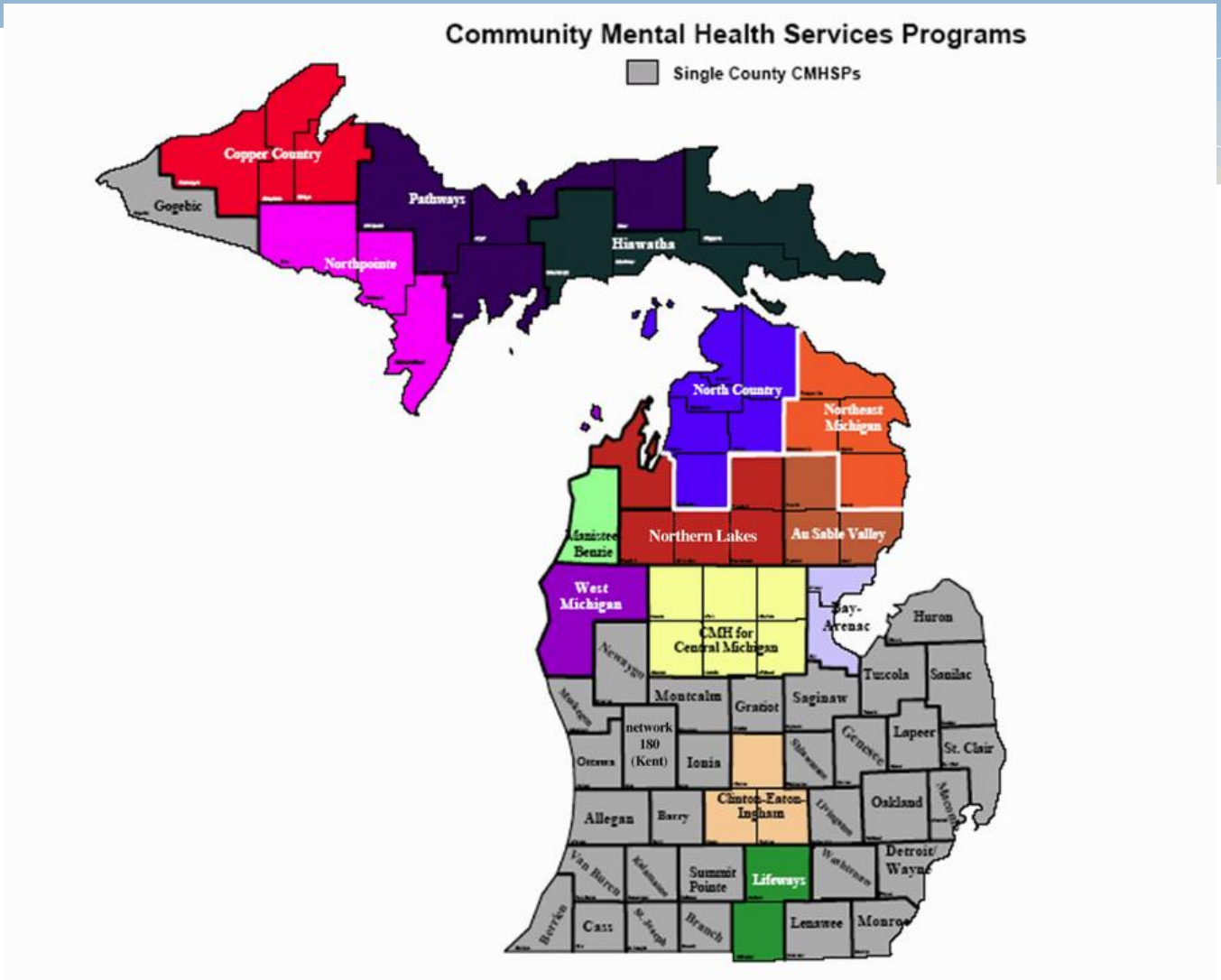
- **Community Mental Health Services Programs (CMHSPs)** – The forty six (46) CMHSPs and the organizations with which they contract provide a comprehensive range of mental health services and supports to children, adolescents and adults with mental illnesses, developmental disabilities and substance use disorders in all 83 Michigan counties.

- **Medicaid Prepaid Inpatient Health Plans (PIHPs)** – Ten (10) PIHPs manage the services and supports for persons enrolled in the Medicaid, MIChild, Healthy Michigan Plan, Autism services and substance use disorder programs.

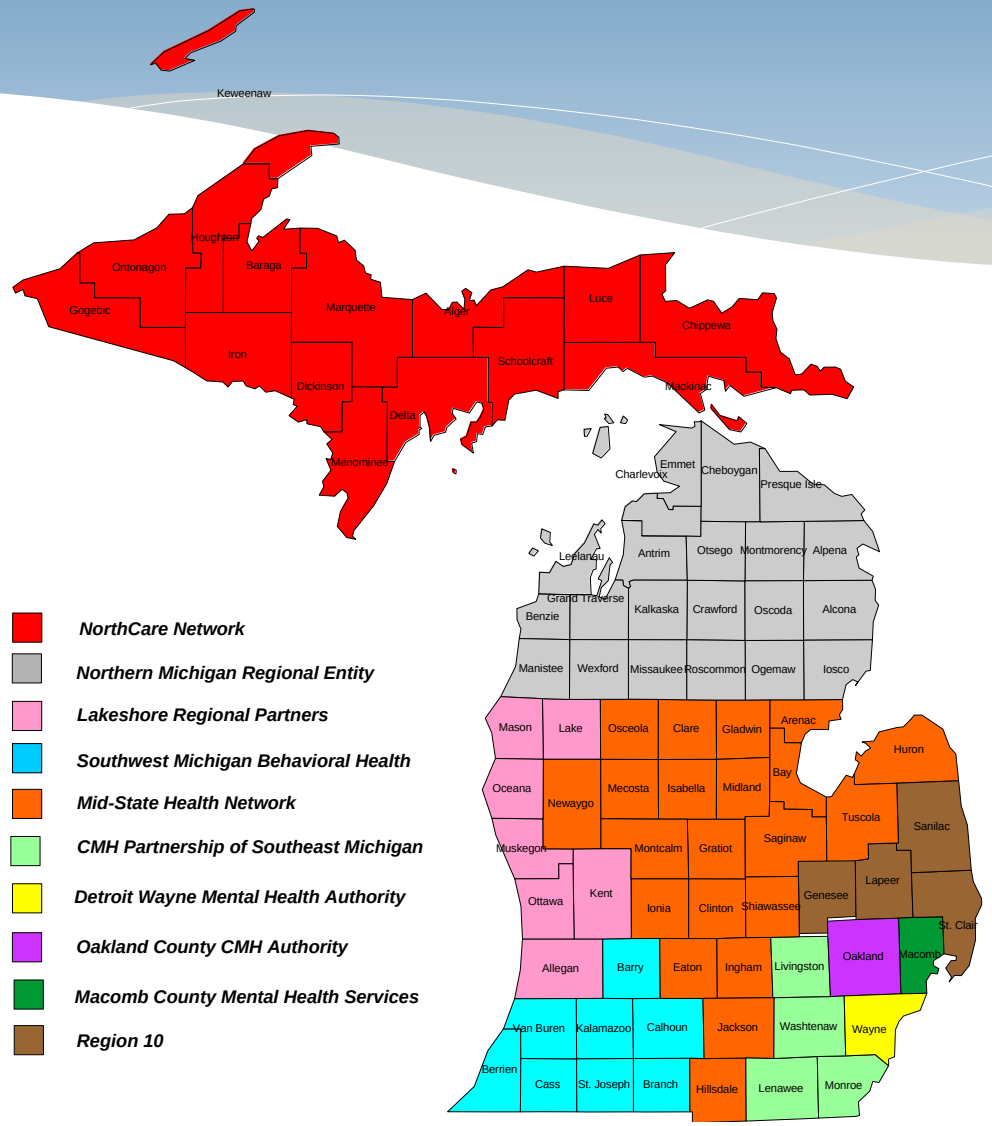
  - Seven (7) of these regional entity PIHPs are made up of an affiliation of multiple CMHs (as few as 4 and as many as 12). These affiliations were created in order to realize administrative efficiencies in managing services and to provide a sufficiently large base of Medicaid enrollees to manage the risk-based, capitated funding system used to finance the system of care for Medicaid beneficiaries.

  - PIHPs contract with the CMHs and other providers within the region to deliver necessary services.

46 CMH Regions



10 PIHP Regions



Public Safety Net

* The CMH network provides 24 hour emergency/crisis response services, screens admissions to state facilities, acts as the single point of entry into the public mental health system, and manages mental health benefits (for persons not eligible for Medicaid enrollment) funded through the state's general fund allocation.

* The local CMH system has the **unique statutory roles of public safety net and state facility gatekeeper**.

* CMHs provide community based care, addressing a wide range of human needs. Some of the social care services include:
  * Behavioral health care (including developmental/intellectual disabilities and substance use disorder services).
  * Physical healthcare
  * Housing, employment, and income supports
  * Extensive use of health care integrators (case managers/supports coordinators)
  * Peer support services
  * Community linkages and collaboratives

Local Oversight & Public Accountability

* Local CMHs are public entities, either an official county agency or an authority, which is a public governmental entity separate from the county or counties that establish it.

* Local County Boards of Commissioners appoint each of the CMHs' 12 person Board.
  * The composition of a community mental health services board shall be representative of the populations they serve.
  * At least 1/3 of the membership (4) shall be primary consumers or family members, and of that 1/3 at least 1/2 of those members (2) shall be primary consumers.

* PIHP boards are made up of appointees from the CMHs within their respective regions.
  * Additionally, local County Boards of Commissioners are responsible for appointing local representatives to the substance use disorder advisory council for each PIHP.

How Do People Access Services

* All CMHSPs must have & advertise points of access within 30 minutes or 30 miles (rural exceptions) and 24 hour emergency service.

* When someone asks for help, a brief evaluation will result in a referral within 15 days for ongoing service. In emergent situations the person must be served within 3 hours.

  * People have a choice of provider.
  * People must sign a permission for treatment form.
  * People must complete the financial determination.
  * People denied service may have a second opinion.
  * People may file appeals at the local & state level.

Who We Serve

* Michigan's Public Mental Health System Serves 4 Main populations:
  * Children with Serious Emotional Disturbances (examples: Obsessive-Compulsive Disorder (**OCD**) or Attention Deficit Hyperactivity Disorder (ADHD)
  * People with Substance Use Disorders
  * People with Developmental/Intellectual Disabilities
  * Adults with Mental Illness.
* Michigan is the ***ONLY*** state that serves all 4 populations in a managed care setting.

* Section 208 of the mental health code establishes service priorities for CMHSPs as to who receives services.

* **MUST SERVE**

  1. persons in emergent / crisis situations

  2. persons with more severe forms of severe mental illness (SMI), serious emotional disturbance (SED), and developmental/intellectual disability (DD)

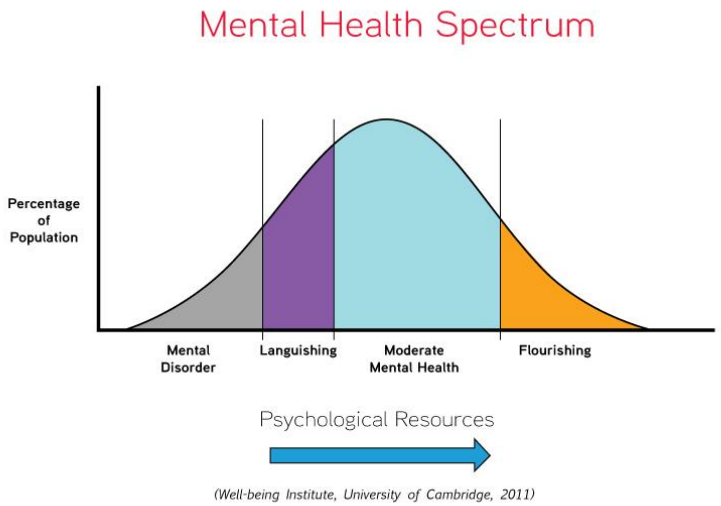
*

Who We Serve

***IF* FUNDING EXISTS**

3. persons with SMI, SED, and DD
4. mild/moderate mental illness,
5. the general community including prevention.
    - Due to dramatic general fund shifts in recent years those persons in categories 3 – 5 for most parts of the state are not receiving services.

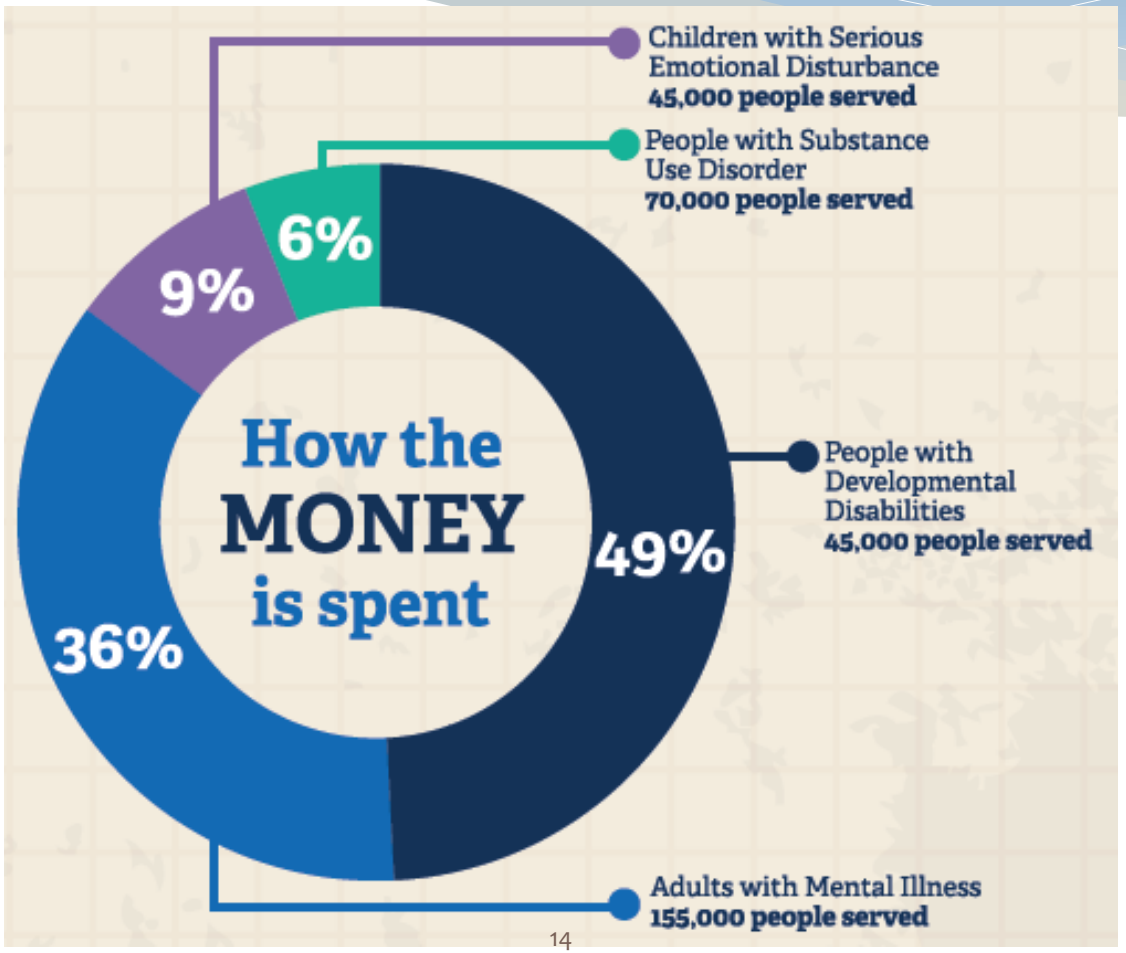
- Ability to Pay (ATP) is taken in account for those that do not have insurance (Medicaid or private insurance).
    - People cannot be denied services because of an inability to pay.
- **Mild to Moderate mental health outpatient benefit is covered under the Medicaid Health Plans contract.**



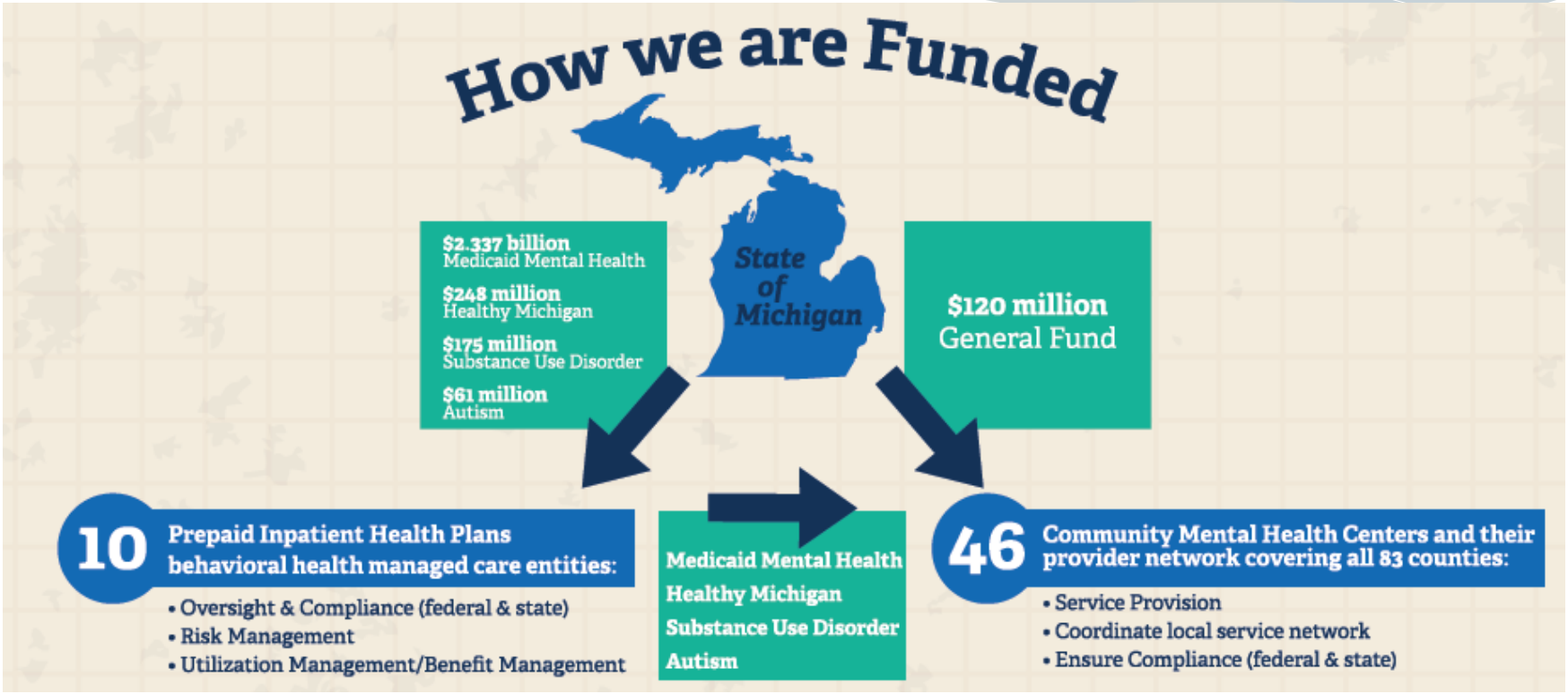
Who We Serve

* Due to significant GF budget reductions over the past several years if a person does not have Medicaid or private insurance their ability to receive services is based on the severity of their condition.
  * If condition is *NOT* considered severe, individuals will be placed on a waiting list.
    * Many on wait lists never receive services.
  * In order for those individuals on waiting lists to receive services their condition must worsen to a crisis state where they become a threat to themselves or the community. Many instances these individuals will seek treatment in more costly settings such as emergency rooms and/or county jails.
* **Anderson Economic Group Study published in 2011 showed the state spends 20 times more on mental health services for individuals in emergency situations vs. early intervention - $626 vs. $13,037.**

How the Money Is Spent



How We Are Funded



CMH Historical Funding

	FY09	FY10	FY11
CMH Medicaid Line	$1,770,128,000	$1,970,775,800	$2,019,515,600
CMH GF Line	$322,027,700	$287,468,000	$282,275,100

	FY12	FY13	FY14
CMH Medicaid Line	$2,149,977,900	$2,160,013,200	$2,152,917,100
CMH GF Line	$273,908,100	$274,136,200	$283,688,700

(FY14 GF was increased by $9.5 million, however it reflects adjustments to paid days in State facilities (a decrease), catch-up over the last few years of $9.0 million. There was a corresponding $9.0 million reduction in the Purchase of State Services line.)

	FY15	FY16	FY17
CMH Medicaid Line	$2,323,857,900	$2,383,364,300	$2,336,960,100
CMH GF Line	$97,050,400	$117,050,400	$120,050,400
Healthy MI Plan	$274,331,900 (partial year)	$355,432,600	$247,822,900
Autism Medicaid	$25,171,800	$36,418,500	$61,168,400

	FY18	FY19
CMH Medicaid Line	$2,315,608,800	$2,319,029,300
CMH GF Line	$120,050,400	$125,578,200
Healthy MI Plan	$288,655,200	$299,439,000
Autism Medicaid	$105,097,300	$192,890,700

Key Issues

Local Oversight

Local governance, oversight, policy-making and public management. Keeping management at the local level enhances cooperation with community partners like law enforcement, judges, public health and schools

Addressing Social Determinants

Addressing the Social Determinants of Health – services beyond "health care" – transportation, housing, employment, nutrition

Information Exchange

Ability to share health information, access systems and continued development of clinical coordination at the provider/patient level:

- Electronic Health Records between physical and behavioral healthcare
- Locating mental health professionals in primary care sites and vice versa

Workforce

Michigan's mental health system must have the ability to retain and train competent staff across all levels: psychiatrists, nurses, social workers and direct care staff

Funding

Funding must meet community expectations and obligations. NO unfunded mandates

Uniformity

A consistent set of standards and level of care across the state

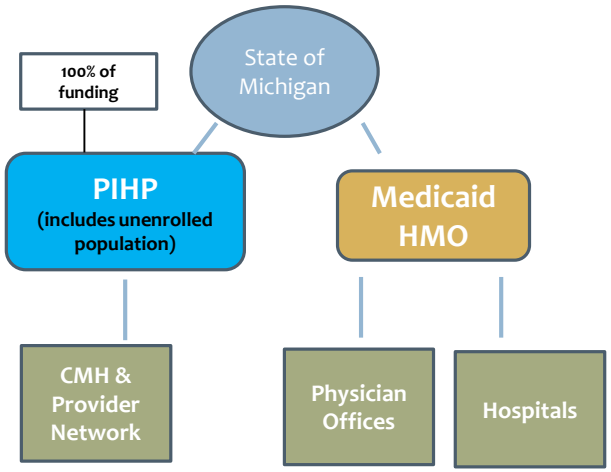
Section 298

298 Intent

* In 2016 MDHHS officials described the original intent behind section 298 was twofold:
  * 1. Moving management of those dollars funding to the HMOs would **encourage more coordination of physical and mental health services**.
  * "We believe it is time to address those issues that have for too long been separate issues," "Our goal here is to make sure these folks have a cohesive system, a connected system."
  * 2. The proposal is "not pulling money out of the mental health system," but is "**reinvesting more to direct services" for patients**, "It is not a privatization of the mental health system."

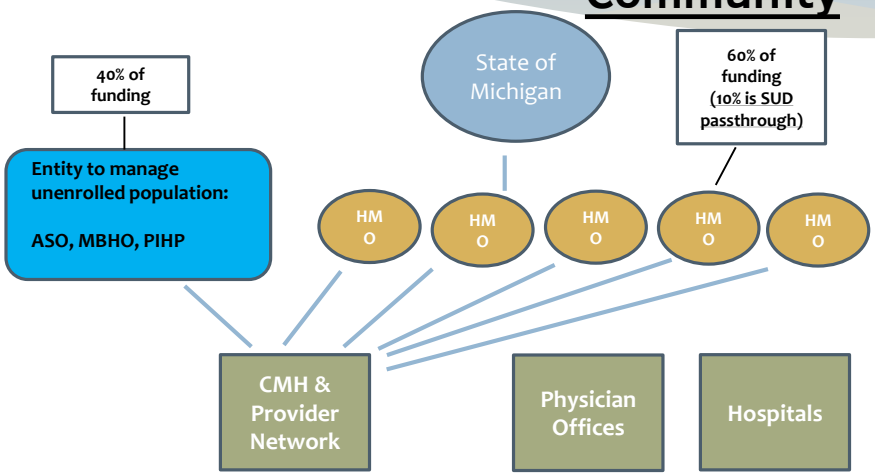
Current system vs. Section 298

Current System



Behavioral Health Services provided include:
Housing, employment supports, transportation, intensive case management & other social determinates of health.

Section 298 Pilot Community



Traditional Healthcare Services provided include:
Traditional medical care—wellness visits, prescription drug, hospital care, etc.

Substance Use Disorder Issues

* **Maintain Healthy Michigan Plan**
  * Provides dedicated and reliable funding for persons with substance use disorders and who have co-occurring mild to moderate mental disorders.
  * The system was heavily under-funded for many years and the addition of the Healthy Michigan Plan (HMP) presented the opportunity to deliver more services in a timely manner.
  * Prior to HMP (Medicaid Expansion), some regions had up to six month waiting lists for Medication Assisted Treatment (MAT) or withdrawal management /residential treatment. Oftentimes these are the most important services for people with opiate use disorders to begin the road to recovery.

* **Marijuana ballot initiative** – does not dedicate any $$ for treatment

* **HB 5085** – dedicates 4% of the unmarked money raised through Michigan's liquor sales and fees and earmark it specifically for substance use disorder treatment and prevention services. HB 5085 could provide more than $17 million a year to combat alcohol-related disorders, opiate addiction and other substance use disorders.

School Safety

* **Prevention and Early Intervention** - Addressing an individual's needs early on before they reach a crisis is key. **Michigan is one of only 6 states that does not have a state level mental health parity law.**
  * Study after study has shown that **persons with mental illness are 10 times more likely to be victims of violence than perpetrators**. A comprehensive study of gun violence in America found that only 4% of American gun deaths are related to mental illness.

* **Adequate staffing** (such as counselors, psychiatrists, psychologists, and social workers) of coordinated school- and community-based mental health services.
* **Support peer-based programs for both parents and students**, which provides key firsthand knowledge and lived experiences.
* **Reform of school discipline to reduce exclusionary practices** and foster positive social, behavioral, emotional, and academic success for students.
* **Establishing Behavioral Intervention Teams (BIT)** – BIT focuses on **preventing** the threat and/or crisis **before** it occurs.
* **Removal of legal barriers to sharing safety-related information** among educational, mental health, and law enforcement agencies in cases where a person has threatened violence

House Cares Task Force

HB 5439 – requires the DHHS to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis that is accessible through the DHHS website.

HB 5524 – requires that the Department of Education (MDE), in conjunction with the DHHS to develop or adopt a professional development course for teachers in mental health first aid.

HBs 5450-5452 – allows those once convicted of some minor felonies and misdemeanors would be allowed to work in some mental health care jobs (nursing homes, psychiatric facilities, & adult foster care homes)

Contact Information

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