

# **BOARDWORKS 2.0: SYSTEMS COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN 2021**

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# INTRODUCTION AND OVERVIEW

- **FOCUS ON THE SYSTEMS MANAGING PUBLIC MENTAL HEALTH AND SUBSTANCE USE SERVICES IN MICHIGAN**
  - **PUBLIC POLICY MANAGEMENT**
  - **STRUCTURAL FOUNDATIONS**
  - **ORGANIZATIONAL INFRASTRUCTURE**
  - **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**

- **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**

- **AFFORDABLE CARE ACT 2010**
  - **ESTABLISHED AN INDIVIDUAL MANDATE FOR HEALTH INSURANCE**
  - **PROVIDES COST SHARING SUBSIDIES FOR PURCHASING HEALTH INSURANCE**
  - **ESTABLISHED TAX FOR HIGH-INCOME EARNERS, HEALTH INSURERS, AND MEDICAL DEVICE MANUFACTURERS**
  - **ESTABLISHED REQUIREMENTS FOR ALL PUBLIC AND PRIVATE HEALTH CARE PLANS**
  - **EXPANDED MEDICAID FOR LOW-INCOME INDIVIDUALS**



# 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**



# **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 INCLUDING COMPLIANCE WITH FEDERAL AND STATE REQUIREMENTS**

# **PUBLIC POLICY MANAGEMENT**

- **ROLE OF COUNTY GOVERNMENT**
  - **OVERSEES COMMUNITY MENTAL HEALTH SERVICES PROGRAMS**
    - **CREATION/DISSOLUTION**
    - **BOARD MEMBER APPOINTMENT/REMOVAL**
  - **FINANCES HEALTH CARE VIA COUNTY APPROPRIATION PROCESS**

# **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 REGIONAL ENTITIES**
  - **SERVE AS THE MEDICAID SPECIALTY SERVICES PREPAID INPATIENT HEALTH PLAN AND SHARED RISK POOL FOR DESIGNATED COMMUNITY MENTAL HEALTH GEOGRAPHIC AREAS**
  - **OVERSEE THE MANAGEMENT OF MEDICAID SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH PROGRAMS**
  - **OVERSEE THE MANAGEMENT AND DELIVERY OF PUBLICALLY FUNDED SUBSTANCE USE SERVICES 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 2018**

# **STRUCTURAL FOUNDATIONS COMMUNITY MENTAL HEALTH SERVICES**

- **PUBLIC GOVERNANCE AND MANAGEMENT**
  - **BOARD OF DIRECTORS**
  - **ACCOUNTABLE TO COUNTY GOVERNMENT**
  - **REQUIRES 1/3 OF BOARD MEMBERS TO BE CONSUMERS**
  - **ESTABLISHES BY-LAWS AND POLICIES FOR THE ORGANIZATION**
  - **PROVIDES OVERSIGHT OF EXECUTIVE OFFICER**

# **STRUCTURAL FOUNDATIONS COMMUNITY MENTAL HEALTH SERVICES**

- **GUARANTEED RECIPIENT RIGHTS SYSTEM OF CARE**
  - **SUITABLE TREATMENT**
  - **PERSON-CENTERED PLAN**
  - **CONSUMER CHOICE**
  - **PROTECTIONS FROM ABUSE AND NEGLECT**
  - **LEAST RESTRICTIVE TREATMENT**
  - **SECOND OPINION**



# **STRUCTURAL FOUNDATIONS COMMUNITY MENTAL HEALTH SERVICES**

- **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**
    - **MEASURES INTEGRATED HEALTH OUTCOMES**

# **STRUCTURAL FOUNDATIONS COMMUNITY MENTAL HEALTH SERVICES**

- **INFORMATION MANAGEMENT**

- **IMPROVES THE HEALTH AND SAFETY OF CONSUMERS THROUGH MORE COMPLETE DECISION-MAKING**
- **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 THE HEALTH CARE EXCHANGE**

# **STRUCTURAL FOUNDATIONS COMMUNITY MENTAL HEALTH SERVICES**

- **CORPORATE COMPLIANCE**
  - **ESTABLISHES PROCESSES TO DETECT AND PREVENT HEALTH CARE FRAUD AND ABUSE**
  - **ENSURES THAT STAFF AND PROVIDERS ARE ELIGIBLE TO PARTICIPATE IN FEDERAL PROGRAMS**
  - **ASSURES COMPLIANCE WITH RELATED REGULATORY REQUIREMENTS INCLUDING FALSE CLAIMS ACT, HIPPA, HITECH ACT, AND MEDICAID INTEGRITY PROGRAMS**

# **STRUCTURAL FOUNDATIONS COMMUNITY MENTAL HEALTH SERVICES**

- **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 PUBLIC 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**
  - **ESTABLISHES LOCAL OFFICE OF RECIPIENT RIGHTS (ORR) TO IMPLEMENT PROTECTIONS IN THE MI MENTAL HEALTH CODE**
  - **ENSURES DIGNITY AND RESPECT, SUITABILITY OF TREATMENT, AND PROTECTION FROM ABUSE AND/OR NEGLECT**
  - **INCLUDES ADVISORY AND APPEAL COMMITTEE INCLUSIVE OF CONSUMERS TO PROVIDE FOR PETITION AND REDRESS OF UNRESOLVED COMPLAINTS**
  - **ENSURES MEDICAID ENROLLEE RIGHTS ARE PROTECTED**

# ORGANIZATIONAL INFRASTRUCTURE

- **PROVIDER NETWORK**
  - **OVERSEES AND MAINTAINS A LOCALLY DELIVERED PROVIDER NETWORK SUFFICIENT TO MEET REQUIREMENTS OF SERVICE POPULATIONS AND THE COMMUNITY**
  - **ENSURES PROPER BALANCE BETWEEN EXPENSE AND QUALITY IN PURCHASING AND/OR DELIVERY OF SERVICES**
  - **NEGOTIATES CONTRACT REQUIREMENTS AND COMPENSATION**

# ORGANIZATIONAL INFRASTRUCTURE

- **COMMUNITY RELATIONS AND COLLABORATION**
  - **RECOGNIZES TRADITIONAL SOCIAL SERVICE ROLE OF PUBLIC AGENCIES AND BENEFITS TO THE COMMUNITY**
  - **COORDINATES ACTIVITIES WITH COUNTY AND MUNICIPAL PARTNERS FOR IMPROVEMENT IN THE HEALTH OF THE SHARED COMMUNITY**
  - **EXAMPLES INCLUDE OUTREACH AND PREVENTION, HUMAN SERVICE COLLABORATIVE COUNCILS, EMERGENCY PLANNING/DISASTER PREPAREDNESS, AND CONNECTIONS WITH SCHOOLS, PUBLIC HEALTH, 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**

# CONSIDERATIONS FOR SERVICE PROVISION

- **REGULATORY AND MARKET INFLUENCES**
  - **INCREASED COST OF HEALTH CARE**
  - **EXPANDED FEDERAL AND STATE ROLES IN HEALTH CARE FINANCING**
  - **CONSUMER CHOICE AND DIRECT PURCHASING**
  - **EXPANDING PRIVATE MANAGED CARE MODELS FOR PUBLIC HEALTH CARE SERVICES (I.E., MEDICARE ADVANTAGE PLANS; PRESCRIPTION DRUG PROGRAM)**
  - **CHANGES IN CLINICAL PRACTICES/PHARMACOLOGY**

# CONSIDERATIONS FOR SERVICE PROVISION

- **VALUE BASED PURCHASING (“TRIPLE AIM”)**
  - **PATIENT EXPERIENCE**
  - **IMPROVED HEALTH OUTCOMES**
  - **INCREASED COST EFFECTIVENESS**
- **COMPLEXITY IN PUBLIC MARKET**
  - **HEALTH EXCHANGES, NEW ACCOUNTABLE CARE ORGANIZATIONS, SPECIAL NEEDS PLANS, MEDICAID EXPANSION FLEXIBILITY**
  - **MONETIZATION OF PUBLIC SERVICE**
- **ADDITIONAL REGULATORY REQUIREMENTS (MEDICARE)**
  - **MEANINGFUL USE INCENTIVES (ELECTRONIC HEALTH RECORD)**
  - **PHYSICIAN QUALITY REPORTING SYSTEMS**

# UNIFIED COMMUNITY HEALTH

- **RELATIONSHIP WITH OTHER AGENCIES**
  - **COMMERCIAL HEALTH INSURANCE/MEDICAID HEALTH PLANS**
  - **DEPARTMENT OF PUBLIC HEALTH**
  - **SCHOOL HEALTH PROGRAMS**
  - **FEDERAL QUALIFIED HEALTH CENTERS**
  - **DEPARTMENT OF HUMAN SERVICES**
  - **COMMUNITY HOSPITALS**
  - **LOCAL AMBULATORY CARE PROVIDERS**



# UNIFIED COMMUNITY HEALTH

- **INCREASED COORDINATION AND REVERSE INTEGRATION STRATEGIES**
  - **PHYSICAL/BEHAVIORAL HEALTH HOMES**
  - **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS**
  - **ACCOUNTABLE CARE ORGANIZATIONS**

# UNIFIED COMMUNITY HEALTH

- **THE USE OF INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE ARRANGEMENTS AT THE SERVICE LEVEL:**
  - **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)**
  - **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)**

# UNIFIED COMMUNITY HEALTH

- **WHY NOT TRANSFER FUNDS TO MEDICAID HEALTH PLANS?**
  - **SEVERS THE STATE AND COUNTY PARTNERSHIP AND INVESTMENTS FOR PUBLIC MENTAL HEALTH SERVICES**
  - **TRANSFERS PUBLIC RESOURCES TO PRIVATE INTERESTS WITH NO ACCOUNTABILITY TO THE PERSONS, FAMILIES, AND THE COMMUNITIES THAT DEPEND UPON THE SERVICES**
  - **COUNTIES RETAIN THE SOCIAL RISK OBLIGATIONS AS FIRST RESPONDERS TO PUBLIC HEALTH AND SUBSTANCE USE ISSUES BUT WITHOUT SAFETY NET RESOURCES**
  - **CMHSP PUBLIC SERVICE OBLIGATIONS AND RESOURCE DECISIONS NO LONGER ACCOUNTABLE TO THE SERVICE COMMUNITY**

# UNIFIED COMMUNITY HEALTH

- **FUTURE DIRECTIONS OF HEALTH CARE**
  - **INTEGRATED CARE - PRIMARY HEALTH CARE, PSYCHOSOCIAL SERVICES, & WELLNESS CARE DESIGNED TO OPTIMIZE & MAINTAIN HEALTH & WELLBEING ACROSS THE LIFE COURSE**
  - **INTERCONNECTIVITY - HEALTH & MEDICAL INFORMATION FOLLOWS THE PERSON; CONNECTIVITY BETWEEN THE HEALTH & HUMAN SERVICE SYSTEMS; & STAKEHOLDERS HAVE ACCESS TO REAL-TIME DATA ON QUALITY, COST, & OUTCOMES**
  - **ACCOUNTABLE CARE COMMUNITIES - HEALTH CARE NETWORKS PARTNER WITH PUBLIC HEALTH & COMMUNITY ORGANIZATIONS TO BOTH REDUCE COMMUNITY HEALTH RISK FACTORS & PROVIDE COORDINATED ILLNESS CARE**

# UNIFIED COMMUNITY HEALTH

- **FUTURE DIRECTIONS OF BABH**
  - **CONTINUE TO TRANSFORM OUR SERVICES TO EMBRACE OUTCOMES RELATED TO INTEGRATED PHYSICAL & MENTAL HEALTH CARE, INFORMATION INTERCONNECTIVITY, & ACCOUNTABLE CARE COMMUNITIES**
  - **REMAIN VIGILANT AT FEDERAL & STATE POLICY CHANGES DESIGNED TO SEVER THE PUBLIC MANAGEMENT OF COMMUNITY MENTAL HEALTH SERVICES**
  - **HONOR OUR COUNTY-BASED PUBLIC SERVICE OBLIGATIONS & NATURAL COMMUNITY PARTNERS**
  - **MAINTAIN OUR STRONG RELATIONSHIPS WITH PERSONS & FAMILIES THAT DEPEND UPON OUR SERVICES**

**(EXHIBIT 2. US HEALTH SYSTEMS TRANSFORMATION. RETRIEVED FROM “APPLYING A 3.0 TRANSFORMATION FRAMEWORK TO GUIDE LARGE-SCALE HEALTH SYSTEM REFORM,” BY NEAL HALFON, PETER LONG, DEBBIE I. CHANG, JAMES HESTER, MOIRA INKELAS, AND ANTHONY RODGERS, 2014 *HEALTH AFFAIRS*, 33, NO. 11, P. 2005)**