

County Commissioner's Guide to Public Behavioral Health

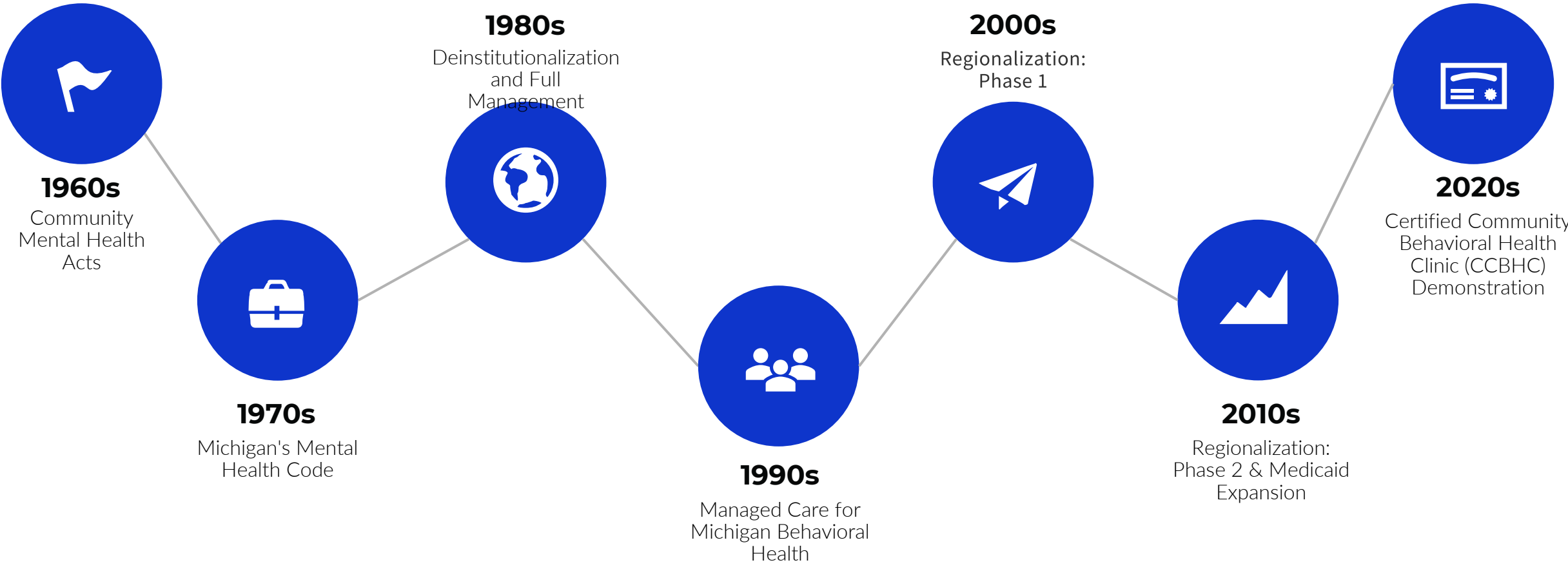


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EMPOWER YOUR PURPOSE

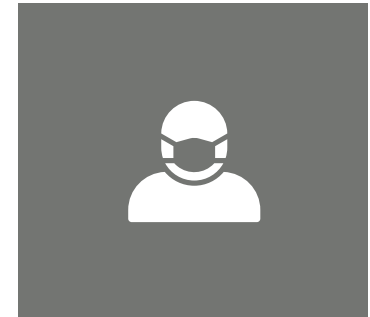
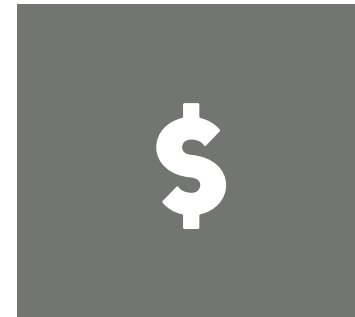
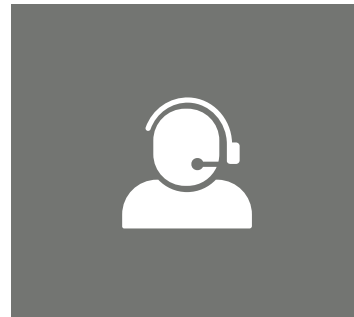
HOW WE GOT HERE



Timeline Overview



1960s - Community Mental Health Acts of 1963



Deinstitutionalization

Encouraged the shift from long-term institutionalization to community-based care.

Comprehensive Services

Aimed to provide a range of services, including outpatient care, inpatient care, and consultation.

Federal Funding

Provided federal grants to states for developing community mental health centers.

Prevention and Early Intervention

Emphasized the importance of preventive measures and early intervention programs.

The Community Mental Health Acts of 1963 was landmark legislation that shifted the focus of mental health care from institutions to community-based settings, promoting a more holistic and preventive approach.

1970s - Mental Health Code of 1974



FURTHER Promoted deinstitutionalization & community-based services

Mandated the transfer of responsibility for community services to the counties and the community mental health system



Emphasized patient rights and advocacy

Establishes the rights of individuals with mental illness, including the right to treatment, due process, and advocacy



Counties Implement community service programs

Counties evaluate the local needs of their citizens and design service programs to integrate with and support existing community infrastructure

Michigan's mental health code of 1974 marked a significant milestone in the state's approach to mental health care, promoting community-based services, patient rights, and deinstitutionalization.

1980s - The Rise of Full Management in Michigan's Community Mental Health System

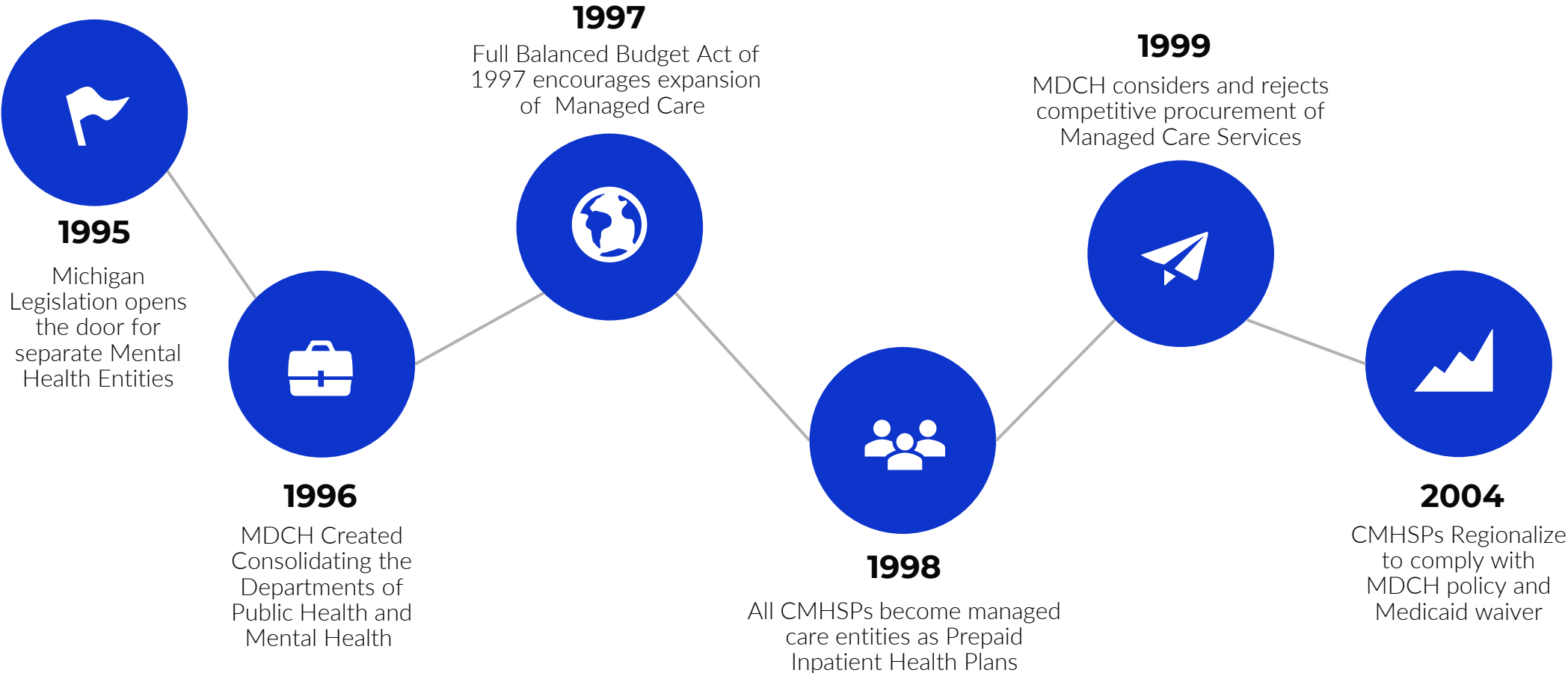


In the 1980s, Michigan implemented pilot programs for Full Management Contracting, a model where CMH Boards managed the budgets for both inpatient care and community-based alternative services

Full management coordinated service delivery for inpatient and community services and fostered local control, allowing communities to tailor mental health services to their unique needs and preferences.

Full Management Contracting was seen as a way to encourage flexibility on how to effectively deliver services in each community while promoting cost containment and improve the efficiency of service delivery.

1990-2000s Community Mental Health in Michigan



Creation of Community Mental Health Entities



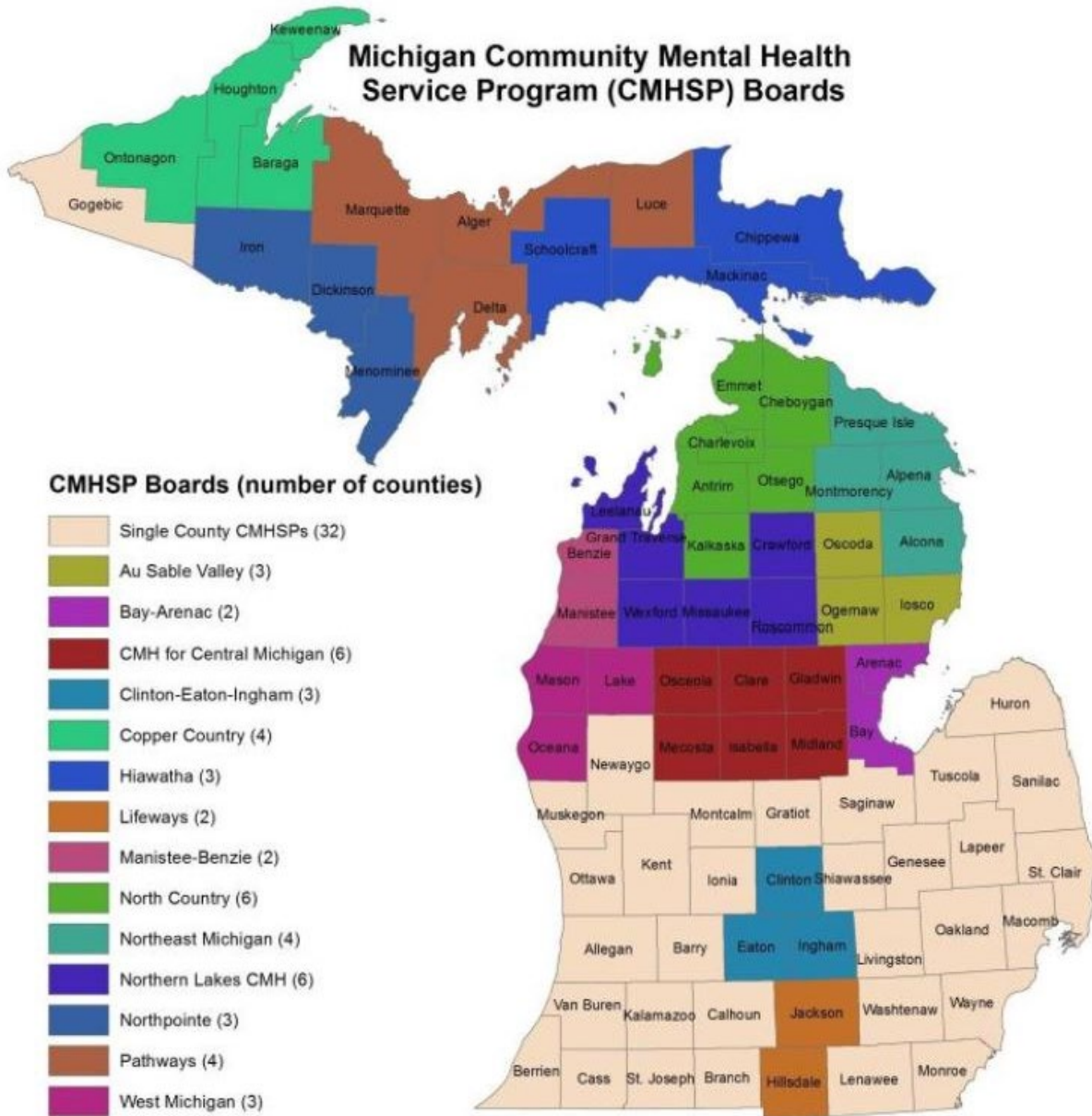
In the 1990s, Michigan counties shifted from internal mental health departments to external Community Mental Health Entities (CMHEs) that could be single or multi-county.

CMHEs were established to coordinate and oversee the delivery of mental health services within their respective geographic areas, ensuring better integration and accessibility of services.

CMHEs were governed by dedicated local boards, appointed by county commissioners, allowing for community involvement and decision-making tailored to the specific needs of each region.

CMHEs were responsible for providing a comprehensive range of mental health services, including prevention, treatment, and support services, for individuals with mental illnesses and intellectual/developmental disabilities.

Michigan Community Mental Health Service Program (CMHSP) Boards



Michigan's Community Mental Health Services Programs Map

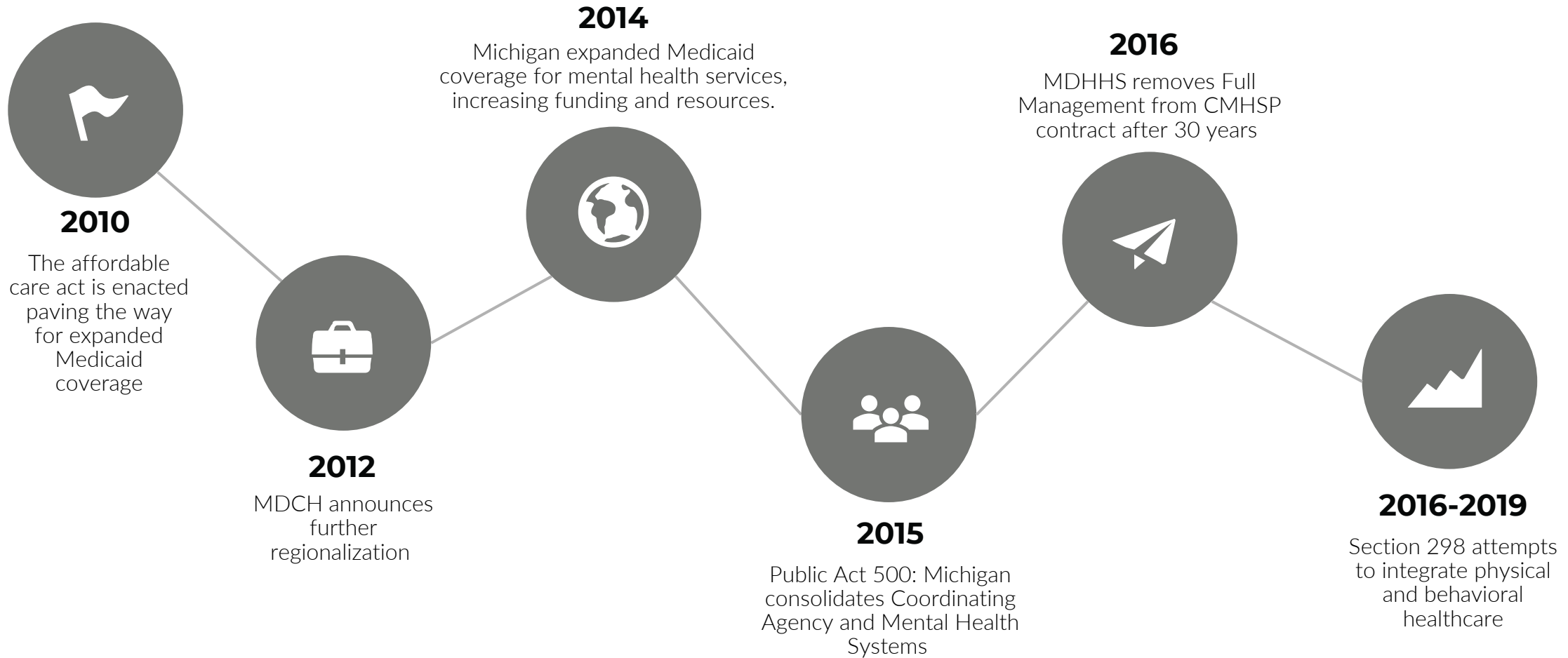
The Community Mental Health Services Programs (CMHSPs) in Michigan are a network of county created community-based providers. This map illustrates the geographic coverage and regional boundaries of these programs.



Regional Map 2004: Prepaid Inpatient Health Plans

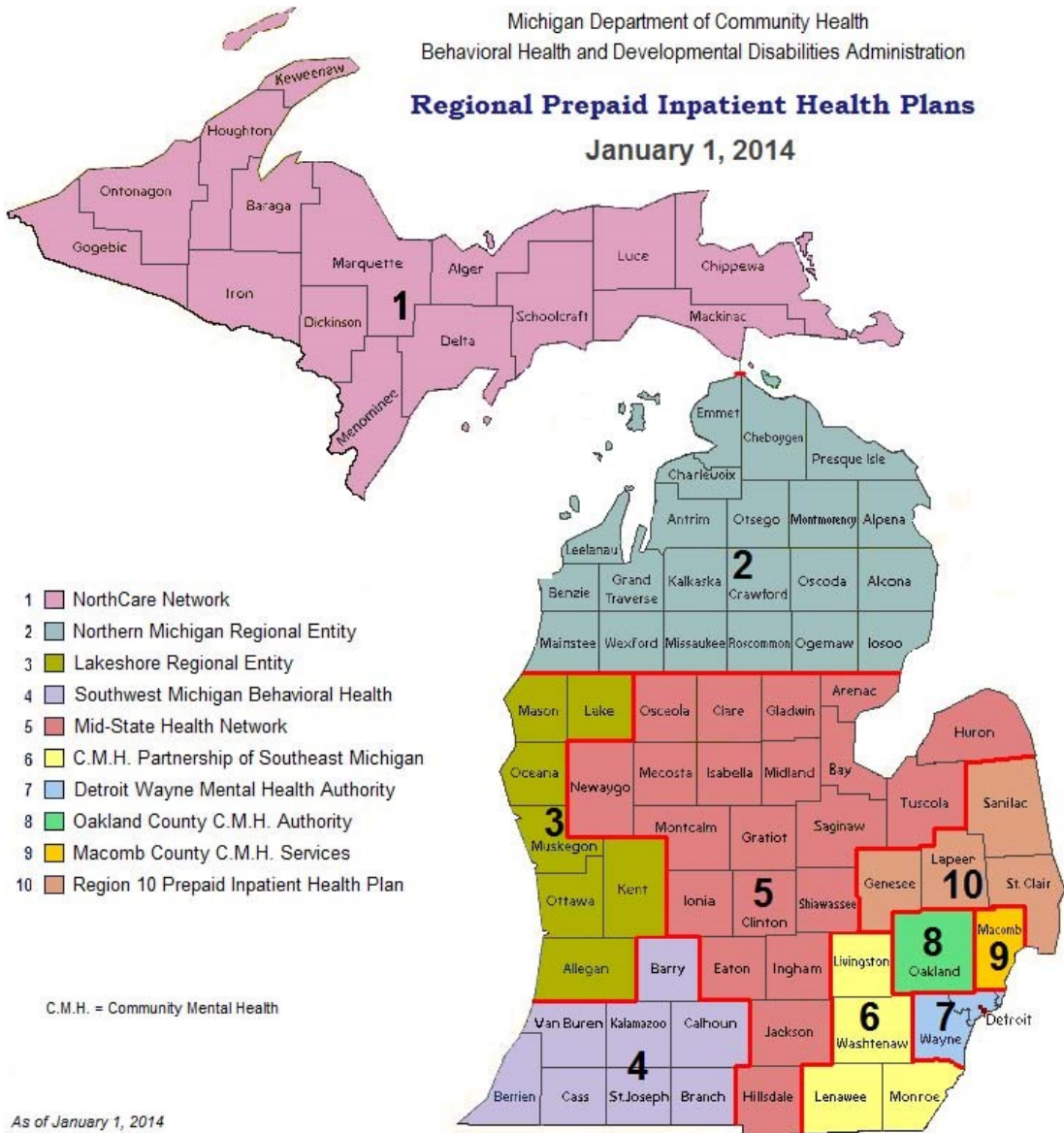
To maintain the connection between the counties and Medicaid policy. The CMHSPs in Michigan created regional affiliations to manage Medicaid. Only eighteen (18) CMHSPs maintained their PIHP designation. Forty-four (44) counties lost direct influence on the Medicaid program. This map illustrates the geographic coverage and regional boundaries of these affiliations.

2010s: Advancing Community Mental Health in Michigan



Regional Prepaid Inpatient Health Plans

January 1, 2014



As of January 1, 2014

Regional Map 2014: Prepaid Inpatient Health Plans

The Michigan Department of Community Health (MDCH) required further regionalization from eighteen (18) down to ten (10). Only three (3) counties were able to maintain their dual CMHSP and PIHP status, Detroit-Wayne, Oakland, and Macomb. The remaining 80 counties do not have direct influence on their Medicaid programs.

Michigan Medicaid Expansion and Community Mental Health Services



Medicaid expansion in Michigan

In 2014, Michigan expanded Medicaid under the Affordable Care Act, providing coverage for low-income individuals.



Increased access to mental health services

The expansion allowed more people to access mental health services, reducing barriers to care.

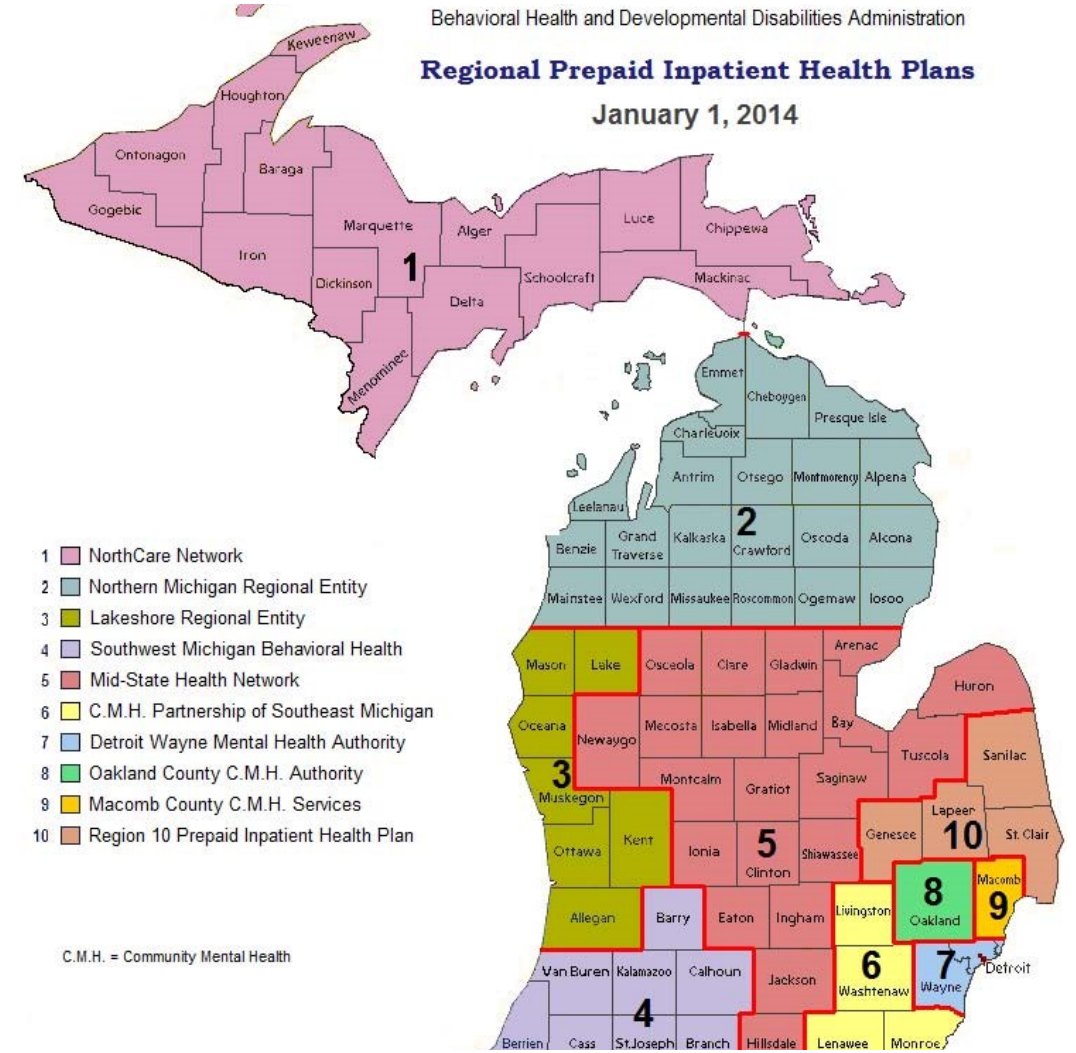


Funding for community-based programs

Additional Medicaid funding supported the growth of community-based mental health programs and services.

The Medicaid expansion in Michigan played a crucial role in improving access to mental health services, particularly through community-based programs, marking a significant evolution in the state's approach to mental health care.

Coordinating Agencies REstructuring 2016



2016 - Removal of Full Management Contracts



Loss of local control

MDHHS removing full management contracting from CMHSPs means reduced autonomy for local mental health service programs.



Funding constraints

Reduced local funding and flexibility of care due to the changes implemented by MDHHS could lead to limited resources for mental health services.



Capacity limitations

Despite the changes, capacity at state mental health facilities has not increased, potentially leading to a shortage of available services.

The changes implemented by MDHHS regarding the management of CMHSPs have led to concerns over reduced local control, funding constraints, and capacity limitations for STATE INPATIENT services in Michigan.

2016-2019 - Section 298 Restructure

Removal of County Influence

While not a stated goal, the proposed restructure would remove all remaining direct and indirect county influence from Medicaid financing and policy.

Opposition from Stakeholders

The restructuring proposal faced strong opposition from healthcare providers, advocates, and consumers, who were concerned about potential negative impacts on access to services and care.

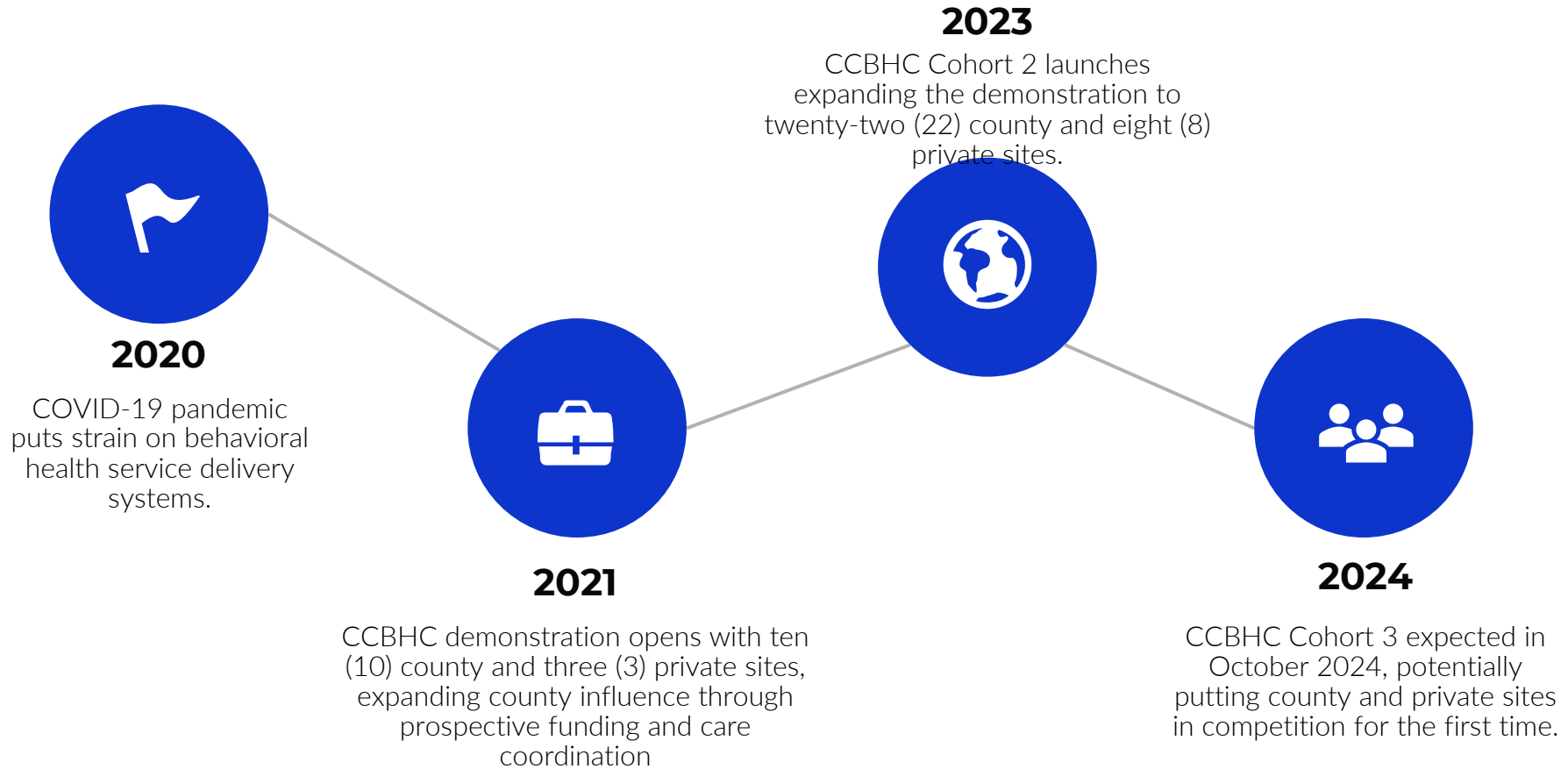
Limited Pilot Proposed

In an effort to address concerns, a limited three-site pilot program for the restructuring was proposed, potentially allowing for an evaluation and gradual implementation.

Impasse with Insurance Companies

Ultimately, the restructuring attempt was halted due to an impasse between insurance companies and local pilot sites.

2020s - Preparing for the Future



**WHERE DO WE
GO FROM HERE?**



Direct County Involvement in Behavioral Health Services

By fostering strategic partnerships, enhancing jail diversion programs, and allocating opioid settlement funds, the county can effectively maintain and enhance local influence on community services.



Establish strategic partnerships

Encourage or support a county based CCBHC in your community to expand access and enhance funding for services while maintaining local control.



Enhance jail diversion programs

Implement or enhance initiatives that divert individuals with behavioral health issues from incarceration and provide appropriate treatment and support services.



Allocate opioid settlement funds

Leverage funds from the opioid settlement to enhance addiction treatment, prevention, and recovery services already available in the community through the PIHP and/or CCBHC.

Support the CCBHC Demonstration



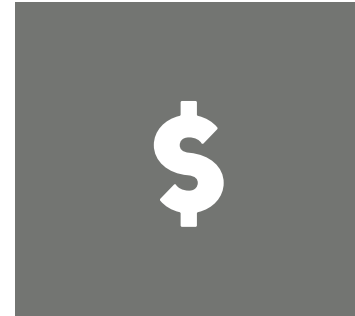
Significant Federal and State Support

CCBHCs receive substantial funding from both the federal and state government, ensuring a robust framework for their operations.



Expanded Services for Current and New Patients

County-established CCBHCs will broaden service offerings, catering to the diverse needs of both existing and new patients.



Local Investment to Bridge Funding Gaps

While federal and state funding provides a foundation, local investments are crucial to fill any remaining gaps and ensure comprehensive coverage.



Successful Millage Implementation

Several counties have already demonstrated the effectiveness of implementing millages dedicated to behavioral health services, paving the way for others to follow suit.

CCBHCs, with their multi-level support, expanded services, and strategic funding mechanisms, are poised to drive the evolution of community mental health services in Michigan.

Jail Diversion Programs and Behavioral Health Courts

These collaborative programs between the justice system and behavioral health providers offer a compassionate and effective approach to addressing the needs of individuals struggling with mental health or substance abuse issues, promoting recovery and reducing recidivism.



Jail Diversion Programs

Community-based initiatives aimed at redirecting individuals with mental health or substance abuse issues away from the criminal justice system and towards appropriate treatment and support services.



Mental Health Courts

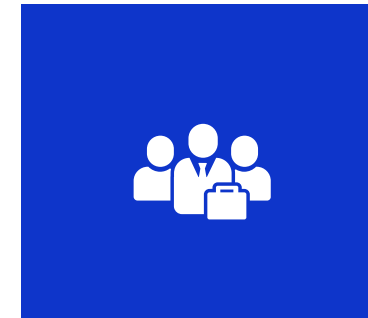
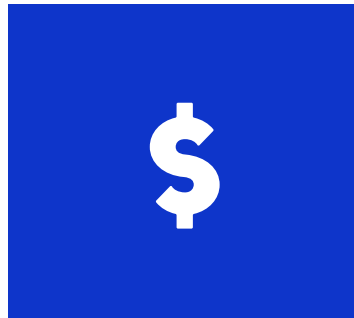
Specialized courts that prioritize treatment and rehabilitation for individuals with mental illness who have committed non-violent offenses.



Drug Courts

Judicially supervised court docket programs that provide non-violent, substance-abusing offenders with treatment and rehabilitation services as an alternative to incarceration.

Addressing the Opioid Epidemic: A Strategic Approach



Limited Resources

The settlement funds are substantial but limited, necessitating strategic allocation.

Remediation

Settlement usage is limited to remediation including treatment and mitigation (prevention) of opioid use

Existing Infrastructure

Identify current behavioral health services to avoid redundancies and focus on capacity and enhancement

Coordinated Implementation

A coordinated approach can enhance existing services and prevent counterproductive efforts.

A well-planned, coordinated strategy that capitalizes on existing infrastructure and allocates resources judiciously between prevention and treatment services is crucial for effectively addressing the opioid epidemic.



QUESTIONS

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