



Detroit-Wayne County: MCPN Options

Town Hall Meetings

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Overview of the Project

- Preliminary meetings
- Two meetings with the Mental Health Board
- Meetings with MELT and management staff – Group and individual meetings
- MCPN and other stakeholder meetings – group and individual
- Meeting with state officials (twice)
- Two day long planning meetings with MELT
- Extensive document review
- Draft report, reviews and revisions
- Board and stakeholder briefings





Overview

- The Agency is making considerable strides in improved operations, performance and advancing recovery, despite challenges from reduced state funding
- The MCPN structure has generally been effective at improving the management of care and improving payment timeliness.
- The ARR contains the vision and framework for the new system
- While there may be advantages in reducing the number of MCPNs to two or three combined MI and DD MCPNs, there are costs to the changes
- The MCPN reprocurement is a major opportunity to achieve efficiencies, standardize operations and make other systemic improvements, including improvements in primary care integration





Service Issues

- Increase the consistency of services across MCPNs
- Increase consistency of emphasis on recovery oriented services (for people with MI), person centered care and integrated health care for people with MI and DD
- Standardize clinical and administrative processes
- Increase level of coordination with other agencies
- There are systemic barriers in the transition from residential services to independent living
- Utilization management efforts should expand beyond authorizations to include post-discharge tracking and quality measures
- Need to clearly define everyone's clinical home.
- When should cases be closed and services provided by health plans?
- There needs to be a greater focus on outreach and prevention





Financing Issues

- Uncertain monthly payments increase MCPN risk
- General Fund benefit changes will require further changes in funding methods
- The drop in GF funding may reduce service innovation
- Policies on risk and reserves need to be clarified
- Improve Medicaid eligibility procedures
- Continue efforts to implement performance incentives





Agency Management and Oversight

- Update and increase specificity of contract language
- There is a need for more data driven policy and management
- Eliminate duplication of effort and improve coordination where possible
- Improve alignment of quality and measurement across the Agency
- Standardize reporting from MCPNs to the Agency
- Maximize opportunities for choice among providers
- Develop strategy to monitor and reduce state hospital use
- Increase consumer and family input





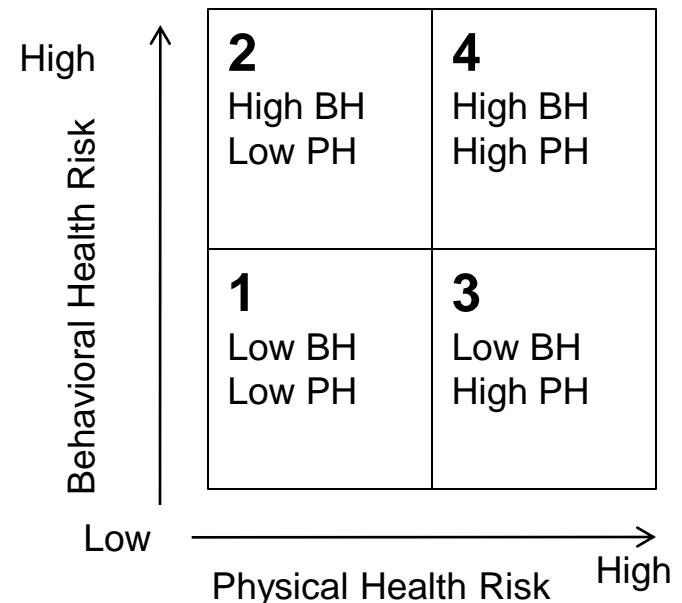
Key Components of MCPNs

- Core principles - vision, mission and values
- Covered services
- Enrollment requirements and processes
- Access standards
- Special service requirements
- Health education requirements
- Coordination of care
- Utilization management
- Network management
- Quality management and improvement
- Performance standards
- Data and reporting requirements



Primary Care Integration

- Care coordination must address both physical, behavioral and developmental needs
- MCPNs and their lead providers need to partner with health plans and FQHCs in their areas
- A fundamental integration requirement is that primary care physicians utilize standardized **MH screening** tools
- Consider a **health home** strategy
- All consumer **ISPs** should address physical health needs
- Each **MCPN should have an annual “integration” plan**
- Performance metrics are needed





MCPN Options

- Options explored for redesign
 1. Existing structure
 2. Reduce MCPNs to two per disability group
 3. Reduce MCPNs to two or three – each serving both disability groups
 4. Reduce MCPNs to one per disability group (needs waiver changes)
 5. Eliminate MCPNs (needs waiver changes)
 6. Increase the number of MCPNs
 7. Move to an insurance model (needs waiver changes)
- All the options should include more specific procurement provisions
- Need greater clarity on delegation from the Agency to the MCPNs – Work this out in Procurement planning
- Consider incorporating some portion of the carved out specialty contracts into MCPN structure





Overall Recommendations

- *Procurement Planning:*

- Seek input from State officials on the number of MCPNs;
- Consider formal community discussions about changing the number;
- Incorporate many of the issues from this report into the RFP

- *Contract revisions:*

- Implement more specific program standards and procedures in the RFP and resulting contract;
- Use some beginning elements of pay for performance and build on them in subsequent years;
- Advance recovery and the use of person centered planning;
- Develop contract provisions for “health homes”.





Overall Recommendations (2)

- *MCPN requirements:*

- Include RFP provisions on the scope of service, populations and the full array of services that will be required across the county;
- Ensure consumer and family involvement in advisory and governing boards;
- Include requirements for primary care integration projects

- *Agency Initiatives:*

- Strengthen the Community Access System as a single point of entry;
- Increase collaborations between MCPNs and other public agencies – e.g. child welfare; justice
- Increase focus on prevention and outreach as funds become available;
- Support service innovation through outside experts and recognition programs;
- Increase focus on performance measurement;
- Maintain and expand upon consumer/family leadership.





Discussion

- Of the MCPN Options, which one do you prefer? How many MCPNs should there be?
- Are there creative ways the County can improve access to health, behavioral and community services?
- How can the MCPNs and the County improve the quality of services?
- How can services be better integrated with physical health?

Other ideas? Send an email to:

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