

THE DETROIT WAYNE MENTAL HEALTH AUTHORITY

System Transformation and
Review of Operational Efficiencies
June 13, 2018



PRESENTATION SUMMARY

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- Background and 298
- Why System Transformation
- DWMHA System Transformation
- How does DWMHA transform itself into a Manager of Care?
- Current DWMHA Delivery System
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- Vision of Holistic Care
- Behavioral Care
- Physical Care

PRESENTATION SUMMARY – CONTINUED



- Economic Well Being
- Social Well Being
- Spiritual Well Being
- Comprehensive Infrastructure
- People
- System Transformation Timeline
- Ensure Ongoing Quality and Monitoring
- Transformation in Motion
- Heading This Effort

DEFINITION OF SYSTEM TRANSFORMATION



- In an organizational context, System Transformation is a process of profound and radical change that orients an organization in a new direction and takes it to an entirely different level of effectiveness.

(Business Direction 2018)

BACKGROUND AND 298



- Section 298 was boilerplate language included in the Governor's budget that proposed the integration of mental health care funding with the Medicaid health plans.
- 298 was an effort to integrate physical and behavior health, and produce financial savings that could be used to address funding shortfalls in the mental health system.
- In this proposal, dollars would flow from the State of Michigan, to the health plans and then to the CMHSPs. As a result of this, DWMHA must transform to be in a position to manage care as it relates to integration of Behavioral and Physical Health Care.

WHY SYSTEM TRANSFORMATION?

- Goal is to achieve these outcomes:
 - Alignment with DWMHA Mission, Vision and Values
 - Deliver Holistic Care which includes Behavioral, Physical, Social, Economic, and Spiritual wellbeing
 - Standardize Care and Clinical Practice
 - Maximize Effectiveness of Services and Outcomes
 - Enhance Member Experience
 - Enhance Provider Experience
 - Ensure Consistent Quality
 - Minimize Redundancy
 - Maximize Efficiencies

DWMHA SYSTEM TRANSFORMATION



FROM

TO

Fund Care

Manage Care

Behavioral Health

Holistic Care

(Behavioral Health, Physical Health, Social, Economic, Spiritual)

Inadequate Tools

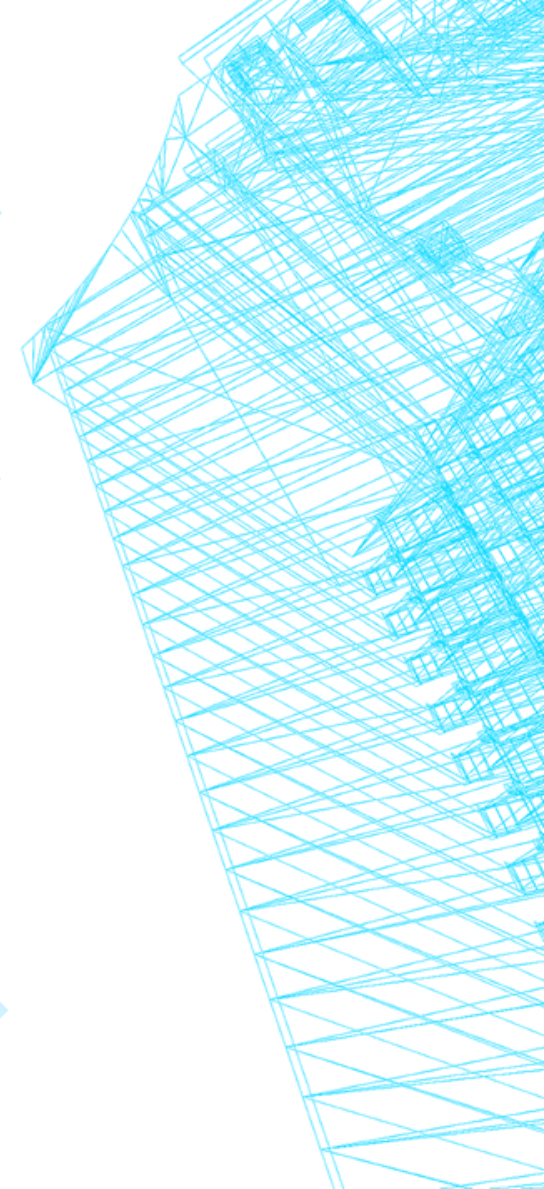
Comprehensive infrastructure

(Phones, Computers, Buildings, Facilities, Systems, etc.)

Talent Misalignment

Right Person in the Right Place

(Restructure, Reengineer processes & Better use of People's talents)



HOW DOES DWMHA TRANSFORM ITSELF INTO A MANAGER OF CARE?



- We must recapture and manage Prepaid Inpatient Health Plan (PIHP) functions as specified in the MDHHS contract.
- We must create a true integrated healthcare option by attending to the holistic care needs of those we serve.
 - Preventative care - dental, vision, wellness.
 - Satellite clinics - providing services to people in our community.
- Reduction in administrative costs by centralizing and gradually bringing in essential functions that are currently delegated to vendors and MCPNs.

CURRENT DWMHA DELIVERY SYSTEM



Function	MCPNs	Overlap	DWMHA
Community Living Support Services Coordination	✓		
Residential Contract Management	✓		
Crisis Management for Children	✓		
Fiscal Intermediary	✓		
Coordinate Respite services	✓		
Customer Services		✓	
Finance		✓	
Information Technology		✓	
Community Living Support Services Coordination		✓	
Credentialing		✓	
Paying Claims		✓	
Provider Relations		✓	
Quality Monitoring		✓	
Process COFR		✓	
Comprehensive Service Array		✓	
Utilization Management		✓	
Grievances and Appeals			✓
Crisis Management for Adults			✓
Credentialing/Impaneling			✓
Peer services			✓
Population Health			✓
MI Health Link			✓
SUD Services			✓
Autism Services			✓
Recipient Rights			✓

MANAGER OF CARE



- To move forward with system transformation, DWMHA must transform itself from a funder of care into a manager of care.
- DWMHA must re-establish a direct relationship with our providers and the people we serve.
- Migrate delegated functions from all MCPNs using a step-wise approach to ensure success and quality at each step of the way.
- As a Manager of Care, “The Buck Stops Here.”

VISION OF HOLISTIC CARE

Provide a detailed structure that includes the fundamentals of behavioral care, physical care, economic well being, social well being and spiritual well being as a norm of care versus an exception throughout the entire network of providers.

Establish checks and balances that both monitors and promotes holistic care for people served.

Develop methods to measure of holistic care for people served.

BEHAVIORAL CARE

- Current: DWMHA participates in person centered planning and provides options for community involvement for the people we serve.
- Vision: DWMHA assures that the people we serve are part of complete “Inclusion and Choice” which represents the base of a Community Mental Health system. Fulfillment of the promise that all decisions are made with consideration to the “Best Interest” of the people we serve.

PHYSICAL CARE



- Current: DWMHA provides isolated pockets of physical health care coordination. This includes:
 - Providing transportation to physical health,
 - Follow-up of appointments
 - Transfer of health care records as needed
- Vision: DWMHA processes included health care integration at every aspect of care that can be achieved by:
 - Satellite Clinics - providing services to people directly in our communities.
 - Detailed Referral process - to connect people with services they need.
 - Preventive Care: Dental, Vision and Wellness.

ECONOMIC WELL BEING



- Current: DWMHA provides job assistance programs and coordinate income for people served
- Vision: DWMHA establish detailed coordination of job assistance and skill assistance to every aspect of care. This include:
 - Requiring all aspects of job assistance and skill coordination at every level of care.
 - Establish detailed income assistance planning programs
 - Broaden housing assistance programs.

SOCIAL WELL BEING

- Current: DWMHA provides social enhancement opportunities for the people served. This includes:
 - Clubhouses
 - Community events
 - Transportation
- Vision: Provide a comprehensive social atmosphere that is centered around choice and inclusion.
 - Broaden availability to community activities that include the general population
 - Broaden housing opportunities within the general population

SPIRITUAL WELL BEING

- Current: DWMHA provides pockets of faith base programs of choice throughout the provider network
- Vision: Broaden the availability of faith based programs of choice for people served. This includes:
 - Providing accessibility to a various array of support groups
 - Providing access to mental strengthening programs of choice
 - Broadening activity to recreational enhancements

COMPREHENSIVE INFRASTRUCTURE

- IT - data management system/department system readiness to analyze the data
- Building(s) state of the art equipped with technology to move us further
- Investment—a continuous process of strengthening our staff in education, scope and size to maximize efficiency, minimize redundancy, and improving and enhance services to the people we serve.
- Other resources as needed

PEOPLE

- Restructuring the Organization to ensure success, forecast potential risk and adaptation to changes.
- Re-engineer processes and better use of People's talents
- A trained and sophisticated workforce prepared and equipped to handle this transformation
- DWMHA staff & Stakeholder Input

SYSTEM TRANSFORMATION TIMELINE



6/1/2018
System Transformation
Start Date

9/30/2018
Concluding Phase 1

12/31/2018
Concluding Phase 2

5/31/2019
Complete System Transformation



6/1/2018 - 9/30/2018
Preliminary integration opportunity provided to ICA
Secondary integration opportunity provided to CLS
Third integration opportunity provided to
ConsumerLink & Carelink

10/1/2018 - 12/31/2018
Exercise New Role with ICA & CLS

1/1/2019 - 3/31/2019
Continue Exercise New Role (ICA & CLS)
Planning for Next Phase (ConsumerLink
& CareLink)

4/1/2019 - 5/31/2019
All MCPN Functions
Handled at DWMHA

6/1/2018

7/1/2018

10/1/2018

1/1/2019

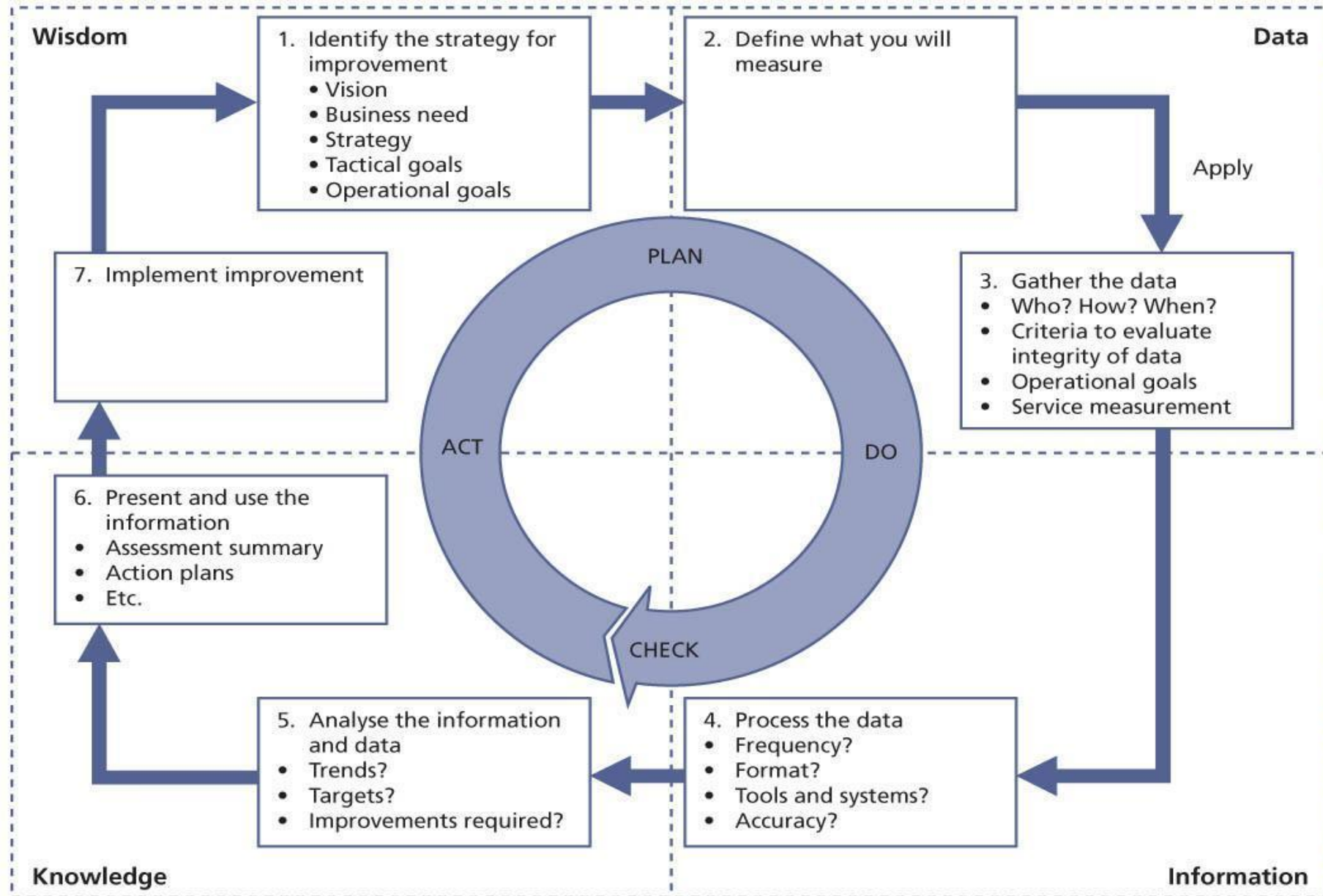
4/1/2019

5/31/2019

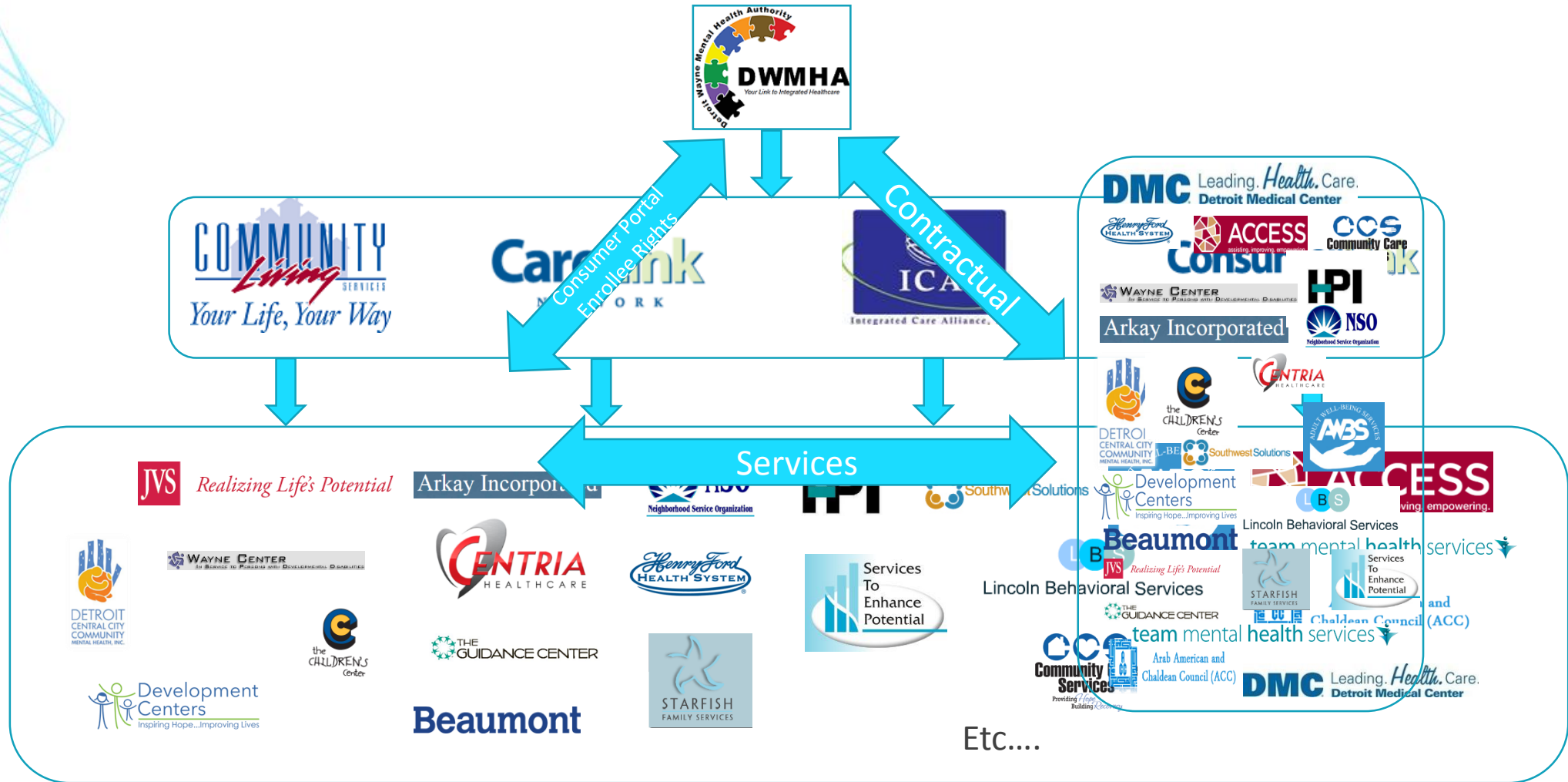
10/1/2018
Starting Phase 2

1/1/2019
Starting Phase 3

ENSURE ONGOING QUALITY AND MONITORING



TRANSFORMATION IN MOTION



HEADING THIS EFFORT

- Eric Doeh Chief Network Officer will be leading the system transformation efforts
- Dana Lasenby Chief Clinical Officer will be leading the clinical portion including crisis continuum.