



The Future Landscape of Behavioral Healthcare and Its Impact on McLean County



Executive Summary

Mental Health America held a community forum focused on the future delivery system for community behavioral health and the current status of the system in McLean County. Presenters from state and local organizations addressed the approximately sixty attendees through a variety of formats. Main points derived from the day's event were:

Findings

- Coordinated care brought on by healthcare reform and Medicaid policy changes will call for profound changes in financing with integration of services being an essential component.
- Communities will be called upon to mobilize, integrate, and work with larger regional coordinated care organizations that will assume contract and payment roles.
- Community leadership and innovative system management approaches can serve to mobilize stakeholders and tailor coordinated behavioral health approaches serving local needs
- The community is facing greater restrictions on state funding and reduction of capacity within state operated facilities
- Lack of psychiatrists is limiting the community behavioral health system.
- The community behavioral health system is difficult to navigate and may become increasingly so with the advent of the Affordable Care Act and Medicaid reform.
- The county correctional facility is increasingly becoming the largest residential mental health treatment facility in the community
- The community needs crisis stabilization beds to help limit detention facility overcrowding provide for appropriate treatment.
- Integrated community priorities are needed in contrast to a silo approach
- The community can do a better job with tax levy resources available in McLean County by assessing current needs, revising priorities and reallocating where appropriate.
- The county taxes at a rate of approximately \$.033 per \$100 equalized assessed valuation, roughly 60% of the \$.05 allowed by law

Potential Action Steps

The community needs an organizational leader that will bring the right stakeholders to the table with the capacity to effect transformation. Several offered suggestions arose concerning the type of organization that may have the capability to facilitate the process.



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Mental Health America of McLean County held a community forum titled *The Future Landscape of Behavioral Healthcare and Its Impact on McLean County* on September 13, 2013 in the Osborne Room at the Bloomington Police Department. The event was attended by over sixty stakeholders and was addressed by state and local presenters. The following summarizes the proceedings of the day and draws several conclusions and recommendations for follow-up action:

The forum was held for the purpose of identifying systems issues related to healthcare reform as well as provide an exploration of deficits and potential of opportunities relative to community behavioral health within the community. The focus was on medically indigent consumers of public resources.

Statewide Systems Changes and Potential Local Adaptations

Frank Anselmo is the Chief Executive Officer of the Community Behavioral Healthcare Association (CBHA) and oversees a statewide membership organization comprised of behavioral healthcare providers operating in the not-for-profit sector. Mr. Anselmo provided an in-depth overview of healthcare reform and the Affordable Care Act. The presentation was primarily focused on Illinois Medicaid expansion and to state's goal of moving 50% or more of recipients into some form of coordinated care. Coordinated care will be overseen by regional Accountable Care Entities, Coordinating Care Entities and Managed Care Coordination Entities. The speaker stressed that within the near term, payments to behavioral health providers for services delivered to Medicaid recipients will be made through one of these types of organizations.

The geographic area encompassing McLean County has already been targeted by several organizations to serve in managed care or coordinated care roles. Mr. Anselmo stated that it behooves provider organizations to begin to meet with these groups and gain a seat at the table. Within three years of the January 15, 2014 date, coordinated care entities will begin serving as large scale Managed Care Organizations (MCO's) and will begin receiving capitated payments from the Illinois Department of Healthcare and Family Services (HFS) for their assigned covered lives. The cost constraints associated with this form of payment – which largely rewards outcomes – will limit revenue streams to an even greater extent to what is being experienced today under fee-for-service approaches.

Within this new environment, providers will be called upon to use certified electronic patient data systems capable of integrating electronic records and billings. Provider staff will need to be adequately credentialed in order for providers to receive payment through Medicaid and other third party payers. The focus will be on integration that incorporates primary care and establishes medical homes.

Integration will be the watchword and there will be a greater emphasis on a systems milieu. Communities that mobilize, integrate, and work with the larger regional entities will be successful.

Phyllis Russell is the Executive Director of the Association of Community Mental Health Authorities of Illinois (ACMHAI) and oversees a membership comprised of Community Mental Health Boards (708 boards), Boards for Care and Treatment of Persons with a Developmental Disability (377 boards) and county Boards of Health (553 boards). These boards are local taxing bodies that assess, plan, coordinate

and partially finance community behavioral health systems. Ms. Russell echoed many of the points presented by Mr. Anselmo. She emphasized the enhanced work that local behavioral healthcare funders are doing to augment housing for persons with mental illness in light of the downsizing of state operated facilities and more recent constrained funds to manage them. ACMHAI is working with its members to facilitate their positioning within the behavioral healthcare reform environment. **Gaining a seat at the table and leveraging local funds to meet the needs of those within jurisdictions covered by 708, 377 and 553 boards was emphasized.**

Dennis Crowley is the Executive Director of the Macon County Community Mental Health Board (a 708 board). Mr. Crowley described how the Macon County 708 board began several years ago to prepare for changes in the landscape. Their board was successful in bringing together not-for-profit providers, hospitals, for-profit providers, and other community stakeholders to help coordinate several million dollars in federal funds to support housing and community support services. The Macon County 708 Board took the bold step of assuming leadership and used their role as a governmental funder to encourage broad community participation in the collaborative. The Macon County 708 board is now in a position to take a lead role in coordinated care. Patient records and billing systems have been adapted to meet future needs.

The Macon County presentation emphasized what could be achieved with community leadership and innovative approaches to tailor coordinated behavioral health approaches to meet local needs. Mr. Crowley emphasized the willingness to take risks and not wait for the state of Illinois to take a leadership role; that must come from the local level.

Ideas and Innovations from the Field

Lynn Scoville Executive Director of the DeWitt County Human Resources Center and Dennis Crowley Executive Director of the Macon County Mental Health Board presented an overview of local efforts within their communities. DeWitt County has developed fifteen fully furnished apartments for those diagnosed with mental illness through Section 8 certificates. The Human Resources Center works closely with the county housing authority to supervise housing through collaborative staffing arrangements.

Dennis Crowley provided an overview of the \$5.5 million in local tax funds and federal resources overseen by their governmental entity. Mr. Crowley emphasized that the array of services are funded largely through purchase of service contracts partially supported through local tax funds. The 708's guidelines default to the position that contract funds cannot supplement or supplant Illinois Department of Human Services or Illinois Department of Healthcare and Family Services funding.

McLean County Today and Tomorrow

Panelists included Tom Barr Executive Director of the McLean County Center for Human Services (CHS), Renee Donaldson Behavioral Health Unit Advocate BroMenn Medical Center, Robin Rinker National Alliance for the Mentally Ill (NAMI), McLean County Sheriff Mike Emery, McLean County Court Services Director Lori McCormick and Bob Keller consultant, retired director of the McLean County Health Department and MHA board member.

Tom Barr noted that CHS provides a wide array of services including crisis intervention, psychiatric care, outpatient therapy and management of residential units. He emphasized the large number of quality service providers and strong local funders as systems strengths. **Mr.**

Barr pointed out that the community is facing greater restrictions on state funding and reduction of state operated facilities making them a less viable option for acute patients.

Renee Donaldson of Advocate BroMenn discussed her organization's role in providing in-patient care for acute care. Ms. Donaldson **pushed for a continuum of collaboration and pointed out the lack of psychiatrists which is being compounded with recent departures.**

Robin Rinker of NAMI believes the community is resource rich and pointed to Recovery Court as a shining example of community innovation. However, Ms. Rinker noted that **the current community behavioral health system is difficult to navigate and may become increasingly so with the advent of the Affordable Care Act. Jobs, housing, access to services and the need for service navigation were brought up as needs.**

Sheriff Mike Emery started by noting that across the country **county correctional facilities are increasingly the largest residential mental health treatment facility in communities.** McLean County is no exception. Sheriff Emery stated that **the community needs crisis stabilization beds to limit detention facility overcrowding.** The Criminal Justice Coordinating Council was identified as a key community strength and a potential model for community collaboration in McLean County for behavioral health services. He noted that integrated **community priorities are needed in lieu of the silo approach** where each agency develops its own independent sense of direction. Sheriff Emery noted that **we can do a better job the with tax levy resources available in McLean County by assessing current priorities and reallocating, where appropriate, to needed services.**

Court Services Director Lori McCormick wants to reduce recidivism in Recovery Court. Ms. McCormick **called for use of braided funding to take advantage of the varied revenue streams.** She echoed Sheriff Emery's **desire for community crisis beds and more intensified services for those in greatest need.**

Bob Keller retired Health Department director, consultant and MHA board member discussed the design of local behavioral health tax funding in McLean County. Not including the developmental disabilities levy, **the county taxes at a rate of approximately \$.033 per \$100 equalized assessed valuation for behavioral health services, roughly 60% of the \$.05 allowed by law.** The county could generate, on behalf of the McLean County Health Department's mental health program, an additional \$860,000 by authorizing the maximum approved by voters in 1989 through action of the county board. Mr. Keller noted that **would take a major political effort for the board to levy additional taxes.** It would also require that the Health Department, in concert with the community, establish clear targeted efforts with those additional funds and to address community needs through evidenced-based practices. Keller emphasized that the community needs to be smarter with its local funding; particularly in light of what will be covered under Medicaid coordinated care and for whom. Local providers will need to reposition.

Stakeholder Participation

Stakeholders contributed a number of ideas:

Several in attendance noted that the community is **starting from a position of strength** but it needs to **alter how it does business** and be prepared for the changes that are forthcoming. The

community must find means to **breakdown the silos that exist** and become more creative with local resources.

A number of attendees stated that **the community needs an organizational leader to serve as a champion** to bring the disparate groups together for the purpose of engineering the development of responses to the changes in the offering. Several of those in attendance referenced the key role, as a governmental funder and planner that the Macon County Mental Health Board played in mobilizing community collaboration and **pointed to the need for a similar process in McLean County**. The assertive approach taken by the Macon County 708 board was cited as an example of effective, assertive, leadership. **The right stakeholders need to come to the table** and those involved should have the authority to meaningfully support the changes sought on behalf of their respective organizations.

Several providers **attending indicated that the process has begun and they have already participated in dialogues** with coordinated care and managed care entities.

Overall Analysis

It is clear from the day's presentation that **major changes are already in their early stages**. Providers will no longer deal directly with the state of Illinois for payment. Instead, privately operated managed care entities will be financial risk bearing organizations that will serve as Medicaid payment sources and will look for outcomes and quality assurance. Providers will be called upon to maintain integrated electronic patient data and billing systems and services will be required to be delivered through credentialed professionals.

It was clear from the discussions that **this community lacks crisis stabilization beds, adequate psychiatric and clinical services as well as efficient means for consumers to navigate the system**. The **McLean County adult correctional facility is increasingly becoming a large mental health unit** and in many cases the criminal justice system is inappropriately treating severely mentally ill under less desirable conditions. The discussion also noted that **existing tax funding must be re-evaluated** to assure that it is meeting contemporary needs and is aligned with what coordinated care entities will and will not cover and who they will or will not cover. It was also noted that **the pool of tax funds can be increased** but that will take a convincing case to be made.

A clear consensus of those attending is that **the community must to begin mobilizing** to begin to design and make the needed systems changes immediately. It was agreed that this won't take place spontaneously and **a lead organization will need to step to the plate**. Participating stakeholders will need to be those with decision-making capability to assure change. **Absent such an effort, the emerging systems changes will control what takes place in the community in an unfettered manner**.