

Report to the Affiliation's Stakeholders: Accomplishments to Date

Executive Summary

November 2003

The full report, of which this document is the summary, was written to mark the completion of its first phase of the development and operation of the Community Mental Health Affiliation of Mid-Michigan (CMHAMM).

History

The CMH Affiliation of Mid-Michigan (CMHAMM) is made up of five CMHs, covering 8 counties, and has the responsibility for managing the Medicaid mental health, substance abuse, and developmental disability services for the 70,000 Medicaid lives in the region. The Affiliation, made up of the CMHs serving Gratiot, Ionia, Manistee, Benzie, Newaygo, Clinton, Eaton, and Ingham counties, was formally created in February 2002 to ensure that the members of the Affiliation, via joining together into an affiliation, would meet the size requirements of the Michigan Department of Community Health's (MDCH) AFP for consideration as the Medicaid Prepaid Health Plan (PHP) for the region.

While meeting the size requirements was the catalyst for the formation of the Affiliation, **a much more aggressive and robust vision emerged and has driven the work of the Affiliation over the past 18 months.**

Vision and Values

The Affiliation's vision and values are central to its formation and day-to-day operation. The Affiliation's formation, in fact, was driven by the similarity of values among the Affiliation members. The Affiliation exists to ensure and promote:

- Consumer choice and empowerment
- High quality services and supports
- Sound care management systems and practices
- Management and clinical efficiencies
- Local community-driven control and responsiveness

The Affiliation Model

The Affiliation fulfills these values - core to its approach and operations - by capitalizing on the strengths of its members; strengths honed over three decades of community-based practice. The integration of a set of responsive, nimble, locally-based CMHs into an efficient Affiliation, utilizing best practices, is made possible through the use of a number of design features, listed below.

- Locally-driven federation-style affiliation, with is virtually transparent to consumers and other stakeholders
- Integrated care manager and provider (using a “smart provider” model)
- An active Affiliation-wide Consumer Advisory Council
- Locally-responsive Boards of Directors
- Strategic and conscious use of centralization, standardization, and autonomy

This model results in: the ability to draw on the strengths of the affiliates, greater responsiveness to the needs and concerns of local communities and consumers, increased linkages to local governments and other human service providers, lower overhead costs, increased nimbleness and agility of response, and the continued application and growth of clinical and management expertise.

Accomplishments to Date

Below is a status report on many of the Affiliation's accomplishments, to date. A more detailed discussion of those accomplishments is presented in the full report.

Real Results: Consumer Choice and Empowerment

The **Affiliation Consumer Advisory Council**, made up of 15 consumers, drawn from all 8 counties, meets monthly to review and approve policies and procedures, review performance data, interview and select Affiliation staff, lead the development of a self-advocacy training for consumers, and guide the work of the Affiliation’s Consumer Empowerment Specialist.

Consumer satisfaction data, from over 1,800 respondents from across the Affiliation, indicate very high levels of satisfaction. Over 85% of those responding indicated that they were pleased with:

- the promptness of response
- the staff’s adherence to their person centered plan
- their access to the right type of services
- the staff’s knowledge and skills

In response to what many see as the two key measures of satisfaction and success:

- 90% said that they would refer a friend or family member to an Affiliation CMH if they were in need of mental health services, and
- 90% reported that the CMH services helped them function better in their lives

Real Results: High Quality Services and Supports

The Affiliation's performance in the dimensions of quality established by the Michigan Department of Community Health is very strong. In the three key spheres of performance measurement, the Affiliation consistently meets or surpasses the established state standards:

- **Timeliness of access** to emergency and non-emergency care
- **Prevention of unnecessary hospitalizations**
- **Outreach:** the Affiliation is above the state average in **reaching children, seniors, and Medicaid recipients**

Real Results: Sound Care Management Systems and Practices

The Affiliation uses a number of cross-CMH work groups to leverage the brain and brawn of its members – allowing for the **rapid and efficient development of clinical, care management, and administrative capacities**. The long list of joint accomplishments, to date, is included in the full Affiliation status report.

Real Results: Gaining Efficiencies and Maintaining Low Overhead Costs

Through its joint development and operational efforts, the **Affiliation has saved over \$500,000** from what it would have cost if each Affiliate member had developed these capacities on their own.

Finally, this Affiliation carries out its administrative work very efficiently, using only **11% of its revenue to cover both the managed care organization/PHP overhead and the provider administrative overhead**.