


MICHIGAN
MDHHS
Michigan Department of Health & Human Services
RECEIVED BY GOVERNOR'S OFFICE DIRECTOR

**Behavioral Health and
Developmental Disabilities Administration**
Fiscal Year 2017

**Presentation to House Appropriations Subcommittee
on Health & Human Services**

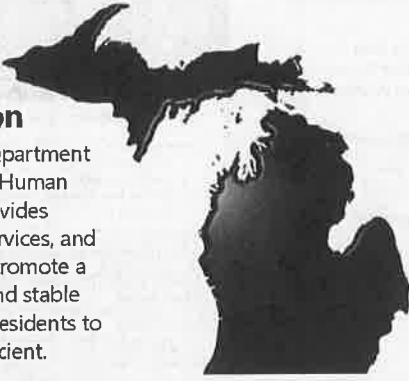
February 23, 2016

Lynda Zeller, Senior Deputy Director, Behavioral Health and Developmental Disabilities Administration
Farah Hanley, Senior Deputy Director, Financial Operations Administration




Our Guiding Principles

Mission
The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.



Vision
Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

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**Behavioral Health &
Developmental Disability Administration**

Mission

Promoting Wellness


Strengthening Communities and Families

Facilitating Recovery

Supporting Independence & Self-Determination

Diminishing the impact and incidence of addiction, emotional disturbance, mental illness and developmental disability.

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Action: Flint Declaration of Emergency

- Psychological First Aid, Genesee Health Systems (CMH)
- \$500,000 additional state general fund distributed to CMH (first aid and crisis counseling)
- \$200,000 to expand the Michigan Child Care Collaborative (MC3) Program in Genesee County for additional support and clinical services to children and families
- Support from SAMHSA (Substance Abuse and Mental Health Administration)
 - Targeted Messaging
 - Rapid Community Needs Assessment
 - Response & Recovery Plan (short, mid, long term)
- Service Examples:
 - Developmental Screening
 - Targeted Case Management
 - Therapies (CBT, etc.)
 - Wrap Around, Home Based, Intensive Services

**Flint Water
Community Training:**
Hope and Health in Our Community
"Maintaining Health and Wellness in the Midst of a Crisis"

The concern about our water has affected us all.

Come to a free community training on

- Stress Management
- Health and Wellness
- Tips for Maintaining Mental Health
- Nutrition Tips


Two sessions offered

MI. Carmel Kennedy Center
3610 W. Pierson Road, Flint, MI 48905
Thursday, February 23, 2016, 11:00 am - 1:30 pm
Lunch will be provided

Our Savior Lutheran
6901 N. Saginaw Street, Flint, MI 48905
Thursday, February 25, 2016, 5:30 - 7:30 pm
Dinner will be provided

GHS
Genesee Health System


M&DHHS 4



Service Statistics

- 46 Community Mental Health Services Programs
- 10 Prepaid Inpatient Health Plans
- 241,329 people served by Community Mental Health Services Programs and Prepaid Inpatient Health Plans in 2014
- 5 state-operated hospitals and centers
- 683 State Hospital census in house (January 28, 2015)
- 2018 licensed psychiatric beds in the community for adults; 256 for children
- A reported 61,173 persons received substance use disorder treatment and recovery services in FY15
- 45.0% of persons admitted to substance use disorder treatment, in FY15, also had a mental health issue
- In 2003, combined heroin and opioid admissions were less than one-sixth of all treatment admissions; in 2015, combined heroin and opioid admissions reached over two-fifths (43%) of all treatment admissions
- 10,970 persons received medication-assisted treatment during FY15, up from 5,875 during FY06
- 9,164 allegations investigated and processed by Office of Recipient Rights in 2015
- 2490 children diagnosed and eligible for Applied Behavioral Analysis Service (Autism)
- 80% increase since 2012 in Certified Behavioral Analyst workforce (Autism)
- \$8.7 million received from successful federal grant applications for substance use disorder prevention and recovery
- 900 women reported being pregnant at admission to substance use disorder treatment in FY 15
- Michigan's reported drug-abstinence rate at treatment discharge exceeded the national average rate by 5% in 2015
- The reported percentage of persons employed increased 22.9% during the course of substance use disorder treatment in FY15
- The reported percentage of persons homeless decreased 27.3% during the course of substance use disorder treatment in FY15
- Persons reporting a recent arrest decreased 24.3% during the course of substance use disorder treatment in FY15
- More than 288,000 persons attended substance abuse prevention programs in FY15
- 819 callers to the problem gambling help-line were provided referrals for problem gambling assistance in FY15
- 582 persons received problem gambling treatment in FY15; including 33 veterans and 72 problem gambling diversion program referrals
- 97.8% of discharges from a psychiatric inpatient unit are seen for Community Mental Health Services Program follow-up care within seven days
- 98.6% of mental health consumers received the initial face-to-face assessment with a professional within 14 days of request


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Services, Trends and Outcomes

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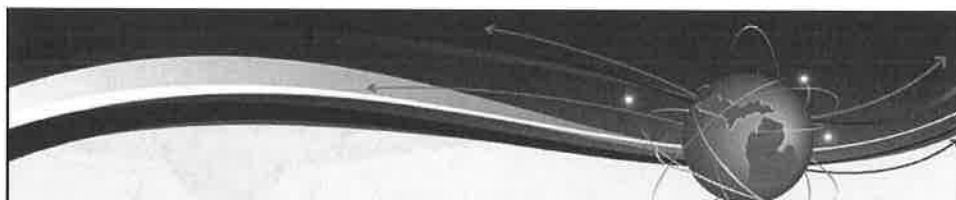
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Michigan Mental Health First Aid

- Initiated January 1, 2013 – Mental Health Innovation Funding
- Mental Health and Wellness Funding in FY15
- 20,389 - total number of individuals trained in Mental Health First Aid (MHFA) or Youth Mental Health First Aid (YMHFA) January 1, 2013-September 30, 2015
- 149 MHFA certified instructors and 228 YMHFA certified instructors

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Individuals Served by Michigan's Public Mental Health System (FY 2000 - 2014)

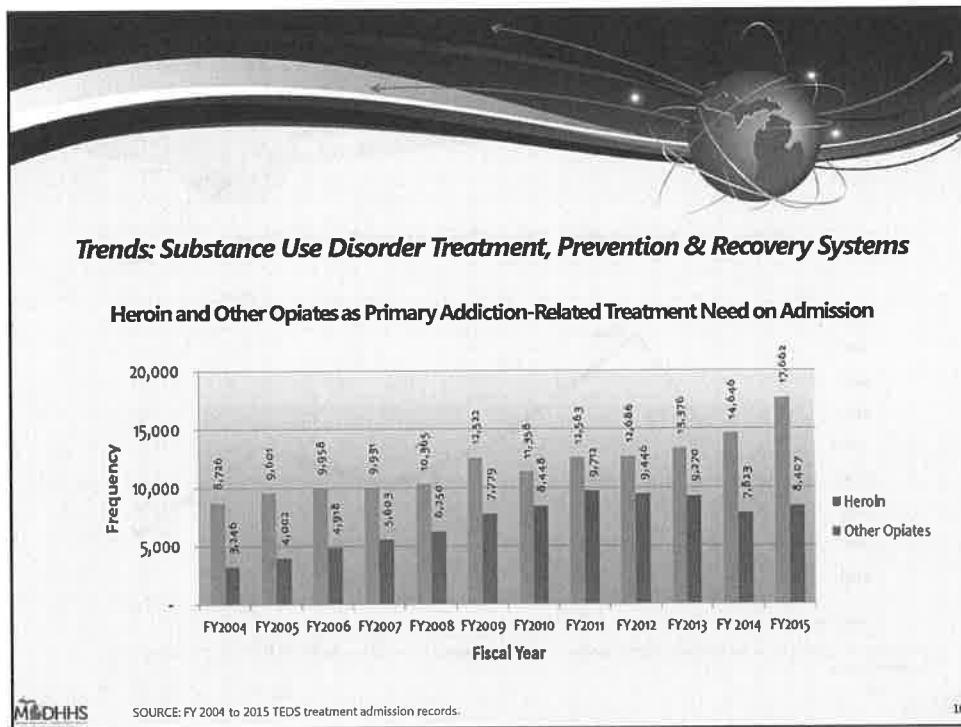
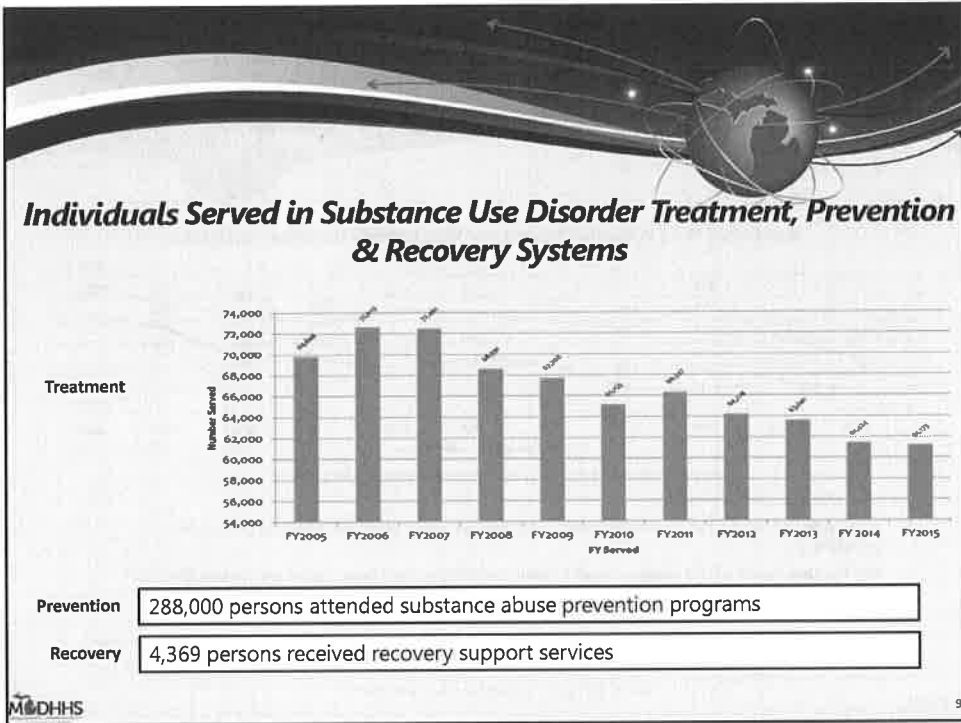
Legend:
 ■ Days of State Inpatient Service per Year
 □ Consumers Served by CMH per Year

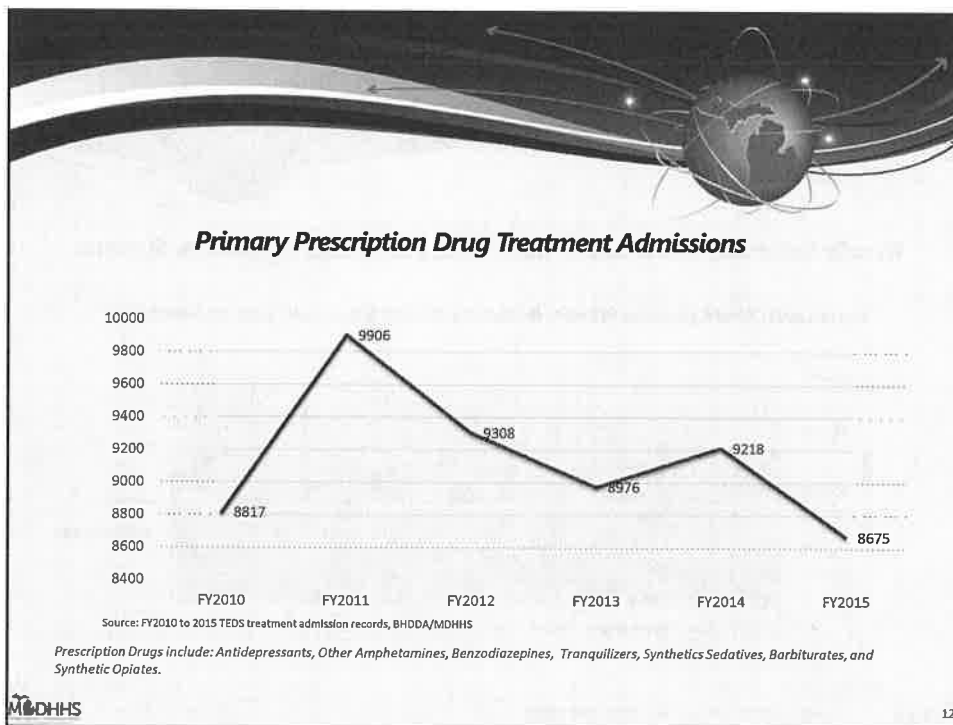
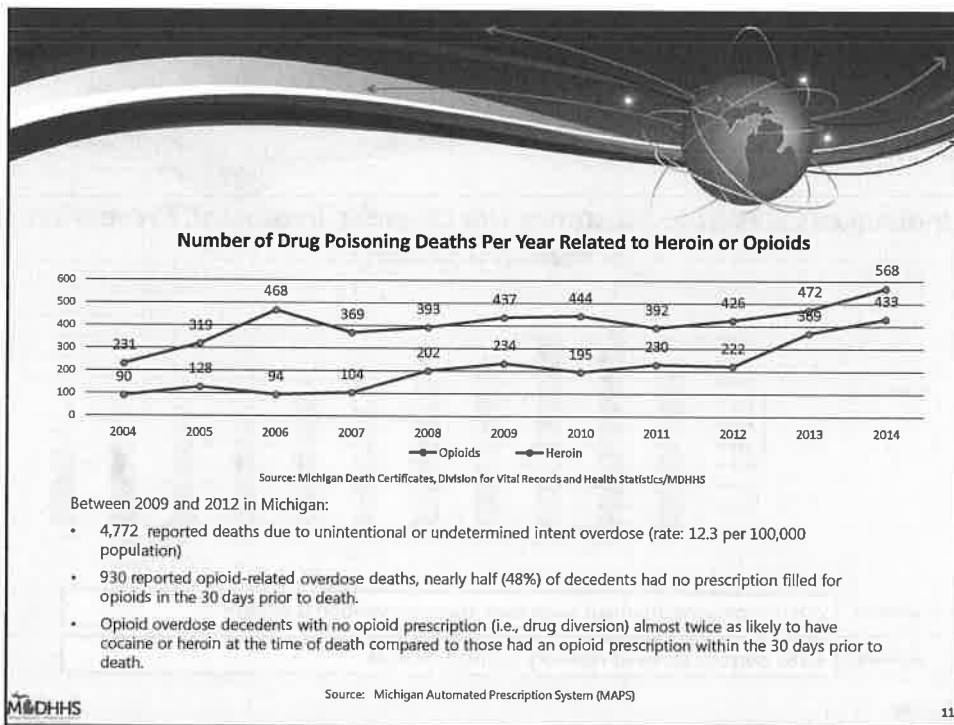
241,329 Total CMH Consumers Served

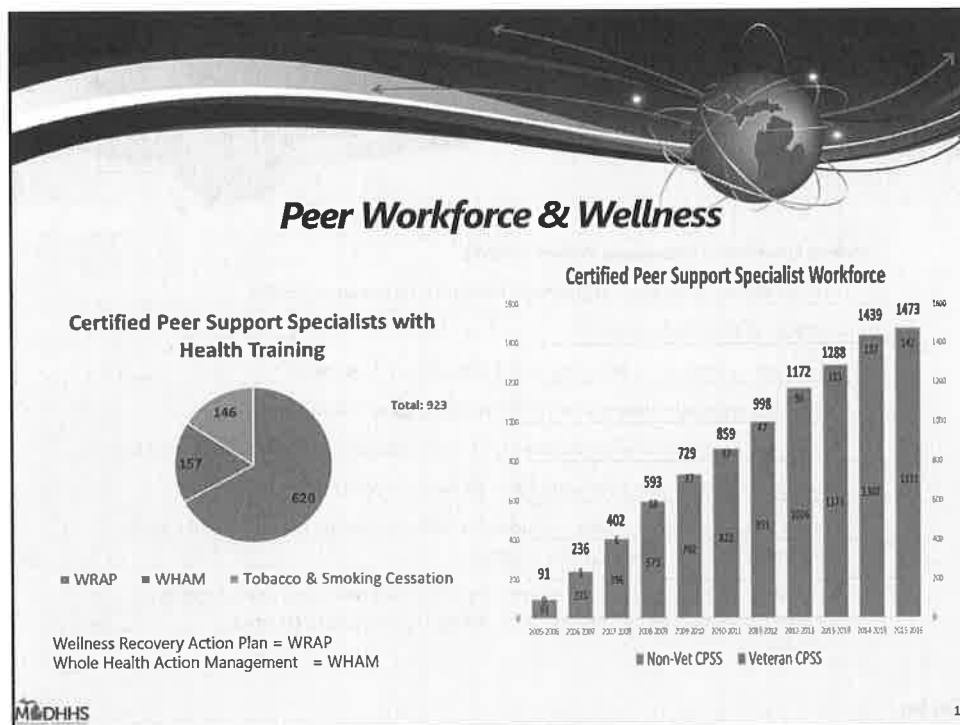
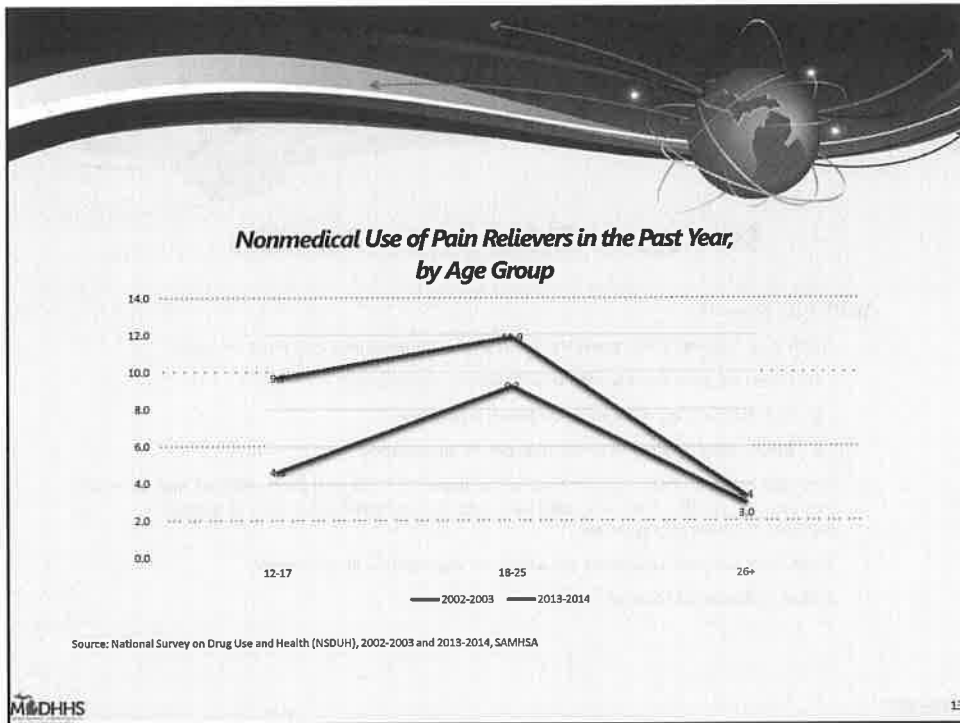
- MI Adult Consumers, 145,459
- Assessment Only, 2422
- Substance Use Disorder Consumers, 1393
- Unknown, 5234
- MI Child Consumers, 41,906
- DD Consumers, 29,674
- Dual Diagnosis (DD & MI) Consumers, 15,241


MI=Mentally Ill
DD=Developmentally Disabled

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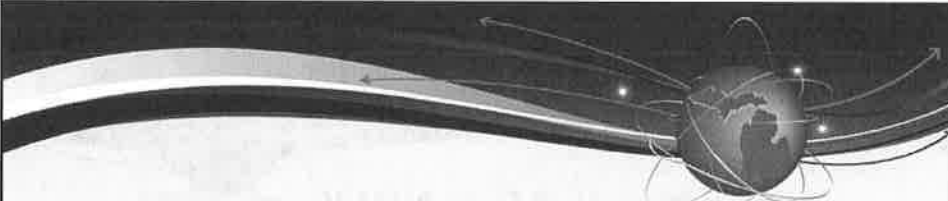


Services to Children and Families

Youth Peer Support

- Youth Peer Support (YPS) provides youth with empowerment and hope through:
 - Direct support from someone with shared experience
 - Skill building on self-care and system navigation
 - Information sharing in a way that can be understood
- Provided by Youth Peer Support Specialists (aged 18 - 26) who have received mental health services as a youth. Preferably also have experience receiving services as a youth in multiple child-serving systems
- Youth Peer Support Specialists are willing to share personal experience
- Added to Medicaid Manual in 2015


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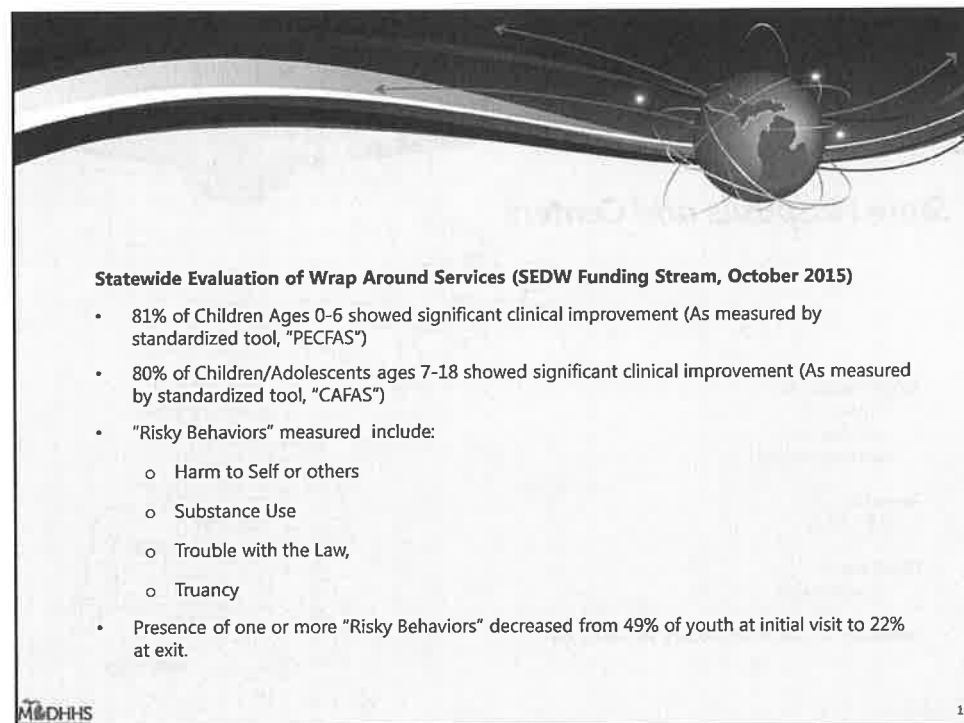
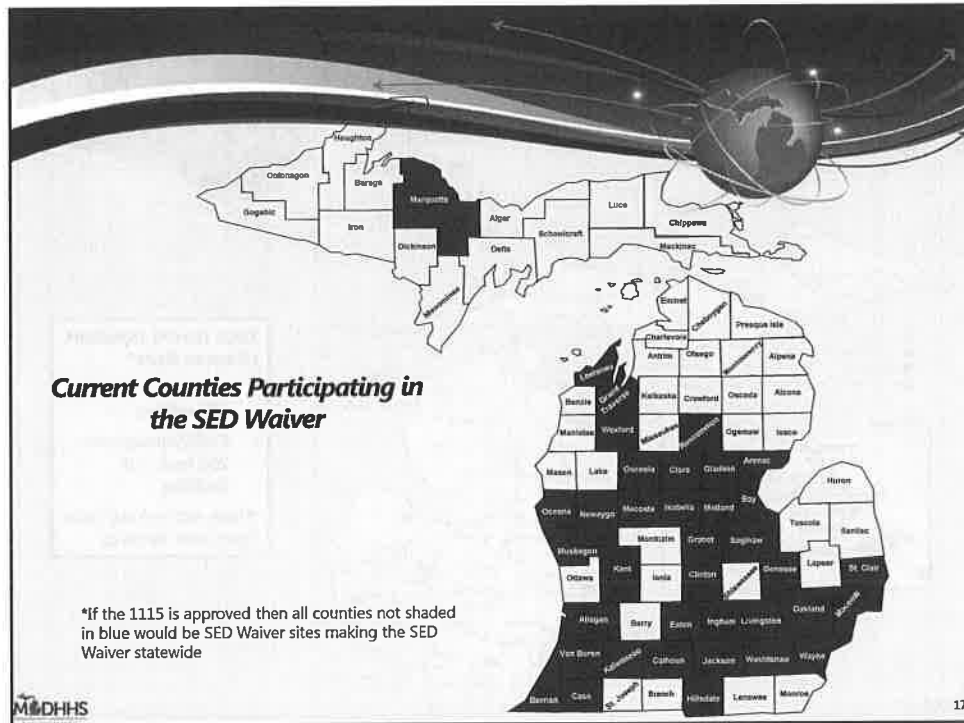


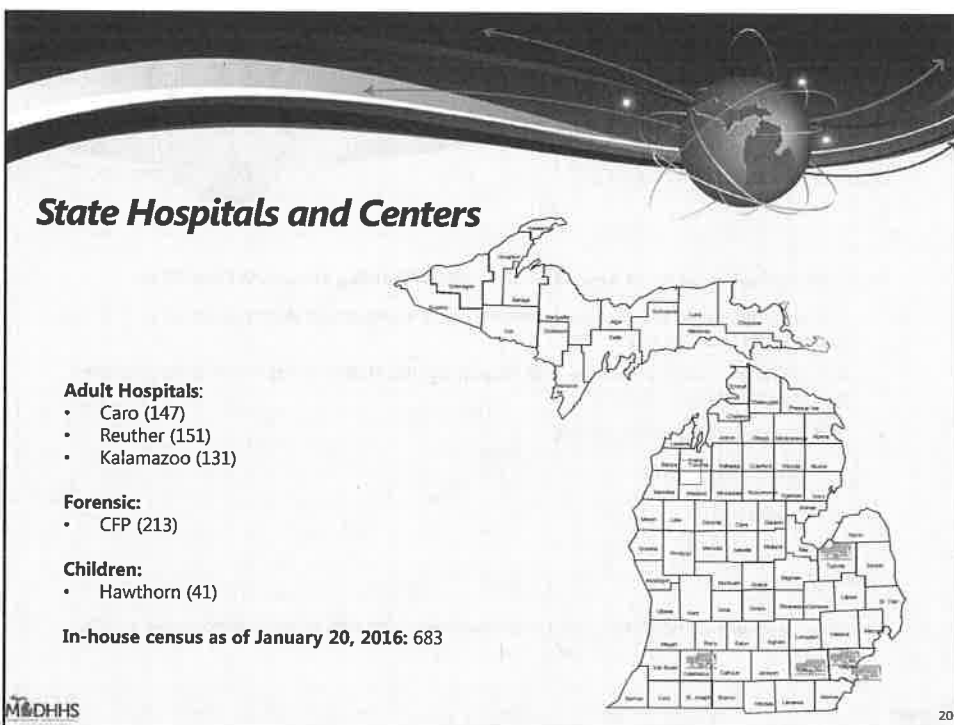
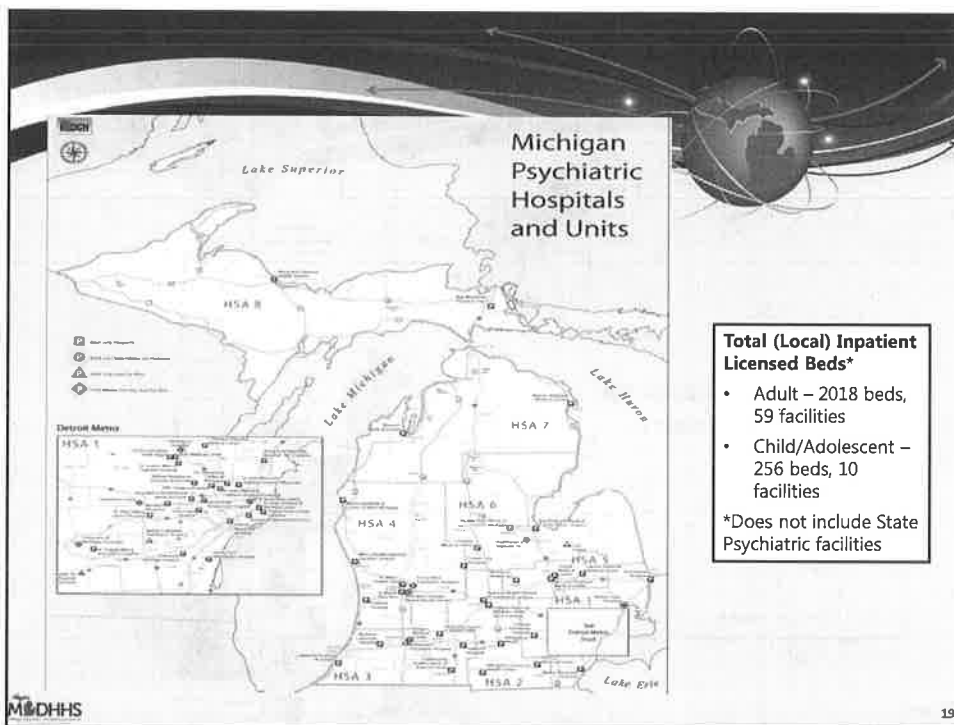
Services to Children and Families


Serious Emotional Disturbance Waiver (SEDW)

- 1915 (c) Waiver for children with Serious Emotional Disturbance (SEDW)
- Available in 33 of 83 Counties
- Approved to serve up to 969 children in FY 16. (357 FY 16 to date)
- With CMS approval of new waiver (1115), would become statewide
- Community based services for non-Medicaid, state-psychiatric-hospital-eligible children
- Children must reside with their birth, adoptive family or foster family
- State match for children in foster and adoptive care provided by Department of Health and Human Services in participating counties
- State match for non-child welfare children comprised of Community Mental Health Services Programs (CMHSP) General Fund dollars in participating counties

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Update: 2016 Initiatives

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Children's Behavioral Action Team (CBAT)

Overview

- Transition from Hawthorn Center (state hospital) to community
- 50 extremely complex children/youth
- Program goal: facilitate successful transition from Hawthorn.
- Address system barriers and gaps across Health Plans/Community Mental Health Services Programs, county offices of DHHS, schools, courts, primary care, families/guardians
- Target population: children/youth with serious emotional disturbance, ages 5 to 18, admitted at Hawthorn, multiple hospitalizations and failed community placements
- Extensive trauma histories
- Mental Health and Wellness Commission recommended and funded
- Contract provider: The Guidance Center, contract initiated March 16, 2015


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Children's Behavioral Action Team Outcome Data as of December 31, 2015:

- 24 children/youth, representing 14 counties
- 6 yet to be discharged from Hawthorn
- 18 have been discharged
- Status post discharge of 18: 15 (83%) remain in community
- 3 (17%) in community based residential placements. Work continues to further transition family-like setting
- 75% of children discharged have not returned to inpatient care
- 7 psychiatric readmissions for 5 children/youth since March 2015, with 5 successful transitions back to the community
- **Psychiatric hospital re-admission days reduced 65-70%**

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Autism Services

Autism Applied Behavior Analysis-Medicaid

- April 1, 2013 – December 31, 2015
- 18 months through 5 years
- 3,328 received diagnostic services
- 2,490 diagnosed and eligible for Applied Behavior Analysis Services (ABA)
- 442 ineligible due to age
- 98% retention rate of eligible children continuing ABA

Autism Applied Behavior Analysis-Medicaid

- January 1, 2016 policy expanded
- Through 20 years
- State Plan Amendment, included under EPSTD
- 1,564 diagnosed and eligible (1/22/16)
- 146 over 5 years old (1/22/16)

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Autism Services: 2016 Initiatives

Autism Applied Behavior Analysis Workforce Capacity (Medicaid and Other Payers)

Board Certified Behavior Analysts:

- 370 in Michigan as of December 31, 2015
- 49% increase from 2014 (248) and 214% increase from April 2012 (118)

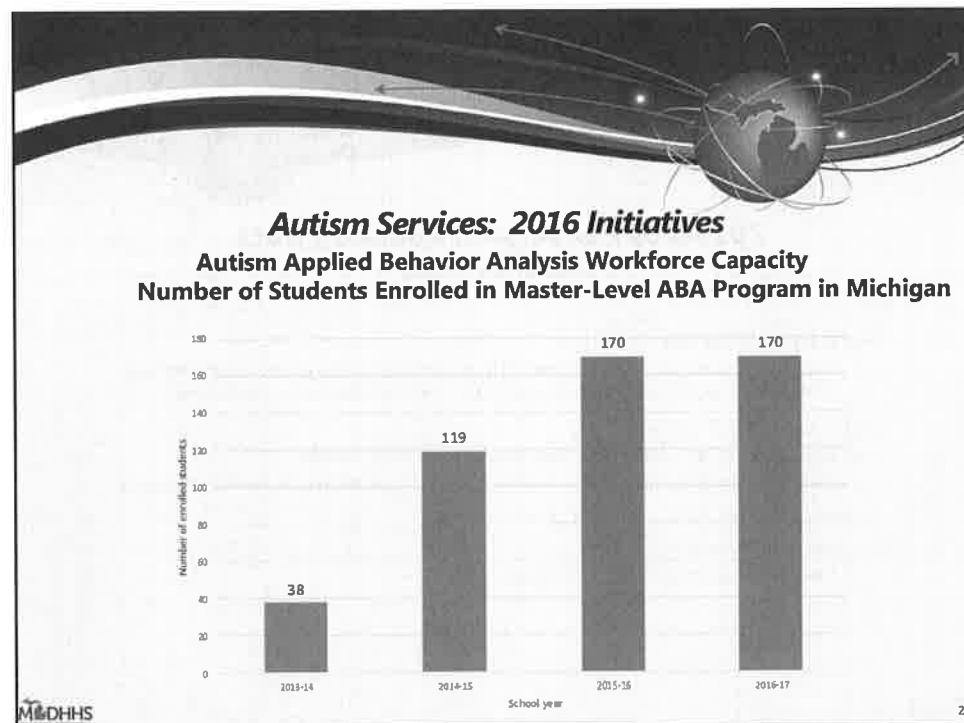
University Programs:


- Two universities with degree programs in 2012 and eight in 2015-16
- University of Michigan–Dearborn is on schedule to offer a degree program in 2016-2017

Universities funded:

- Central Michigan University
- Michigan State University
- Oakland University
- University of Michigan – Dearborn
- Wayne State University
- Western Michigan University
- Eastern Michigan University (extended)

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2015-2017 Diversion Council Pilots

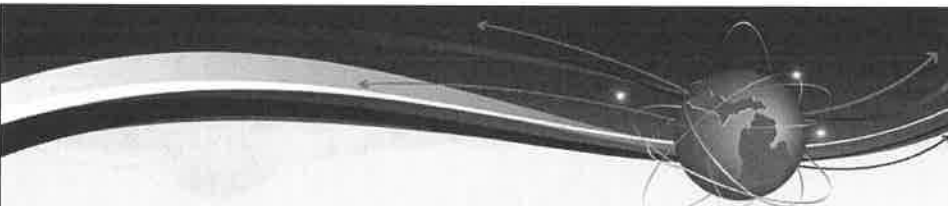
Community Diversion Pilots:

- Barry County - Crisis Intervention Training (CIT), jail screening and treatment groups (cont.)
- Berrien County - CIT, in-jail services and staffing (cont.)
- Detroit Central City - In-jail services, Forensic Assertive Community Treatment (ACT) team, housing (cont.)
- Kalamazoo County - CIT, CIT-Youth, longer term housing (cont.)
- Kent County - In-jail services/pre release services (cont.)
- Livingston County - CIT, in-jail services (new 2 yr. grant)
- Marquette County - CIT, Moral Reconciliation Therapy (MRT), in-jail assessments and screening (cont.)
- Monroe County - In-jail services and pre-release services (cont.)
- Oakland County - CIT, CIT-Youth, in-jail staffing (cont./new 2 yr. grant)
- St. Joseph County - On-site diversion center, CIT (cont.)
- Southwest Community Court - Post-booking services through court (cont.)

Findings:


- Before pilots: no uniform mechanism for measuring mental health need (across jails/state)
- Pilots: utilized consistent screening process across the 8 pilot sites
- **On average, 22% of those entering these 8 sites have symptoms indicative of a serious MH problem; however there is variability across counties that ranges from a low of 15% to a high of 38%.** These numbers allow us to establish a bench mark for future measurement of increasing or decreasing need within the jail.


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2015-2017 Diversion Council Pilots Evaluation Focus

- First Year Process Tracking:
 - First year progress including numbers of those admitted to the jail with a MH problem, those served by diversion, those trained in CIT, and interviews with stakeholders
- First Outcomes to be tracked:
 - Assessment of jail recidivism of those provided diversion services
 - Assessment of Crisis Intervention Training (CIT) activities; community service utilization
- Second level of Outcomes to be tracked:
 - Recidivism after 1 year
 - Treatment engagement in the community

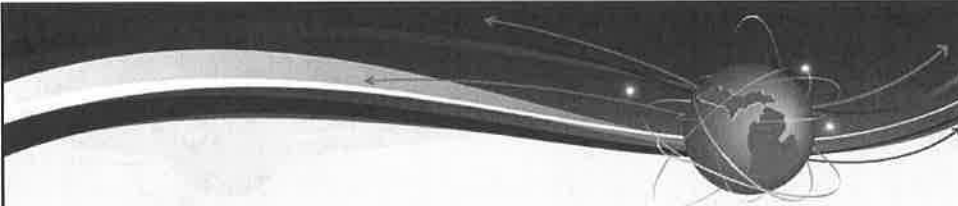
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Other Notable 2016 Initiatives

- Certified Community Behavioral Health Clinics planning grant
 - Application due October 31, 2016
 - 8 to 10 certified clinic sites
 - Increased focus on health, wellness, and broadening safety net
- Home and Community Based Services Transition Plan
- Change in Medicaid Waiver Foundation (1915b,c to 1115)
- Whole Health and Wellness Focus
 - CMH Health Home pilots
 - Integrated Care learning communities
 - Shared financial incentives and metrics between physical health care (Medicaid Health Plans) and Specialty Services and Supports (Pre-Paid-Inpatient-Health-Plans)

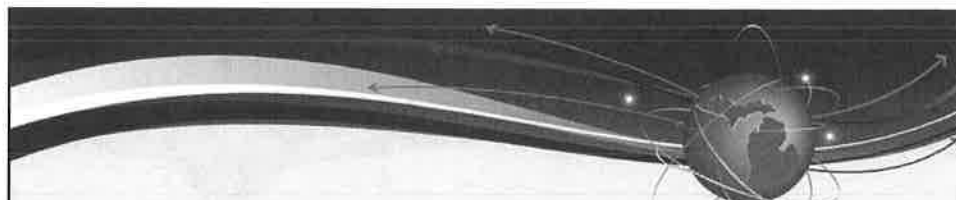
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Prescription Drug and Opioid Abuse Task Force Recommendations – MDHHS Action Items


- Prevention
 - Increase prescription drop-off bins
 - Improve prescription monitoring program
- Treatment
 - Increase access to Naloxone
 - Increase access to care
 - Increase the number of addiction specialists
 - Develop best practices for reducing neo-natal abstinence syndrome
- Policy and Outcomes
 - Create ongoing Task Force
 - Create a State Dashboard to measure outcomes

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Governor Snyder's FY17 Recommendation


MDHHS 31



MDHHS 2017 Budget Recommendation

	Gross	GF/GP
Behavioral Health/Substance Abuse Services	\$2,955.5	\$972.3
State Psychiatric Hospitals and Centers	\$293.9	\$218.2


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FY 17 Program Investments and Other Adjustments (in millions)

Description	FY 2017 Recommendation	
	GF/GP	Gross
Investments:		
New Unit at Center for Forensic Psychiatry	\$7.6	\$7.6
Autism Navigator/Autism Alliance	\$1.1	\$1.1
Other Adjustments:		
Actuarial Soundness Rate Adjustments (Mental Health & Substance Use)		
1.5% for Prepaid Inpatient Health Plan (PIHP) Actuarial Soundness	\$11.9	\$34.2
2.0% for Healthy Michigan Plan (HMP)	\$0.2	\$4.7

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MDHHS 2017 Budget Recommendations (in millions)

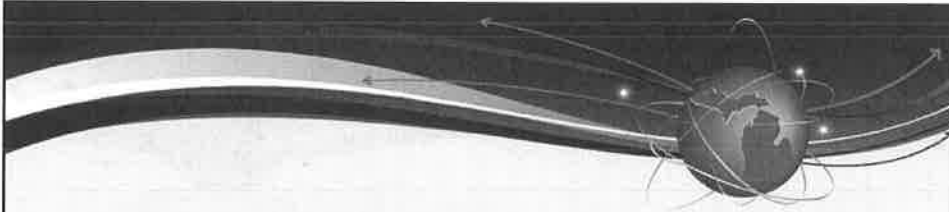
New Patient Unit at Center for Forensic Psychiatry

- Open unused wing to bring total capacity to 240 patient beds
- Move individuals currently housed in other regional hospitals or local jails to a facility better suited to address their mental health needs
- \$7.6 M Gross and GF/GP investment to provide treatment for 30 additional patients

Autism Navigator/Autism Alliance


- Continues funding to the Autism Alliance for an assessment of the statewide roll-out of the Medicaid Autism benefit and for staff to assist families of autistic children in finding services.
- \$1.1 M Gross and GF/GP.


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Additional Unit at the Center for Forensic Psychiatry (CFP)


- CFP –mandated (statute) to provide specialized mental health services to Incompetent to Stand Trial (IST) and Not Guilty by Reason of Insanity (NGRI)
- Nationwide increase in the demand for forensic psychiatric beds
- Michigan - 30% increase in demand over five years
- Resulting:
 - Long wait list for admission to CFP
 - Individuals with mental illness sit in jails awaiting court ordered treatment in CFP
 - Class-action lawsuits in other states, with subsequent federal oversight
- Recommended Action:
 - Open additional 34 bed unit at CFP
 - 12,410 additional patient days of specialized treatment available


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2017 Diversion Council Pilots

- 2016-2017 Pilot Activities:
 - Collection of recidivism data from each jail
 - Collection of mental health screening data using standardized instrument
 - Measure utilization of community treatment alternatives in communities that implement CIT
- Long-term outcomes to be measured:
 - Recidivism after 1 year
 - Treatment engagement in the community

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MDHHS 2017 Investments Health and Wellness

Integration of Physical and Behavioral Health Services

- Improved Care Delivery
- Improve Health Outcomes
- Better Coordinated Care

The governor recommends that the state begin the process to better integrate mental and behavioral health services with a patient's physical health treatments. The governor expects to see improved coordination of care and a stronger focus on the needs of an individual patient by initiating a process by which all patient services are closely integrated. This budget recommendation asks the legislature and the health provider community to engage in an important conversation about integrating physical and behavioral health services into the larger consideration of patient need.

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MDHHS Contact Info and Useful Links

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Website: <http://www.michigan.gov/mdhhs>

Legislative Service Bureau:
[http://www.legislature.mi.gov/\(S\(n4rbq4jwj2dfwz1qybtu01cu\)\)/mileg.aspx?page=home](http://www.legislature.mi.gov/(S(n4rbq4jwj2dfwz1qybtu01cu))/mileg.aspx?page=home)

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