



Behavioral Health and Developmental Disabilities Administration

Fiscal Year 2017

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

February 23, 2016

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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.



Behavioral Health & Developmental Disability Administration

Mission

Promoting Wellness

Strengthening Communities and Families

Facilitating Recovery

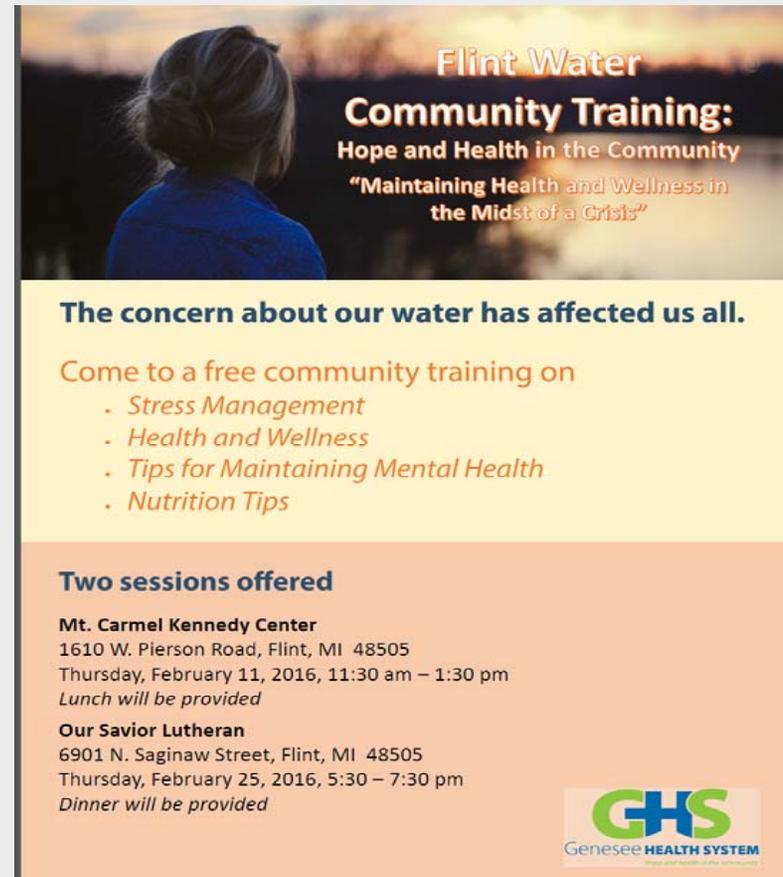
Supporting Independence & Self-Determination

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



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 the 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

Mt. Carmel Kennedy Center
1610 W. Pierson Road, Flint, MI 48505
Thursday, February 11, 2016, 11:30 am – 1:30 pm
Lunch will be provided

Our Savior Lutheran
6901 N. Saginaw Street, Flint, MI 48505
Thursday, February 25, 2016, 5:30 – 7:30 pm
Dinner will be provided





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



Services, Trends and Outcomes

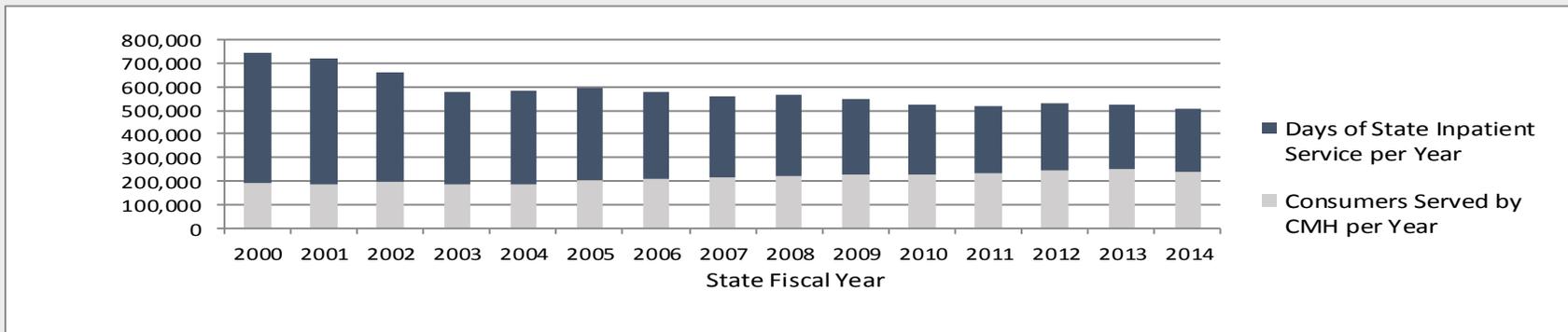


Michigan Mental Health First Aid

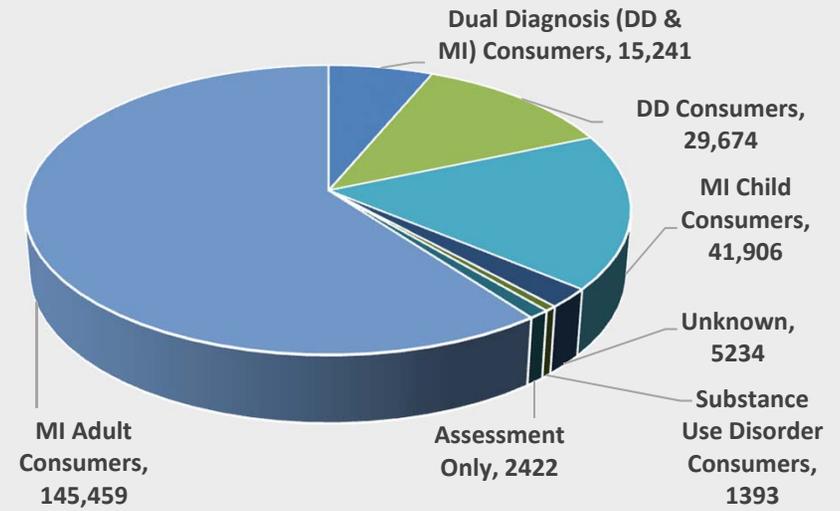
- Initiated January 1, 2013 – Mental Health Innovation Funding
- Mental Health and Wellness Funding in FY15
- 20,389 - total number of individuals trained in Mental Health First Aid (MHFA) or Youth Mental Health First Aid (YMHFA) January 1, 2013-September 30, 2015
- 149 MHFA certified instructors and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



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



241,329 Total CMH Consumers Served

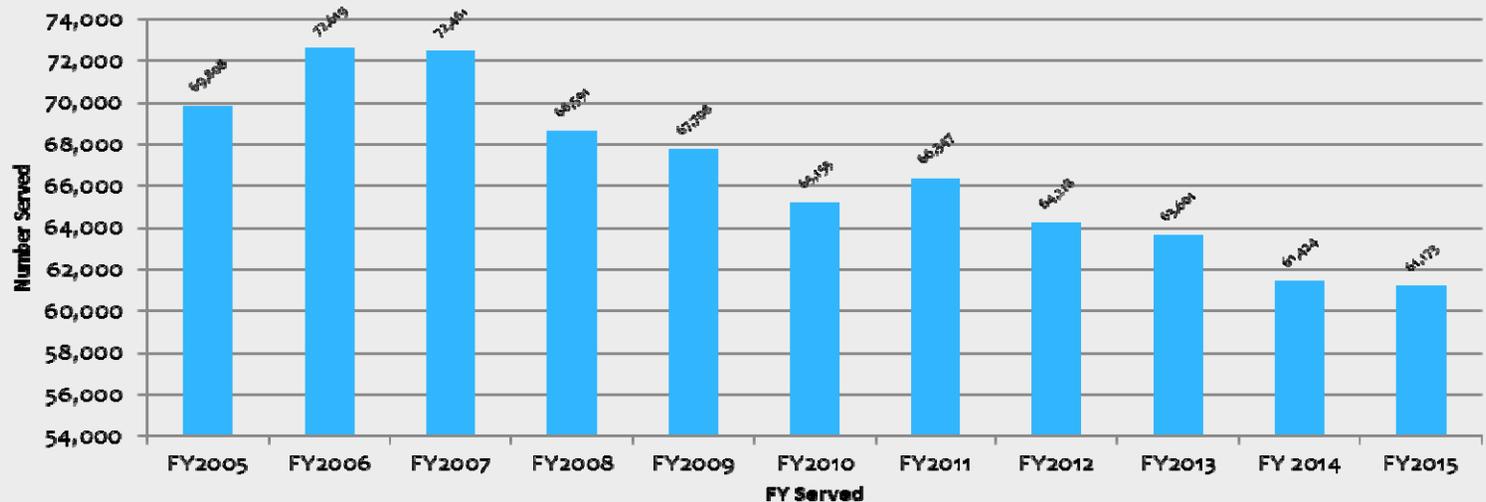


MI=Mentally Ill
DD=Developmentally Disabled



Individuals Served in Substance Use Disorder Treatment, Prevention & Recovery Systems

Treatment



Prevention

288,000 persons attended substance abuse prevention programs

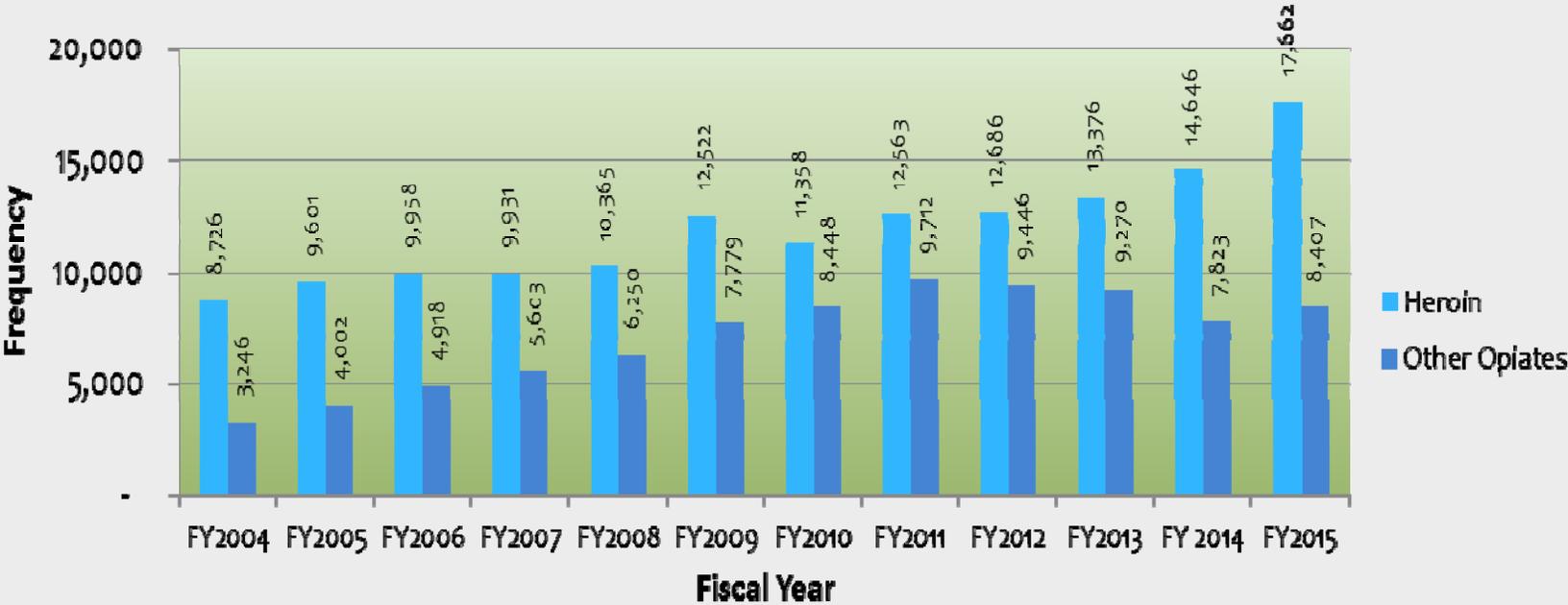
Recovery

4,369 persons received recovery support services



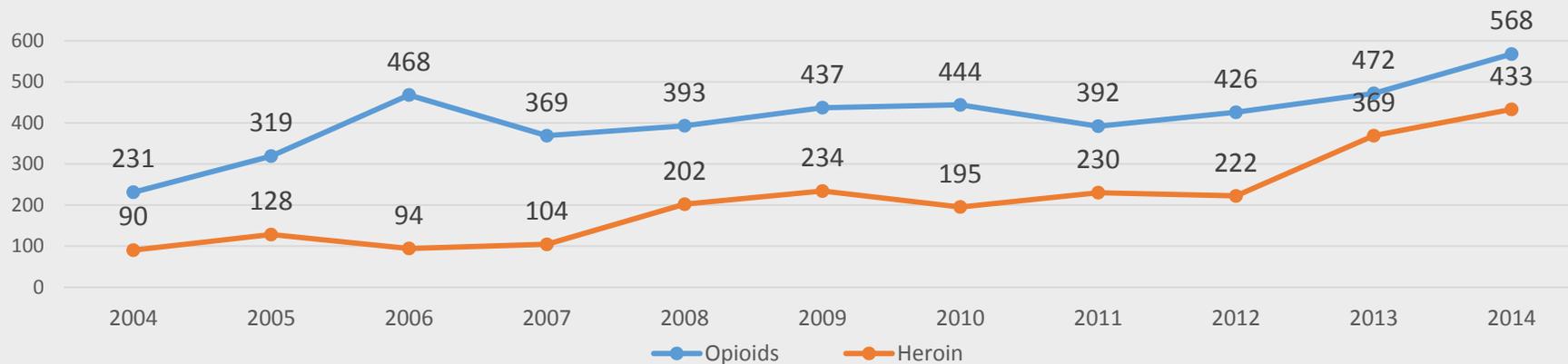
Trends: Substance Use Disorder Treatment, Prevention & Recovery Systems

Heroin and Other Opiates as Primary Addiction-Related Treatment Need on Admission





Number of Drug Poisoning Deaths Per Year Related to Heroin or Opioids



Source: Michigan Death Certificates, Division for Vital Records and Health Statistics/MDHHS

Between 2009 and 2012 in Michigan:

- 4,772 reported deaths due to unintentional or undetermined intent overdose (rate: 12.3 per 100,000 population)
- 930 reported opioid-related overdose deaths, nearly half (48%) of decedents had no prescription filled for opioids in the 30 days prior to death.
- Opioid overdose decedents with no opioid prescription (i.e., drug diversion) almost twice as likely to have cocaine or heroin at the time of death compared to those had an opioid prescription within the 30 days prior to death.

Source: Michigan Automated Prescription System (MAPS)



Primary Prescription Drug Treatment Admissions

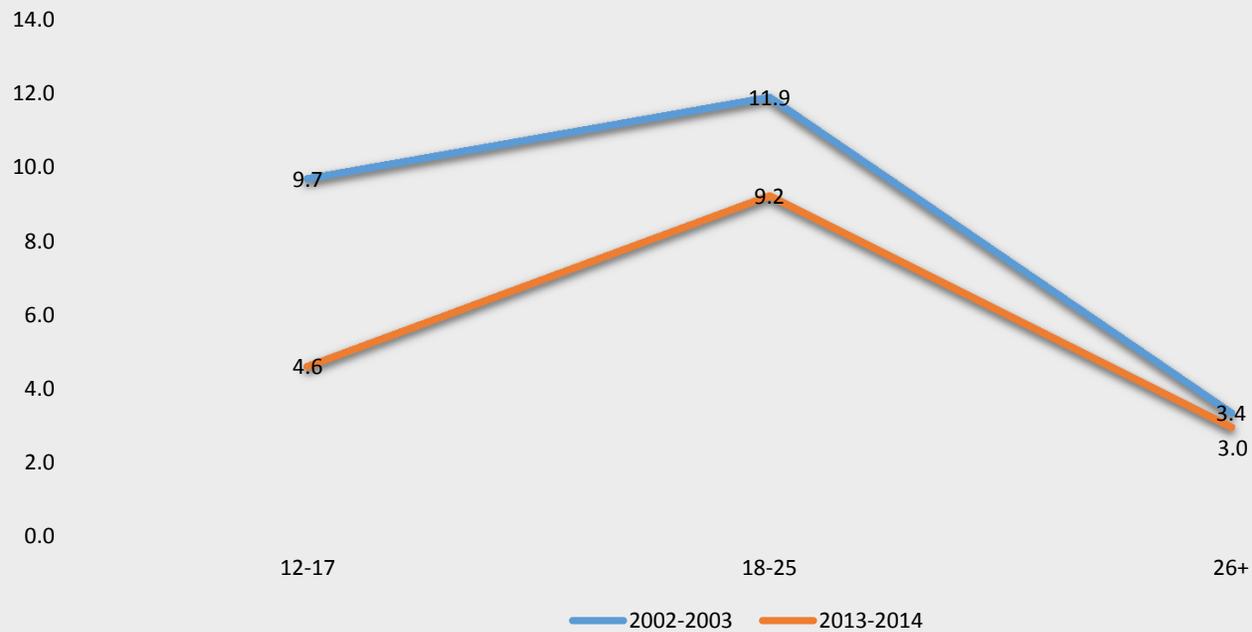


Source: FY2010 to 2015 TEDS treatment admission records, BHDDA/MDHHS

Prescription Drugs include: Antidepressants, Other Amphetamines, Benzodiazepines, Tranquilizers, Synthetics Sedatives, Barbiturates, and Synthetic Opiates.



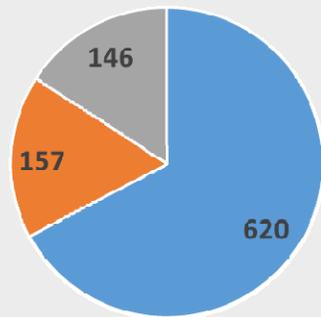
Nonmedical Use of Pain Relievers in the Past Year, by Age Group



Source: National Survey on Drug Use and Health (NSDUH), 2002-2003 and 2013-2014, SAMHSA

Peer Workforce & Wellness

Certified Peer Support Specialists with Health Training

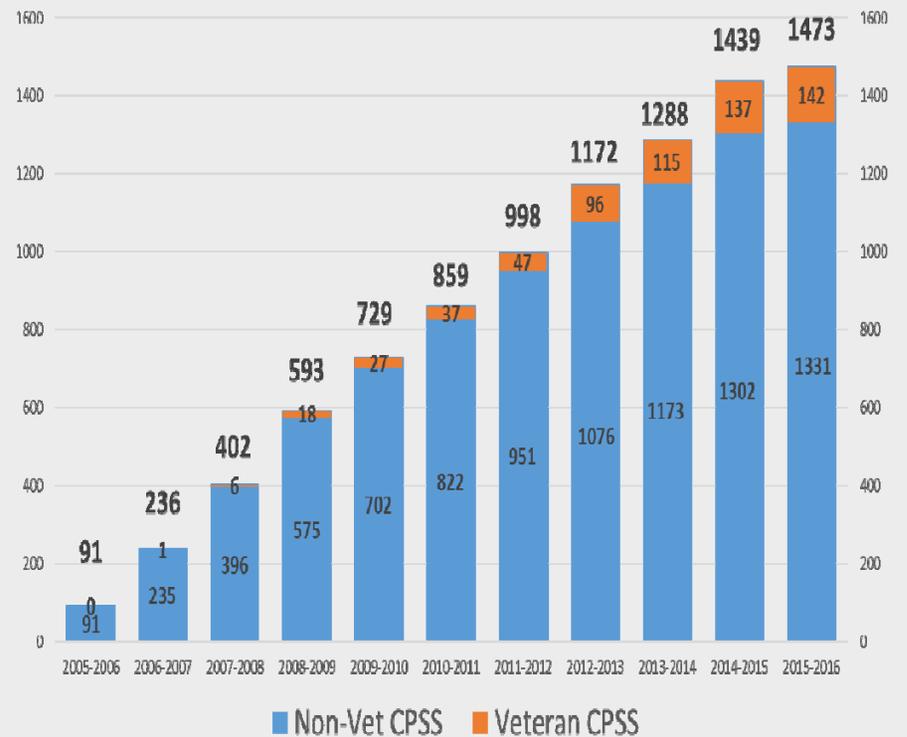


Total: 923

WRAP WHAM Tobacco & Smoking Cessation

Wellness Recovery Action Plan = WRAP
 Whole Health Action Management = WHAM

Certified Peer Support Specialist Workforce





Services to Children and Families

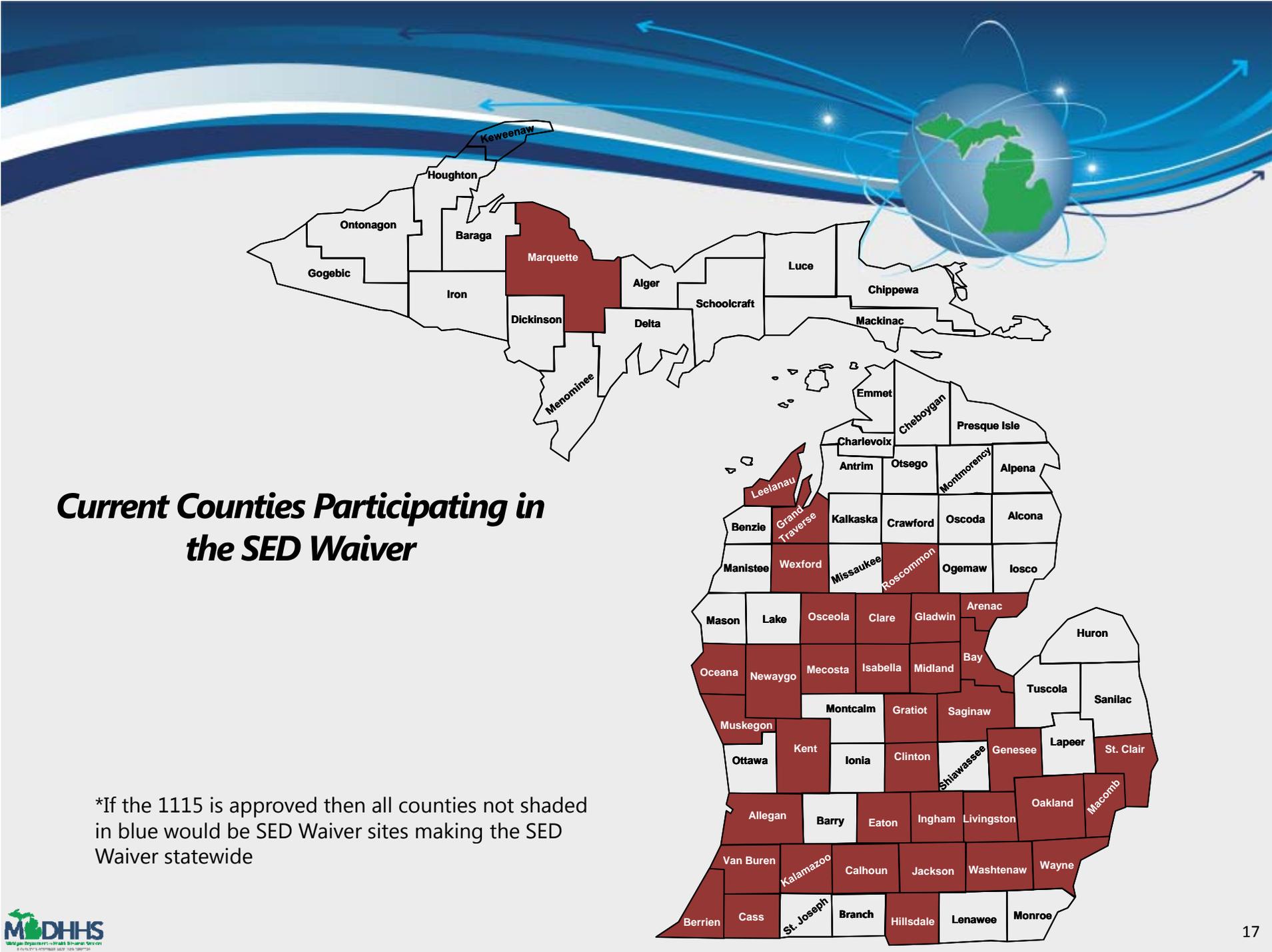
Youth Peer Support

- 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



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



Current Counties Participating in the SED Waiver

*If the 1115 is approved then all counties not shaded in blue would be SED Waiver sites making the SED Waiver statewide

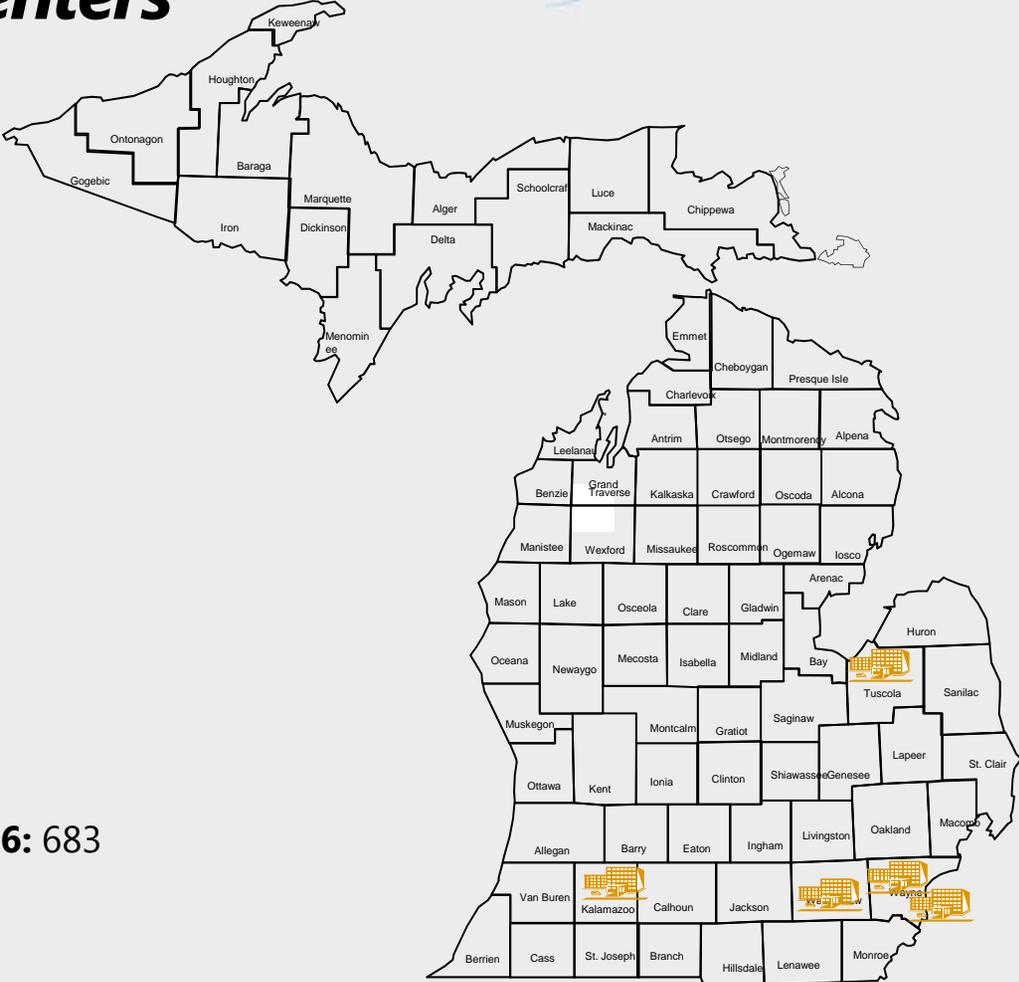


Statewide Evaluation of Wrap Around Services (SEDW Funding Stream, October 2015)

- 81% of Children Ages 0-6 showed significant clinical improvement (As measured by standardized tool, "PECFAS")
- 80% of Children/Adolescents ages 7-18 showed significant clinical improvement (As measured by standardized tool, "CAFAS")
- "Risky Behaviors" measured include:
 - Harm to Self or others
 - Substance Use
 - Trouble with the Law,
 - Truancy
- Presence of one or more "Risky Behaviors" decreased from 49% of youth at initial visit to 22% at exit.



State Hospitals and Centers



Adult Hospitals:

- Caro (147)
- Reuther (151)
- Kalamazoo (131)

Forensic:

- CFP (213)

Children:

- Hawthorn (41)

In-house census as of January 20, 2016: 683



Update: 2016 Initiatives



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



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%**



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)



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

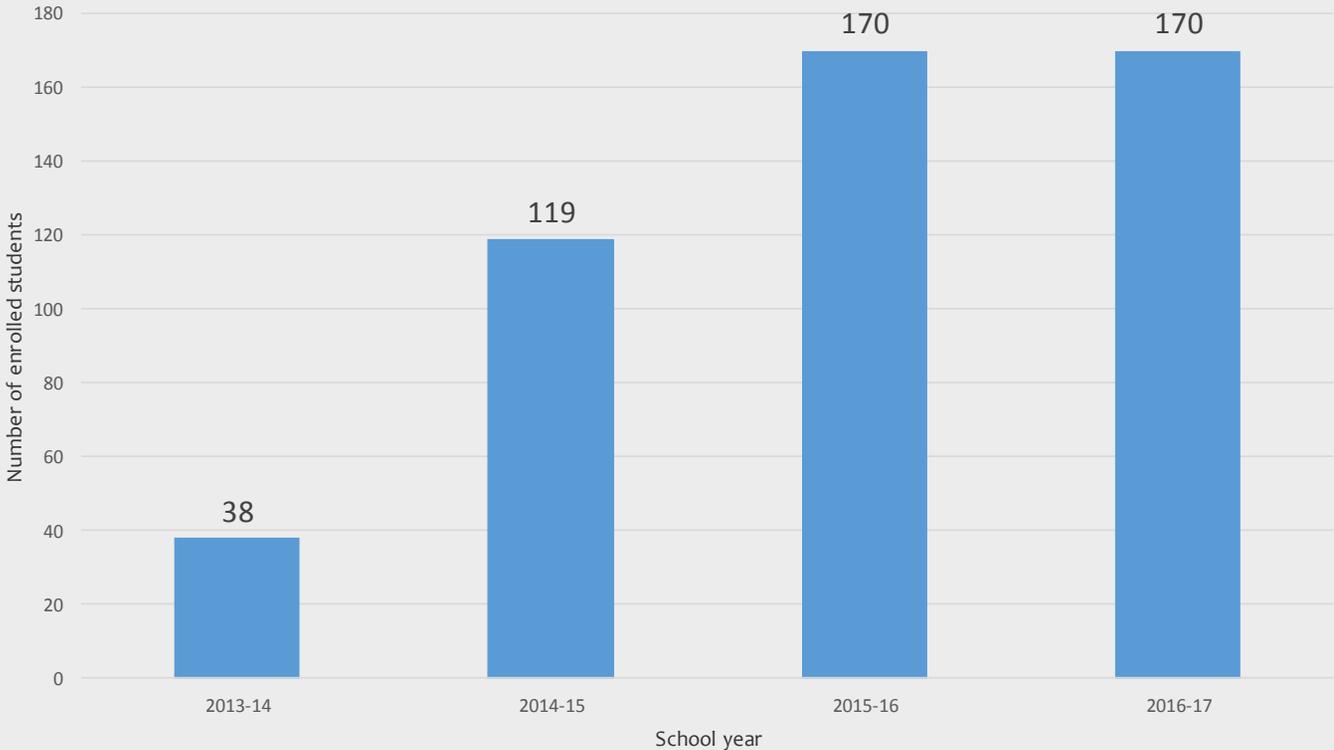
Universities funded:

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



Autism Services: 2016 Initiatives

Autism Applied Behavior Analysis Workforce Capacity Number of Students Enrolled in Master-Level ABA Program in Michigan





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.



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



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)



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



Governor Snyder's FY17 Recommendation



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



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



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.



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



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



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.



MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

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)