

*Michigan Department  
of Community Health*



Rick Snyder, Governor  
Nick Lyon, Director

# **Behavioral Health and Developmental Disabilities Administration Fiscal Year 2016**

**Presentation to House and Senate Appropriations  
Subcommittees on Community Health  
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# Our Guiding Principles

## Mission

The Michigan Department of Community Health will protect, preserve, and promote the health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and under-served populations.



## Vision

Improving the experience of care, improving the health of populations, and reducing costs of health care.

**Leadership, Excellence, Teamwork**

# Behavioral Health & Developmental Disability Administration

By promoting wellness, strengthening communities and facilitating recovery for the people of Michigan, the Behavioral Health and Developmental Disabilities Administration serves citizens by diminishing the impact and incidence of addiction, emotional disturbance, mental illness and developmental disability.

# Michigan Department of Community Health

## FY 2015 Key Strategic Priorities (BHDDA)

### **Promote & Protect Health, Wellness & Safety**

- Improve access to federal benefits and local services for Veterans
- Ensure access to culturally and linguistically appropriate services
- Improve coordination-high frequency care, multiple chronic conditions
- Adopt Medication Assisted Treatment Guidelines
- Measure improved behavioral health outcomes across payer systems
- Reduce prescription drug abuse, increase prescription compliance
- Implement recommendations of Mental Health & Wellness Commission
- Facilitate greater understanding of behavioral health disorders

### **Improve Outcomes for Children**

- Reduce substance use disorders-children and youth
- Enhance efforts to identify and improve early intervention mental health services including children and youth with autism
- Implement cross-system collaborative strategies to improve outcomes from pre-conception through adolescence

# Michigan Department of Community Health FY 2015 Key Strategic Priorities (BHDDA)

## **Transform the Healthcare System**

- Strengthen mental health, substance abuse and physical health integration
- Implement dual eligible demonstration (Medicare/Medicaid)
- Implement Blueprint for Health Innovation
- Support Health Information Exchange (HIE) development to improve communication, customer experience and health outcomes

## **Strengthen Workforce & Economic Development**

- Support competitive employment opportunities-creative and diversified workforce
- Focus on transparency and open communication
- Develop strategies to relieve health professional shortages

# Behavioral Health & Developmental Disability Service Statistics

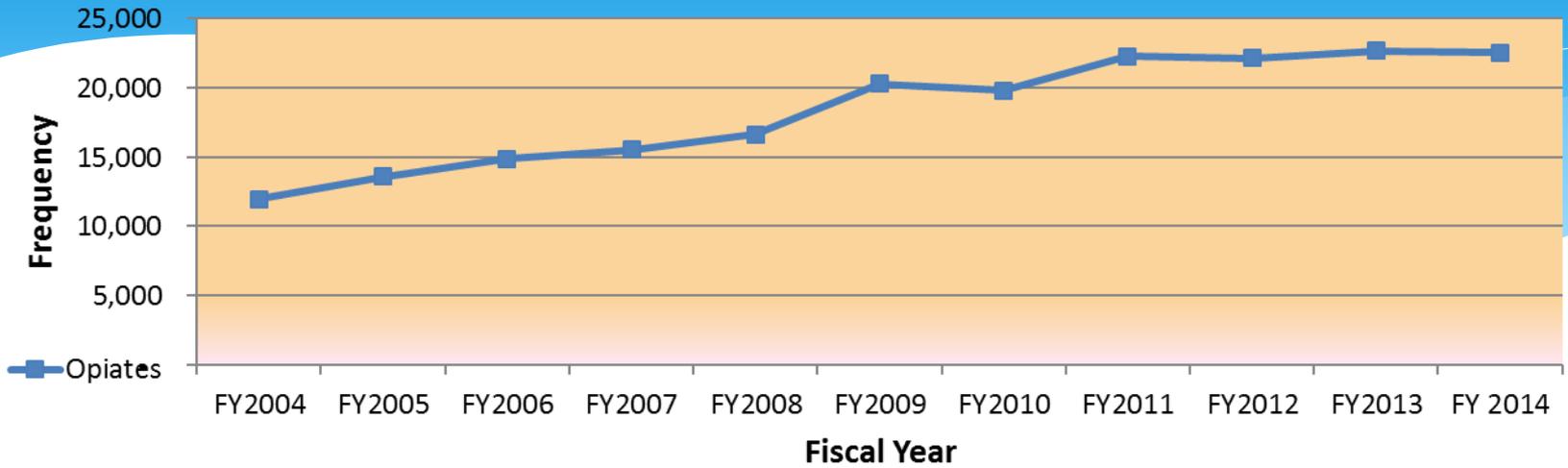
- 46 Community Mental Health Services Programs
- 10 Prepaid Inpatient Health Plans
- 251,019 people served by Community Mental Health Services Programs and Prepaid Inpatient Health Plans in 2013
- 16 Regional Coordinating Agencies, completed merger with 10 Prepaid Inpatient Health Plans October 1, 2014
- 5 state-operated hospitals and centers
- 683 State Hospital census in house (January 28, 2015)
- 2,102 licensed psychiatric beds in the community for adults; 247 for children
- All persons with Intellectual/Developmental Disabilities served are living in the community in smaller or independent settings with support versus large facilities
- 61,424 persons received substance use disorder treatment and recovery services in FY14
- 49.7% of persons admitted to substance use disorder treatment, in FY14, also had a mental health issue
- In 2003, combined heroin and opioid admissions were less than one-sixth of all treatment admissions; in 2014, combined heroin and opioid admissions reached over two-fifths (40%) of all treatment admissions
- 8,911 persons received medicated-assisted treatment during FY14, up from 5,875 during FY06
- 8,364 allegations investigated and processed by Office of Recipient Rights
- 818 women reported being pregnant at admission to substance use disorder treatment
- Michigan's drug-abstinence rate at treatment discharge exceeded the national average rate by 6% in 2014
- Persons employed increased 25.8% during the course of substance use disorder treatment in FY14
- Persons homeless decreased 25.0% during the course of substance use disorder treatment in FY14
- Persons arrested decreased 20.8% during the course of substance use disorder treatment in FY14
- More than 288,000 persons attended substance abuse prevention programs in FY14
- 731 callers to the problem gambling help-line were provided referrals for problem gambling assistance in FY14
- 709 persons received problem gambling treatment, including 86 in the problem gambling diversion program, during FY14 (ALIA)
- 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
- 42 Developmental Disabilities Council grants
- 1352 Certified Peer Support Specialists trained to deliver services in Michigan. Emerging evidenced based workforce.

# Michigan Behavioral Risk Factor Survey Highlights

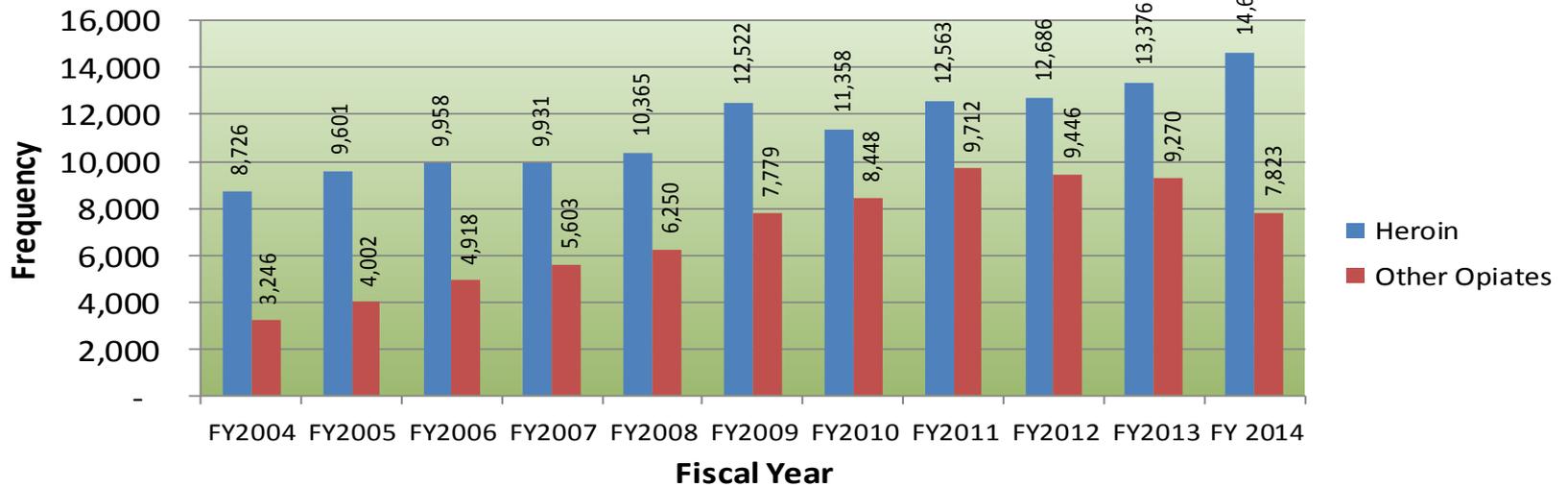
<b>Poor Mental Health</b> <b>(mental health “not good” 14+ days out of the last 30)</b> <b>2013 Michigan BRFS</b>		
	<b>Poor Mental Health</b>	
	<b>%</b>	<b>95% Confidence Interval</b>
<b>Overall</b>	12.0	(11.2-12.8)
<b>No healthy behaviors</b>	20.2	(16.6-24.5)
<b>1 of 4 healthy behaviors</b>	15.6	(13.9-17.5)
<b>1 of 4 healthy behaviors</b>	10.3	(9.3-11.5)
<b>3 of 4 healthy behaviors</b>	7.4	(6.0-9.0)
<b>All four healthy behaviors</b>	5.0	(2.8-8.6)

Over 900,000 Adults

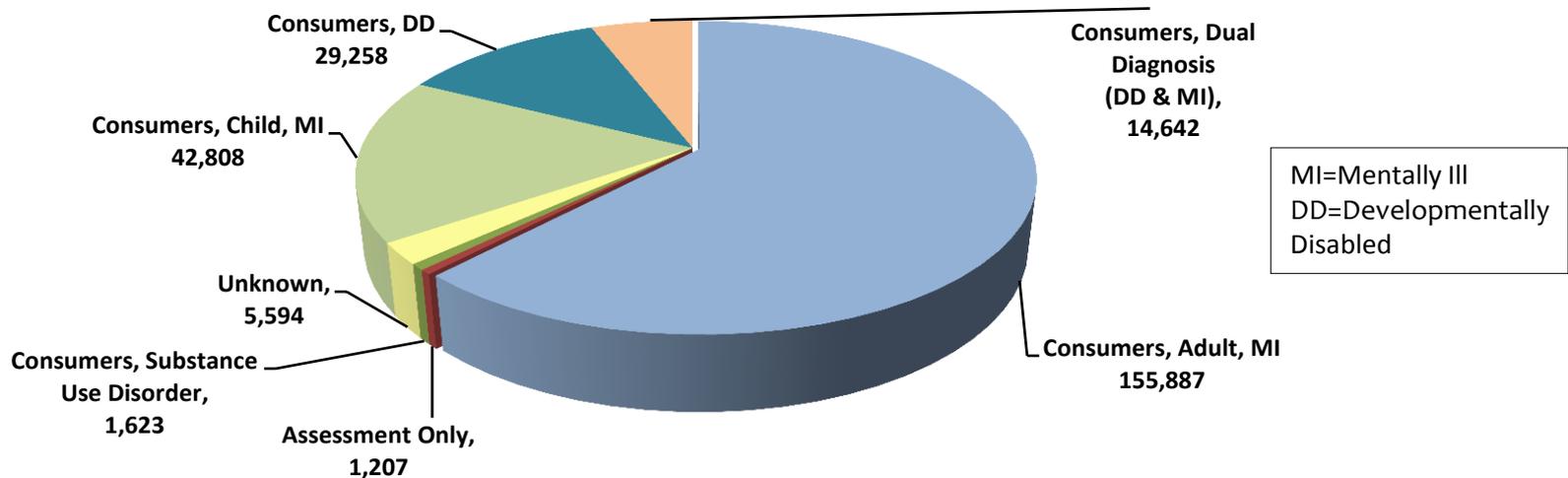
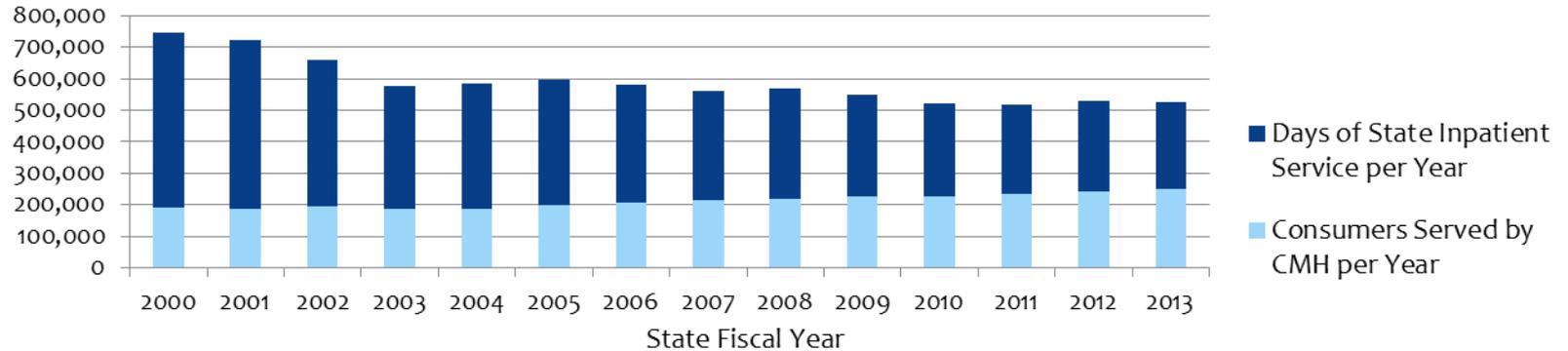
### Primary Drug at Admission: Opiates



### Primary Drug at Admission: Heroin and Other Opiates

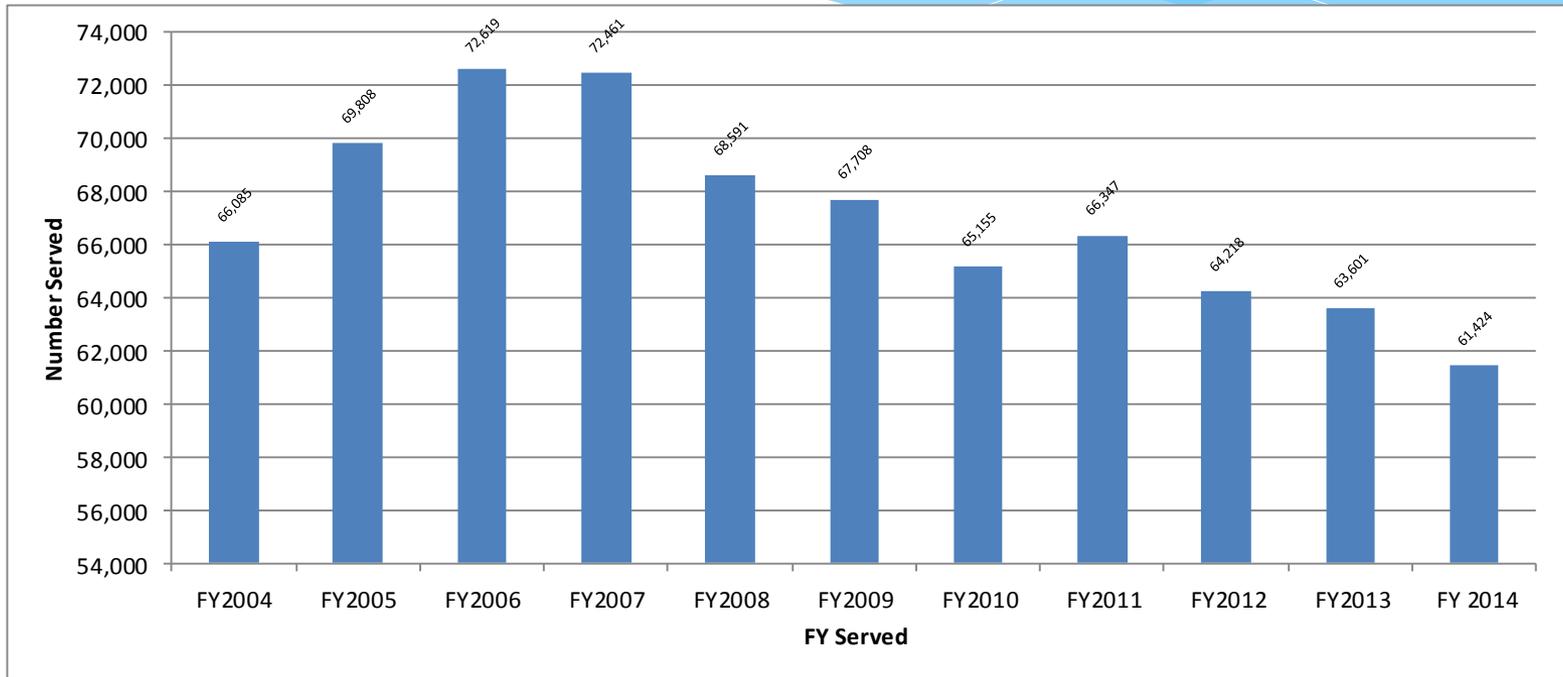


# Individuals Served by Michigan's Public Mental Health System (FY 2000 – 2013)



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

## Treatment



## Prevention

288,000 persons attended substance abuse prevention programs

## Recovery

3,150 persons received recovery support services

# Private Psychiatric Inpatient Facilities



Michigan  
Psychiatric  
Hospitals  
and Units

**Total Inpatient Licensed Beds\***  
 Adult – 2,102 beds, 61 facilities  
 Child/Adolescent – 247 beds, 10 facilities  
 \* Does not include State Psychiatric facilities

# State Hospitals and Centers

## Adult Hospitals:

- Caro (149)
- Reuther (155)
- Kalamazoo (118)

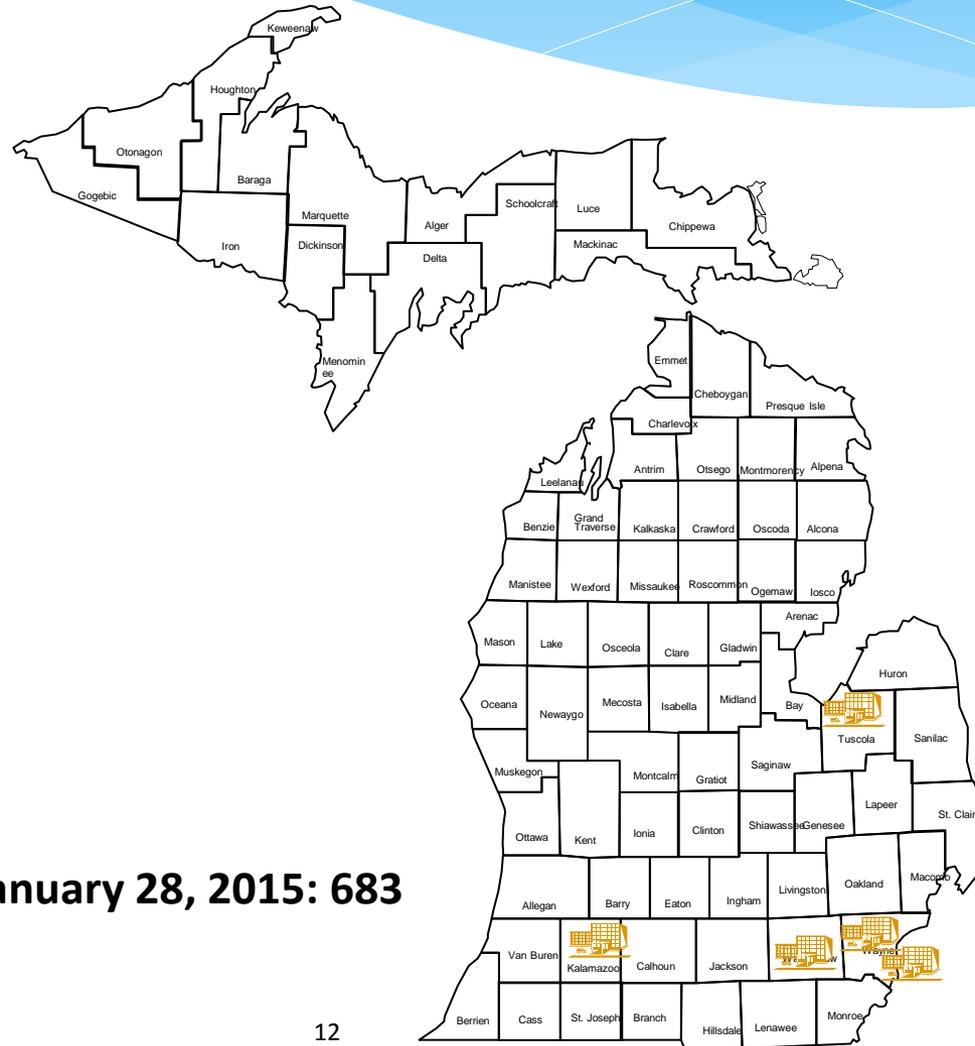
## Forensic

- CFP (221)

## Children

- Hawthorn (40)

**In-house census as of January 28, 2015: 683**



# FY 15 Initiatives

## Promote & Protect Health, Wellness & Safety

### Mental Health and Wellness Commission

#### FY2015 Accomplishments and Continuing Focus

- Substance Use Credentialing
- Care Coordination
- Special Education Funding Flexibility
- Interagency Council on Homelessness Creation
- Veterans Trust Fund Expansion
- State Statutes Updated-Remove “R” word
- Stigma Reduction: Mental Health First Aid
  - Funded expansion until 9/30/2015
  - 16,941 First Aiders through December 31, 2014.
  - 164 adult and 162 youth Certified Mental Health First Aid Instructors
  - <http://youtu.be/7R2j-gxPePE>

# FY 15 Initiatives

## Promote & Protect Health, Wellness & Safety

### Diversion Council

- Diversion Council Action Plan-2014-2015
  - Pre-booking, In Jail Treatment, Post Booking, Diversion, Re Entry, infrastructure
  - Completed 11 major milestones in 2014
- Nine pilot counties funded in 2015 totaling \$3.2 M
  - Barry, Berrien, Detroit, Wayne, Kalamazoo, Kent, Marquette, Monroe, Oakland, St. Joseph
  - Evaluation by Michigan State University-Target completion February 1, 2016

# FY 15 Initiatives

## Promote & Protect Health, Wellness & Safety

### Prevention, Treatment and Recovery: Addiction, Substance Use Disorders

- Opioid abuse & dependence national epidemic
  - 30% Michigan counties report opioid as number 1 issue
  - Adopt Medication Assisted Treatment Guidelines
    - Why Medication Assisted Treatment?
      - Requires 2 years for opiate addicted brain to begin to stabilize in treatment
      - Requires 5 years recovery for relapse risk to drop below 15%
      - Relapse is natural part of disease
      - 50-60% require medication for chronic opioid dependence disease management

### Veterans and Military Service

- Collaboration with Military Veterans Affairs Agency “No Wrong Door” pilots
- Developing cultural competency Community Mental Health and provider systems

# FY 15 Initiatives

## Improve Outcomes for Children

### **Autism Applied Behavior Analysis-Medicaid**

- Effective April 1, 2013
- 18 months through 5 years
- 2,079 received diagnostic services
- 1,561 diagnosed and eligible for Applied Behavior Analysis Services
- 1,007 approved for Applied Behavior Analysis Services
- 98% retention rate of eligible children continuing applied behavior analysis

### **Centers for Medicare and Medicaid Bulletin July 7, 2014**

- Provide all “medically necessary services” to individuals with Autism Spectrum Disorder to age 21
- Expansion of Applied Behavior Analysis-FY 2016

# FY 15 Initiatives

## Improve Outcomes for Children

### **Autism State Plan: MDCH Priority Areas for 2015**

- Increase applied behavior analysis service providers
- Expand the education services and supports
- Improve the crisis management systems and coordination

### **Autism Family Supports Services Program**

- Build infrastructure to assist individuals with health care, educational supports, and employment.
- In 2015 and 2016 it will include:
  - Service Four prosperity regions (36 counties, including Wayne and Oakland)
  - Equipping over 1,000 families with services and resources
  - Administering case management to complex situations

# FY 15 Initiatives

## Improve Outcomes for Children

### Autism Applied Behavioral Analyst Workforce Capacity (Medicaid and Other Payers)

- Board Certified Behavior Analysts
  - 246 in Michigan as of December 31, 2014
  - 108% increase from 118 in April 2012
  - 177 BCBA's are servicing children with ASD with Medicaid and commercial insurance
- Applied Behavior Analyst Students in Michigan:
  - 38 students enrolled in 2013-14 school year
  - 119 students enrolled in 2014-15 school year
  - 170 students projected to be enrolled in 2015-16 school year
    - 347% increase within two years
    - Two (2) university degree programs in 2012 and seven (7) in 2014-15
- Universities funded:
  - Central Michigan University
  - Eastern Michigan University
  - Michigan State University
  - Oakland University
  - Western Michigan University

# FY 15 Initiatives

## Improve Outcomes for Children

### Children and Substance Use Disorders

- Implementing Early Intervention Tracking- Child accompanying Mom into her treatment
  - 1,280 women in treatment working to regain custody of their children
  - 6,063 children with mom in treatment
  - 173 drug free births (from pregnant women who entered treatment)
- FASD (Fetal Alcohol Spectrum Disorder) Report: Section 502 of FY 2014.  
Recommendations include:
  - Media/public messaging, FASD screening for providers/caretakers, testing interventions and best practices, expanding diagnosis capacity

### Improve Early Intervention for Mental Health Services

- First Episode Psychosis Federal Block Grant Project In FY15 \$.7 M
- Evidence-based practice: Young adults experiencing initial psychotic episode.
- Three sites in Michigan: Ingham, Oakland and Kent Counties.
- Program “RAISE” – Recovery After an Initial Schizophrenic Episode

# FY 15 Initiatives

## Improve Outcomes for Children

### Serious Emotional Disturbance Waiver (SEDW)

- 1915 C Waiver for children with Serious Emotional Disturbance (SEDW)
- Available in 33 of 83 Counties; limited by general fund available
- Community based services for non-Medicaid, state-psychiatric-hospital-eligible children.
- Children must reside with their birth, adoptive family or foster family.
- Approved to serve up to 969 children in FY 15.
- Currently served 367 children in FY 15.
- State match for children *in foster and adoptive* care provided by **Department of Human Services in participating counties**
- State match for *non-foster care children* comprised of **Community Mental Health Services Programs (CMHSP) General Fund dollars in participating counties**



# FY 15 Initiatives

## Improve Outcomes for Children

### Improving Access, Early Intervention, Cross System Collaborative

- University of Michigan's Michigan Child Collaborative Care (MC3) Program (Telemedicine).
- Psychiatric consultation and telemedicine to primary care practitioners
- Board Certified Child and Adolescent Psychiatrists and CMH clinicians
- 216 primary care providers
- 5 Community Mental Health (CMH) Programs, covering 17 counties
- FY 15 Additional Capacity Developing -12 additional CMHs
- Consultations revealed:
  - 58% of children reviewed on psychotropic medication
  - 69% are not currently receiving behavioral health therapy services
  - 7% have history of psychiatric hospitalization
  - number of boys served is consistently higher than girls

# FY 15 Initiatives

## Transform the Healthcare System

### Service Integration Across Boundaries

- Merger of Substance Abuse Coordinating Agencies and PrePaid Inpatient Health Plans (CMH Entities) completed October 1, 2014
- FY 2014 implemented Behavioral Health Homes, 3-county pilot
- Many integration and co-location projects (Physical-Behavioral Health)
- Leader in Integrated Dual Disorders Treatment (Mental Health and Substance Use Disorder) [www.improvingmipractices.org](http://www.improvingmipractices.org)
- Developing outcome measures across physical health, behavioral health and developmental disabilities service systems
- MI Health Link (Medicare/Medicaid duals demonstration) - Two PIHPs in demonstration beginning March 1st, 2015
- Implementing Standardized Assessment Tools
  - Mental Health and Wellness Commission Recommendation
  - Tool Implemented-Persons with Intellectual and Developmental Disabilities (June 2014)
  - FY 2015 Planning- Research Choose Standard Assessment-Mental Illness. Implement in FY 2016

# General Fund, Commercial, Medicaid Funding and Community Mental Health Services

## Commercial & Exchange Coverage

- **May cover:** acute inpatient, general outpatient, mental health, addiction
- **Does not cover:** specialty services including but not limited to: Community Mental Health home-based services, jail diversion and treatment for seriously mentally ill, community crisis response, specialty supports coordination and case management

## Medicaid Health Plans & Medicaid Pre-Paid Inpatient Health Plans

- **Medicaid Health Plan covers:** Non CMH Mental health outpatient (mild-moderate)
- **Pre Paid Inpatient Health Plans covers:** CMH Specialty Services: home based, substance abuse, acute inpatient, targeted case management, wrap around services, long term services and supports

## State General Fund *(Prioritize by population and most at need)*

- Mandatory Services – defined in Mental Health Code (Crisis, etc). May provide other services as general fund resources allow.
- Persons CMH may serve with general fund as resources allow
- Family with commercial coverage needing Community Mental Health intensive services not covered by commercial, supports coordination for persons with developmental disabilities or child with serious emotional disturbance, not covered commercially
- Jail Diversion for Serious Mental Illness in jail
- Community Crisis Response
- Specialty CMH services prior to meeting “Medicaid spend down”

# FY 16 Program Investments and Other Adjustments (in millions)

Description	FY 2016 Recommendation	
	GF/GP	Gross
<b>Investments:</b>		
Autism Service Expansion	\$4.0	\$11.6
University Autism Programs	\$2.5	\$2.5
State Psychiatric Residential Treatment Facility and Children's Behavioral Action Team	\$1.9	\$5.0
Mental Health and Wellness Commission Recommendations (one-time)	\$1.5	\$1.5
Drug Policy Initiatives	\$1.5	\$1.5
Fetal Alcohol Syndrome Program	\$0.0	\$0.9
<b>Other Adjustments:</b>		
Actuarial Soundness Rate Adjustments		
1.5% for Prepaid Inpatient Health Plan (PIHP) Actuarial Soundness	\$12.1	\$35.3
1.5% for Healthy Michigan Plan (HMP) Mental Health & Substance Use	\$0.0	\$4.6
Community Mental Health Non-Medicaid Services	\$20.0	\$20.0

# FY 16 Initiatives

## Provide Support to Youth and Families

### Autism Services and Infrastructure

- **Service Expansion**
  - Up to age 21
  - 2016 Investment = \$11.6M Gross / \$4M GF
- **University Autism Programs**
  - Increase number of applied behavioral analysis therapists
  - 2016 One-Time Investment = \$2.5M Gross GF

# FY 16 Initiatives

## Improve Outcomes for Children

### **Psychiatric Residential Treatment Facility (PRTF)**

- Developed for children with frequent state hospital admissions at Hawthorn Center
- 12 bed (six male, six female, separate units)
- Admission determined by Hawthorn
- Joint Commission accredited
- Therapeutic and trauma informed setting for youth ages 13 to 17
- Treats significant behavioral health needs to develop independence, personal responsibility, and capacity for safe and satisfying lives in community.
- Requires Medicaid State Plan amendment
- Result of Mental Health and Wellness Commission recommendation

# FY 16 Initiatives

## Improve Outcomes for Children

### Children's Behavioral Action Team (CBAT)

- CBAT community-based services/treatment with family or family-like setting
  - 25 children/youth 5 to 18 years currently in Hawthorn (state facility)
  - Unique, individualized approach to maintain youth successfully in community
  - Result of Mental Health and Wellness Commission recommendation
- CBAT Team will work in close collaboration with:
  - State-level Leadership Team
  - Hawthorn Center administration and staff
  - Multiple community providers
  - Department of Human Services,
  - Schools, courts, primary care and other physical health providers, etc.

# FY16 Initiatives

## Provide Support to Youth and Families

### Drug Policy Initiatives

- Reduce prescription drug abuse
- Support those seeking recovery
- Key to ensuring healthy productive futures for youth
- One in eleven adults had a substance use disorder last year<sup>1</sup>
- 4,772 Michigan residents died due to unintentional or undetermined intent overdose<sup>2</sup>
- FY16 Investment = \$1.5M Gross/GF

<sup>1</sup>According to the National Survey on Drug Use & Health

<sup>2</sup>During 3-year period, 2009-2012

# FY16 Initiatives

## Provide Support to Youth and Families

### Fetal Alcohol Syndrome Disorders

- Reduce Prevalence and Support Affected Families
- Funded with Retail Liquor License revenue
- 2016 investment = \$ 0.9M Gross / \$0 GF

# MDCH Contact Info and Useful Links

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Facebook: <http://www.facebook.com/michigandch>

Twitter: @MIHealth, <https://twitter.com/mihealth>

## **Useful Links:**

Executive Budget: <http://www.michigan.gov/mibudget>

MI Healthier Tomorrow: [www.michigan.gov/mihealthiertomorrow](http://www.michigan.gov/mihealthiertomorrow)

Healthy Michigan Plan: [www.michigan.gov/healthymichiganplan](http://www.michigan.gov/healthymichiganplan)

MIChild: [www.michigan.gov/michild](http://www.michigan.gov/michild)