



MDHHS: FY21 Budget Executive Recommendation

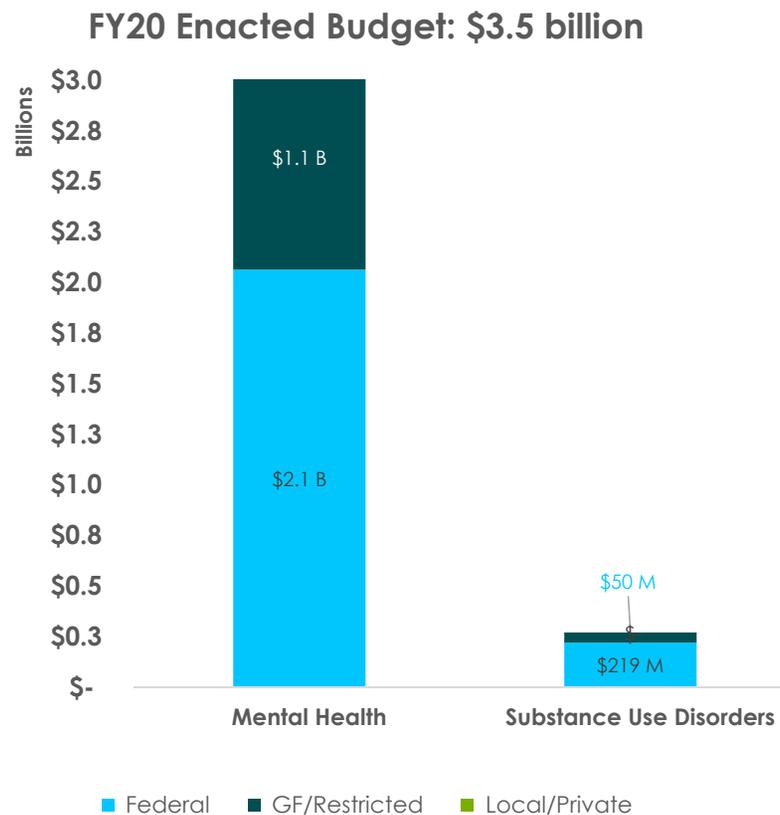
Behavioral Health and Developmental Disabilities Administration

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Michigan's Public Behavioral Health System – Community-Based Services

- 46 Community Mental Health Services Programs (CMHSPs)
- 10 Medicaid Prepaid Inpatient Health Plans (PIHPs)
- Populations Served
 1. People in crisis
 2. Persons with:
 - a. Adults: Serious Mental Illness (SMI)
 - b. Children: Serious Emotional Disturbance (SED)
 - c. Intellectual/Developmental Disabilities (I/DD)
 - d. Substance Use Disorders (SUD)
- Total Served (2019): **308,738***
 - \$3.1 billion for Mental Health (92%)
 - \$269 million for Substance Use Disorders (8%)
 - Nearly 90% served through Medicaid; roughly 10% GF



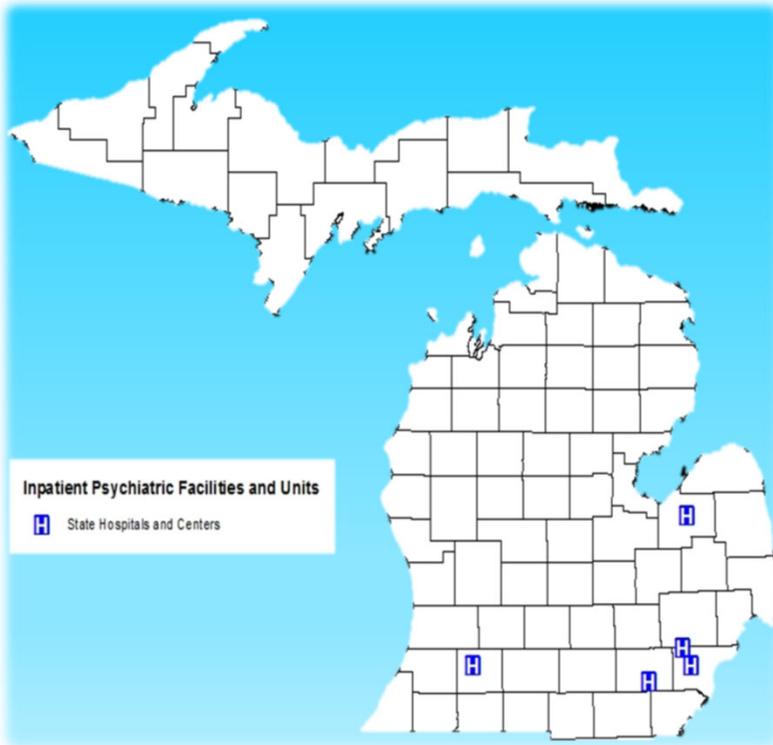


Michigan's Public Behavioral Health System – State Hospitals

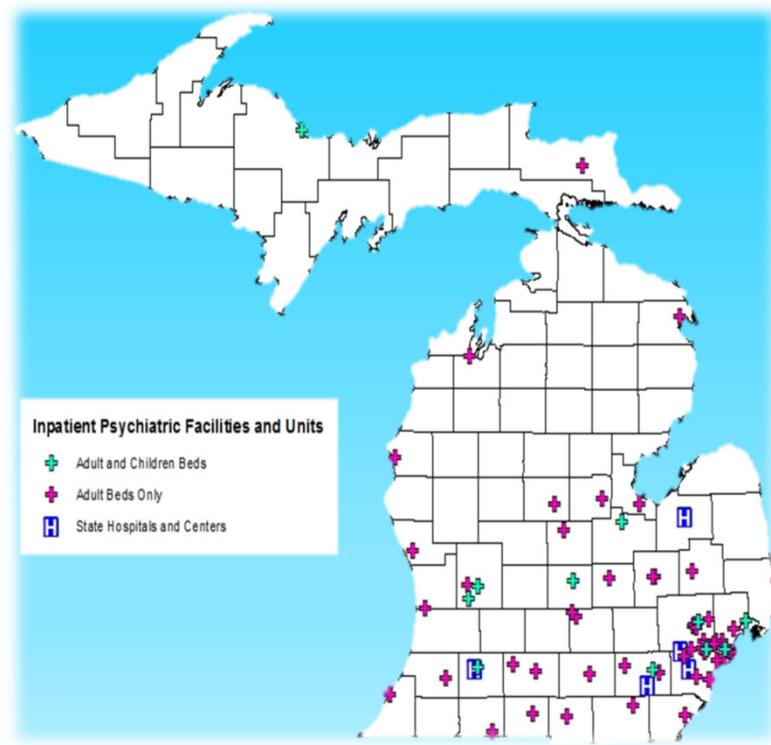
- Adult Hospitals (Patients):
 - Caro (95)
 - Reuther (171)
 - Kalamazoo (156)
- Forensic (Patients):
 - Center for Forensic Psychiatry (261)
- Children (Patients):
 - Hawthorn (52)
- Census as of February 11, 2020: 735 Patients
- Private Inpatient Licensed Beds:
 - Adult: 2,481 beds; 60 facilities
 - Child/Adolescent: 318 beds; 12 facilities

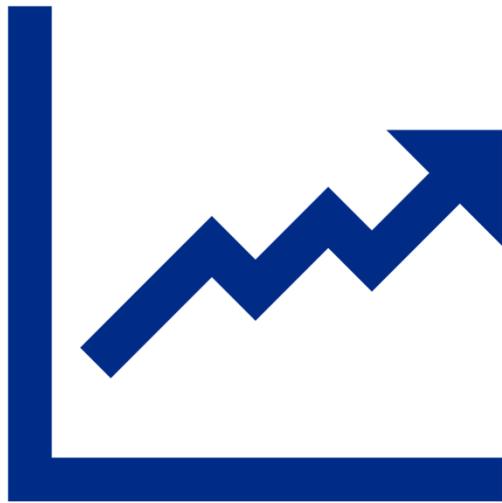
Michigan's Public Behavioral Health System – State Hospitals

State Hospitals



Local Private/Nonprofit Hospitals





Progress

FY19 BHDDA Strategic Accomplishments: Community-Based Services

- Increased Efforts to Mitigate the Opioid/Substance Use Disorders (SUD) Epidemic:
 - Over 76,000 people received SUD treatment (1.4% increase from last year)
 - Over 242,000 people attended SUD prevention programs (10.5% increase from last year)
- Integrating Primary and Behavioral Health Care Services for Michiganders with Severe Chronic Conditions
 - SAMHSA Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant
 - In Year 2 of 5; serving over 700 high-need consumers in three counties (Barry, Saginaw, and Shiawassee)
 - Medicaid Health Homes serving 500 beneficiaries within northern Michigan (Behavioral Health Home for Serious Mental Illness/Serious Emotional Disturbance; Opioid Health Home for Opioid Use Disorder):
 - Cost Saving:
 - Independent cost-efficiency reports showing \$103-\$336 per member per month savings (\$618K-\$2M in annual savings);
 - Savings projected to grow to \$6-\$20M annually once expanded
 - Better Outcomes:
 - Decreased inpatient hospitalization
 - Decreased inpatient length of stay
 - Decreased hospital readmissions
 - Increased engagement of preventive and primary care
 - Expanding to more regions in FY20 to serve up to 5,000 more beneficiaries



FY19 BHDDA Strategic Accomplishments: Community-Based Services

- Improving Coordination and Access to Services for Children and Youth
 - 2,505 Primary Care Providers receiving psychiatric consultations through the MI Community Care Collaborative (MC3)
 - 28 new Youth Peer Support Specialists providing services to youth with serious emotional disturbance (SED)
- Justice System Diversion to Mental Health Services
 - Over 890 screenings to children and youth introduced to the juvenile justice system
 - Collaboration with Michigan Department of Corrections (MDOC) to optimize care transitions for those exiting incarceration
- Continued Service to our Veterans
 - Provided community-based services to 6,294 Veterans (70% increase from last year)



FY19 BHDDA Strategic Accomplishments: State Hospitals

Caro Center

- 100-bed new hospital; projected occupancy late 2022/early 2023
- Recruited, hired, and trained residential care aides per legislative directive

Increased “Careflow” to, from, and within state hospitals

- Increased emphasis on the discharge and community placement of clinically appropriate adult patients in order to admit individuals requiring state hospitalization from jail or the community
- Created a robust careflow process to identify and reduce barriers for those seeking admission and discharge into or from a state hospital

Behavioral Health

Context

- **Current system must evolve** to achieve whole-person care and improve outcomes for people
- **Shortage of behavioral health professionals** like psychiatrists in many areas
- **1 in 7 women experience postpartum depression** or anxiety
- **Families struggle** to navigate multiple systems of care **to access autism services**

Response

- Design and implement a new **Specialty Integrated Medicaid Plan**
- **Increase residency slots and retain residents in psychiatry** in underserved communities
- Train **home visitors to screen for trauma/mental health**
- **Provide autism navigators** to help families

Expected impact

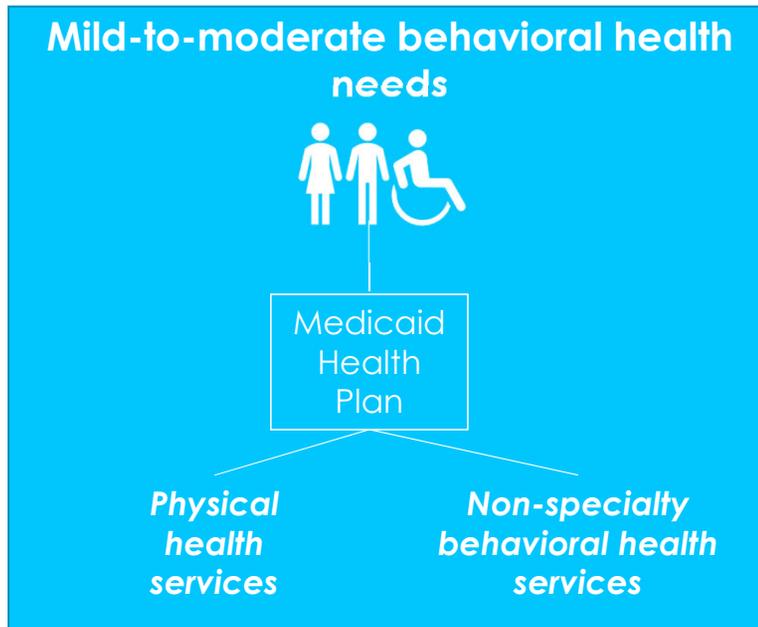
- System that is **easier to navigate, increases quality and access, and coordinates care**
- More psychiatrists and BH providers, **reducing wait lists and drive time** for patients
- More **new moms getting the mental health care** they need in the community
- **Easier access to autism services** for families

Behavioral Health System Transformation

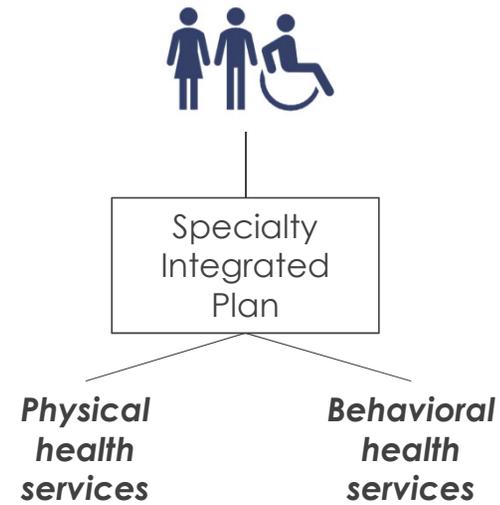
- 1 Strong public safety net
- 2 Specialty Integrated Plans



Future behavioral health model



Significant behavioral health needs



Safety net and community benefit services

Community Mental Health Services Providers



Behavioral Health System Transformation

How this new system will be better

- ✓Easier to navigate
- ✓More consistent services across county lines
- ✓More access to providers and improved network of services across a full continuum of care
- ✓More provider-level coordination
- ✓Less complexity for beneficiaries
- ✓Less paperwork for providers
- ✓Ability to reinvest the savings generated by the public system in more services for people

Behavioral Health System Transformation

2020

- Feedback on approach
- Detailed policy design
- Enabling legislation

2022

- Finalize implementation

2021

- Prepare for implementation

The recommended budget will support detailed policy design and implementation work while making sure the Department is able to continue administering existing behavioral health services in FY2021.

Boost Staffing at State Hospitals

Context

- Overtime for state psychiatric hospital residential care aides has stretched staff
- Compensation for state hospital professional staff is not competitive with the private market, nationally and within the Midwest

Response

- Increase state hospital staffing by 60 FTEs

Expected impact

- Increased access, quality, and consistency of behavioral health services
- Decreased reliance on residential care aides' overtime
- Decreased reliance on contracted professional staff

Increase Oversight and Innovation in Behavioral Health

Context

- BHDDA must assure compliance to significantly complex federal and state laws and regulations to properly execute Michigan's robust Mental Health Code
- BHDDA has seen a steady depletion in administrative resources leading to the inability to manage and modernize the public behavioral health system
- Current appropriations are not commensurate with the growing behavioral health demands of Michiganders

Response

- Increase oversight resources in BHDDA
- Modernize BHDDA's administration through new investments to optimize innovation, policy, and operations

Expected impact

- Increased access, quality, and consistency of behavioral health services
- Improved outcomes:
 - Fiscal accountability
 - Clinical oversight
 - On-site audits
 - Oversight of federal grants

Bolster non-Medicaid Funding for CMHSPs

Context

- Non-Medicaid funds to CMHSPs were reduced by 60 percent in 2014
- Non-Medicaid funds are used by CMHSPs to provide critical crisis response services and provide services to priority populations that may be uninsured or underinsured
- CMHSPs struggle to provide adequate safety-net services with an increased reliance on limited local funds

Response

- Increase non-Medicaid funding to CMHSPs by \$5.1 million

Expected impact

- Increased access, quality, and consistency of behavioral health services
- Increased crisis response and prevention services



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