Behavioral Health and Developmental Disabilities Administration
Fiscal Year 2015

Presentation to House Appropriations Subcommittee on Community Health
March 5, 2014

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Developmental Disabilities
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**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 underserved populations.

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

**Our Guiding Principles**

*Leadership, Excellence, Teamwork*
Behavioral Health & Developmental Disability Administration

Substance Use Disorder & Addiction: Michigan’s public substance use and addiction disorder prevention, treatment, and recovery system will promote wellness, strengthen communities, and facilitate recovery for the people of Michigan.

Mental Health & Intellectual and Developmental Disabilities: Michigan’s public mental health system will serve citizens by diminishing the impact and incidence of developmental disability, emotional disturbance and mental illness.
Michigan Department of Community Health
FY 2014 Strategic Priorities

✓ Promote & Protect Health, Wellness & Safety
  • Improve access to services for Veterans
  • Ensure access to culturally and linguistically appropriate services
  • Implement integrated chronic disease strategy addressing co-morbidities, mental health and chronic hot spots
  • Strengthen emergency preparedness plan for aging and disabled
  • Implement recommendations of Mental Health & Wellness Commission
  • Reduce Disparities in Health Outcomes
  • Provide comprehensive population health monitoring

✓ Improve Outcomes for Children
  • Increase community services for children at risk for and with substance use disorders
  • Improve early intervention mental health services including children and youth with autism
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 an integrated multi disciplinary delivery system with a focus on person centered care

Strengthen Workforce & Economic Development
• Focus on transparency and open communication with stakeholders and partner agencies
• Support and promote employment first policies which honor choices and goals of individuals served
• Improve communication and employee engagement in Behavioral Health and Developmental Disabilities Administration
Behavioral Health & Developmental Disability Service Statistics

- 46 Community Mental Health Services Programs
- 10 Prepaid Inpatient Health Plans
- 242,884 people served by Community Mental Health Services Programs and Prepaid Inpatient Health Plans in 2012
- 16 Regional Coordinating Agencies, completing merger with 10 Prepaid Inpatient Health Plans October 1, 2014
- 5 state-operated hospitals and centers
- 1,017 state psychiatric hospital bed capacity
- 1,975 licensed psychiatric beds in the community for adults; 242 for children
- All persons with Intellectual/Developmental Disabilities served are living in the community in smaller or independent settings with support versus large facilities
- 63,601 persons received substance use disorder treatment in FY13
- 46.4% of persons admitted to substance use disorder treatment, in FY13, also had a mental health issue
- In 2003, combined heroin and opioid admissions were less than one-sixth of all treatment admissions; in 2013, combined heroin and opioid admissions reached over one-third of all treatment admissions
- 9,034 persons received medicated-assisted treatment during FY13, up from 5,875 during FY06
- 6,537 allegations investigated, processed, and resolved by Office of Recipient Rights
- 41 Developmental Disabilities Council grants

- 878 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 5% in 2013
- Persons employed increased 27.1% during the course of substance use disorder treatment in FY13
- Persons homeless decreased 21.1% during the course of substance use disorder treatment in FY13
- Persons arrested decreased 38.3% during the course of substance use disorder treatment in FY13
- More than 270,000 persons attended substance abuse prevention programs in FY12
- 13.2% of retailers “sold” tobacco to underage persons during the FY13 Synar survey, down from the FY11 rate of 14.9%
- 1,031 callers to the problem gambling help-line were provided referrals for problem gambling assistance in FY13
- 556 persons received problem gambling treatment, including 41 in the problem gambling diversion program, during FY13
- 97% of discharges from a psychiatric inpatient unit are seen for Community Mental Health Services Program follow-up care within seven days
- Adults who are homeless decreased 14% during the course of mental health treatment in FY13
- Children who are homeless decreased 20% during the course of mental health treatment in FY13
- 96% of mental health consumers received the initial face-to-face assessment with a professional within 14 days of request
**Individuals Served by Michigan’s Public Mental Health System (FY 2000 – 2012)**

**MI** = Mentally Ill  
**DD** = Developmentally Disabled

**MI Adult Consumers, 150,255**  
**Substance Abuse, 1,611**  
**Unknown, 5,319**  
**Dual Diagnosis (DD & MI), 13,470**  
**Assessment Only, 1,166**

**MI Child Consumers, 40,800**  
**DD Consumers, 30,263**  
**MI Adult Consumers, 150,255**
Primary Substance of Abuse at Admission: Heroin/Other Opiates

Fiscal Year

Michigan Public Behavioral Health System Individuals Served in the Substance Use Disorder Treatment System

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

270,000 persons attended substance abuse prevention programs

1,800 persons received recovery support services
**Total Inpatient Licensed Beds**

Adult – 1,975
Child/Adolescent – 242

*Does not include State Psychiatric facilities*
Michigan Department of Community Health Operated Hospitals and Centers

Adult Hospitals:
- Caro (143)
- Reuther (150)
- Kalamazoo (153)

Forensic
- Center for Forensic Psychiatry (218)

Children
- Hawthorn (55)

In-house census as of February 19, 2014: 719
Understanding *Continuing Need for State General Fund*

**✓ Commercial Coverage**
- Typically covers acute inpatient and outpatient services for mental health and substance use disorders
- Does not cover specialty services such as Community Mental Health home-based services, jail diversion and treatment for seriously mentally ill, and community crisis response as example

**✓ Managed Care Plans and Pre Paid Inpatient Health Plans**
- Managed Care Plans - Mental health outpatient (mild-moderate illnesses)
- Pre Paid Inpatient Health Plans - Specialty Services. Examples: home based, substance abuse, acute inpatient, targeted case management, wrap around services, long term services and supports

**✓ State General Fund**
- Critical safety net. Example: family with commercial coverage needing Community Mental Health intensive services for a serious mental illness, supports coordination for persons with developmental disabilities, neither of which covered by commercial
- Jail Diversion and specialty services for Serious Mental Illness in jail
- Community Crisis Response
- Cover intensive services prior to meeting “spend down” for working persons with spend down required each month
- State hospital and center services
FY 2014 Major Initiatives

✓ Autism Coverage and State Plan
✓ Alignment of Behavioral Health
  • Community Based Systems
  • MDCH Behavioral Health/Developmental Disabilities Administration
✓ Mental Health and Wellness Commission
✓ Diversion Council
✓ Mental Health Early Intervention
✓ Data Analytics and Extracts (Physical and Behavioral Health)
✓ Implement Common Assessment Tool Persons with Intellectual and Developmental Disabilities
Autism Coverage

- Effective April 1, 2013
- Covers children age 18 months through 5 years
- Provides Applied Behavioral Analysis Services to those with a medical diagnosis of Autism Spectrum Disorder
- 737 children received diagnostic services to determine if they have Autism Spectrum Disorder
- 588 children were diagnosed and approved for Applied Behavioral Analysis Services
- Board Certified Behavior Analysts
  - 198 in Michigan as of December 31, 2013
  - 62% increase from 118 in April, 2012
- Universities funded:
  - Eastern Michigan University
  - Western Michigan University
  - Central Michigan University
  - Oakland University
Autism - Services Beyond Applied Behavioral Analysis

October 2012 – September 2013

✓ 1,048 children (0-6 years) received services other than applied behavior analysis (examples: occupational therapy, speech therapy, family training, etc.)

✓ 3,257 (7-17 years) received services as eligibility allows through community mental health. Examples: occupational therapy, physical therapy
August 2013 – MDCH
Applied Behavioral Analysis
Services Capacity

Legend

- **Unable to take on additional individuals for Applied Behavioral Analysis**
- **Able to take on additional individuals for Applied Behavioral Analysis**
November 2013 – MDCH
Applied Behavioral Analysis
Services Capacity

Legend

- Unable to take on additional individuals for Applied Behavioral Analysis
- Able to take on additional individuals for Applied Behavioral Analysis
Alignment of Behavioral Health Provider Systems

✓ Prepaid Inpatient Health Plans (PIHPs)

18 PIHPs

10 PIHPs Operational January 1, 2014

✓ Substance Abuse Coordinating Agencies merge into Community Mental Health Services Programs

• Public Acts 500 and 501 of 2012

Transition Plans Submitted

Transition Complete October 1, 2014

✓ Detroit/Wayne Community Mental Health

• Public Acts 375 & 376 of 2012

Authority Status Achieved October 1, 2013
Alignment of Behavioral Health Provider Systems

✓ Prepaid Inpatient Health Plans Realigned
  • 18 to 10 Regions as of January 2014
  • Regional Governance versus Single Community Mental Health Governance of Multi Community Mental Health Region

✓ Substance Abuse Coordinating Agency-Prepaid Inpatient Health Plan Integration
  • October 1, 2013 – All regions submitted merger plans
  • January 21, 2013 – 10 Regions begin to establish the Substance Use Disorder Oversight Policy Boards
  • February 1, 2014 (Region 4) Southwest Michigan Behavioral Health officially merged.
  • August 1, 2014 – 10 Regions to submit 3 year Substance Use Disorder prevention, treatment and Recovery Plans
  • October 1, 2014 – Transition due to be complete
Prepaid Inpatient Health Plan (PIHP) Consolidation

Regional PIHP Structure though December 2013 (18)

CMHSP AFFILIATIONS
- NORTHCARE
- NORTHERN AFFILIATION
- NORTHWEST CMH AFFILIATION
- ACCESS ALLIANCE OF MICHIGAN
- THUMB MENTAL HEALTH ALLIANCE
- AFFILIATION OF MID-MICHIGAN
- SOUTHWEST MICHIGAN AFFILIATION
- VENTURE BEHAVIORAL HEALTH
- CMH PARTNERSHIP OF SOUTHEAST MICHIGAN
- LAKESHORE BEHAVIORAL HEALTH ALLIANCE
- UNAFFILIATED OVER 20,000

Regional PIHP Structure Beginning January 2014 (10)

Region 1
Region 2
Region 3
Region 4
Region 5
Region 6
Region 7
Region 8
Region 9
Region 10
Current Substance Abuse Coordinating Agency Structure (Merged with Prepaid Inpatient Health Plans no later than 10/1/14)
Mental Health and Wellness Commission

✓ Mental Health and Wellness Commission
  • Created pursuant to Executive Order 2013-6
  • Commission members:
    o Lt. Governor Brian Calley
    o MDCH Director James Haveman
    o State Senator Rebekah Warren
    o State Senator Bruce Caswell
    o State Representative Phil Cavanagh
    o State Representative Matt Lori
  • Commission Charge:
    o Address any gaps in the delivery of mental health services
    o Propose new service models
    o Strengthen the delivery of services
Mental Health Diversion Council

✓ Executive Order 2013-7
✓ Highlights 2014
  • Lieutenant Governor Brian Calley (Chair), and 13 Members
  • Action Plan Work Through Subcommittees
    o Pilots (4 Communities-Spring 2014)
    o Consent and Communication
    o Screening and Assessment
    o Data and Outcomes
    o Treatment and Benefit

Data Analytics
✓ Data Extracts, Integration Analytics-Improved Care Management

Common Assessment Tools
✓ Persons with Intellectual & Developmental Disabilities-proposals underway
✓ Future adults with mental illness, children in multiple systems
Early Intervention Programs

✓ Home-based services and treatment through Community Mental Health Service Provider contracts

✓ Mental Health First Aid
  • Contracts awarded to deliver training in: Wayne, Oakland, Macomb, Kalamazoo, Clinton, Eaton, Ingham, Genesee, Saginaw, Battle Creek, Kent and Muskegon Counties

✓ High Intensity Care Management
  • Coordinated and monitored by Wayne State University Developmental Disabilities Institute
  • Request for proposal:
    o Create the Children’s Behavioral Action Team
    o Focus on 25 children ages 9 to 18 with multiple hospitalizations who are not currently in a stable community placement
    o Coordinate with providers to develop and implement specialized treatment plans and identify community placement
    o Provide training, consultation, and hands-on technical assistance to providers, the children, and their families
    o Responses due 2/14/2014
Governor Snyder’s FY 2015 Recommendation
## FY 2015 Program Investments (in millions)

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<thead>
<tr>
<th>Description</th>
<th>FY 2015 Recommendation</th>
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<tbody>
<tr>
<td></td>
<td>GF/GP</td>
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<tr>
<td>Jail Diversion Initiatives</td>
<td>$3.4</td>
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<tr>
<td>Mental Health and Wellness Commission Recommendations</td>
<td>$10.6</td>
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<tr>
<td>Mental Health Commission Recommendations (one time)</td>
<td>$5.0</td>
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<tr>
<td>Autism Infrastructure (one time)</td>
<td>$3.0</td>
</tr>
<tr>
<td>Data Analytics Support for Behavioral Health Services</td>
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FY 2015 Initiatives

✓ Mental Health and Wellness Commission
  • Implementation of recommendations constructed around three goals:
    o Advance opportunities for independence and self determination
    o Better access to high quality, coordinated and consistent service and care
    o Measuring outcomes and establishing meaningful metrics
  • FY 2015 Investment to implement recommendations = $15.6 M Gross/GF

✓ Diversion Council Initiatives
  • Expand use of Assisted Outpatient Treatment
  • Develop/Strengthen the Crisis Intervention Team Program
  • Improve in-jail behavioral health treatment
  • Measure effectiveness:
    o FY 2015 Statewide Investment = $6.7M
    o FY 2015 New Investment in DCH Budget = $3.4M

✓ Autism State Plan & Infrastructure

✓ Data Analytics Toward Improved Population Health and Care Management
Protect Michigan’s Health Care Safety Net  
FY 2015 Key Budget Adjustments (in millions)

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<tr>
<td></td>
<td>GF/GP</td>
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<tr>
<td>Caseload and Utilization Adjustment</td>
<td>$6.6</td>
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<tr>
<td>1.5% for Prepaid Inpatient Health Plan (PIHP) Actuarial Soundness</td>
<td>$11.2</td>
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<tr>
<td>Federal Medical Assistance Percentage (FMAP) Decrease 66.32% to 65.54%</td>
<td>$16.7</td>
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MDCH Contact Info and Useful Links

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Useful Links:
Executive Budget: http://www.michigan.gov/mibudget2015
MI Healthier Tomorrow: www.michigan.gov/mihealthiertomorrow
Healthy Michigan Plan: www.michigan.gov/healthymichiganplan
MIChild: www.michigan.gov/michild