



# Behavioral Health and Developmental Disabilities Administration

**Fiscal Year 2019**

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

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# ***Presentation Agenda***

- ***HIGHLIGHTED SERVICE STATISTICS***
- ***OVERVIEW: PROGRAMS AND PERSONS SERVED***
  - Community Based Services
  - State Psychiatric Hospitals and Inpatient Units
- ***FY 2018 STRATEGIC INITIATIVES UPDATES***
- ***FY 2019 EXECUTIVE BUDGET RECOMMENDATIONS***

# Service Statistics



- 46 Community Mental Health Services Programs
- 10 Prepaid Inpatient Health Plans
  - 228,444 people served by Community Mental Health Services Programs and Prepaid Inpatient Health Plans in 2016
- 5 state-operated hospitals and centers
- 772 State Hospital census in house (January 24, 2018)
- 2,159 licensed psychiatric adult beds in the community; 260 for licensed child/adolescent psychiatric beds in the community
- 2,865 complaints received by MDHHS Office of Recipient Rights from state hospitals in FY17; 446 complaints were investigated and 1,197 interventions were completed
- 5,197 youth diagnosed with Autism and eligible for Applied Behavioral Analysis Service
- 41.0 percent increase in Certified Behavioral Analyst workforce (Autism) from FY16 to FY17
- 99.0 percent of discharges from a psychiatric inpatient unit are seen for Community Mental Health Services Program follow-up care within seven days
- 99.4 percent of mental health consumers received the initial face-to-face assessment with a professional within 14 days of request
- 31,469 total children with Serious Emotional Disturbance (SED) were served by the CMHSPs/PIHPs in FY16 according to the 904 report
- In 2017, 24 of 47 Psychosocial Rehabilitation Clubhouses are internationally accredited compared to 9 in 2015.
- Diversion Pilots showed that post incarceration, care continued at a rate 19 times greater for CMHSP clients versus non-CMHSP clients.
- 3,293 individuals entering the behavioral health system identified as Veterans in FY17; 85% were male, 15% female; 52% identified primarily mental health and 48% identified primarily SUD on admission.
- A reported 71,027 persons received substance use disorder treatment and recovery services in FY17
- 39.4 percent of persons admitted to substance use disorder treatment in FY17 also had a mental health issue
- In 2003, combined heroin and opioid admissions were less than one-sixth (17%) of all treatment admissions; in 2017, combined heroin and opioid admissions reached over two-fifths (45%) of all treatment admissions
- 20,471 persons received medication-assisted treatment during FY17, up from 5,875 during FY06
- \$8.7 million received from successful federal grant applications for substance use disorder prevention and recovery
- 1,200 women reported being pregnant at admission to substance use disorder treatment in FY17
- Michigan's reported drug-abstinence rate at treatment discharge exceeded the national average rate by over 3% in FY17
- The reported percentage of persons employed increased 3.2% during the course of substance use disorder treatment in FY17
- The reported percentage of persons homeless decreased 11.8% during the course of substance use disorder treatment in FY17
- More than 200,000 persons attended substance abuse prevention programs in FY17

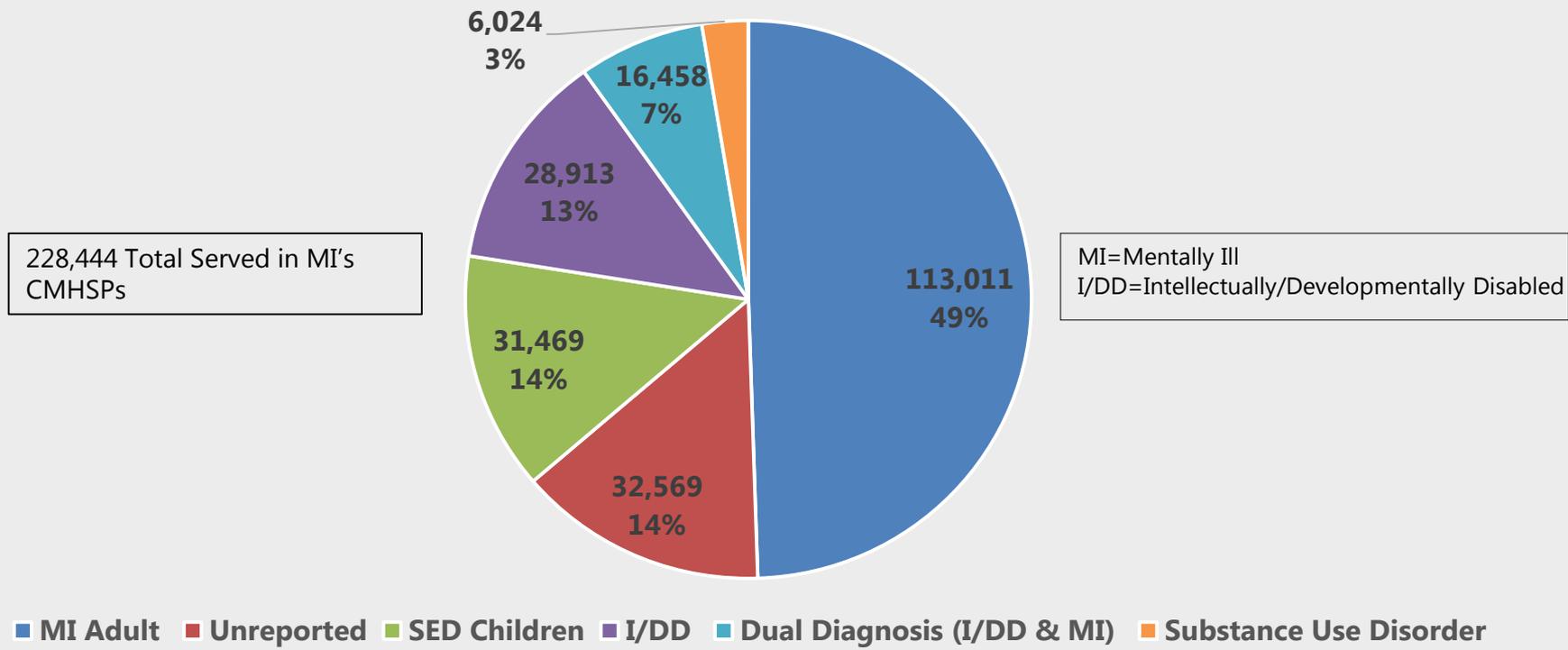


## ***OVERVIEW: PROGRAMS & PERSONS SERVED***

- ***Community Based Services***
  - Community Mental Health (CMH) Statistics
  - Substance Use Disorder Data and Statistics
- ***Inpatient Services***
  - State Psychiatric Inpatient
  - Local Psychiatric Inpatient



# Individuals Served by Michigan's Community Mental Health System\*

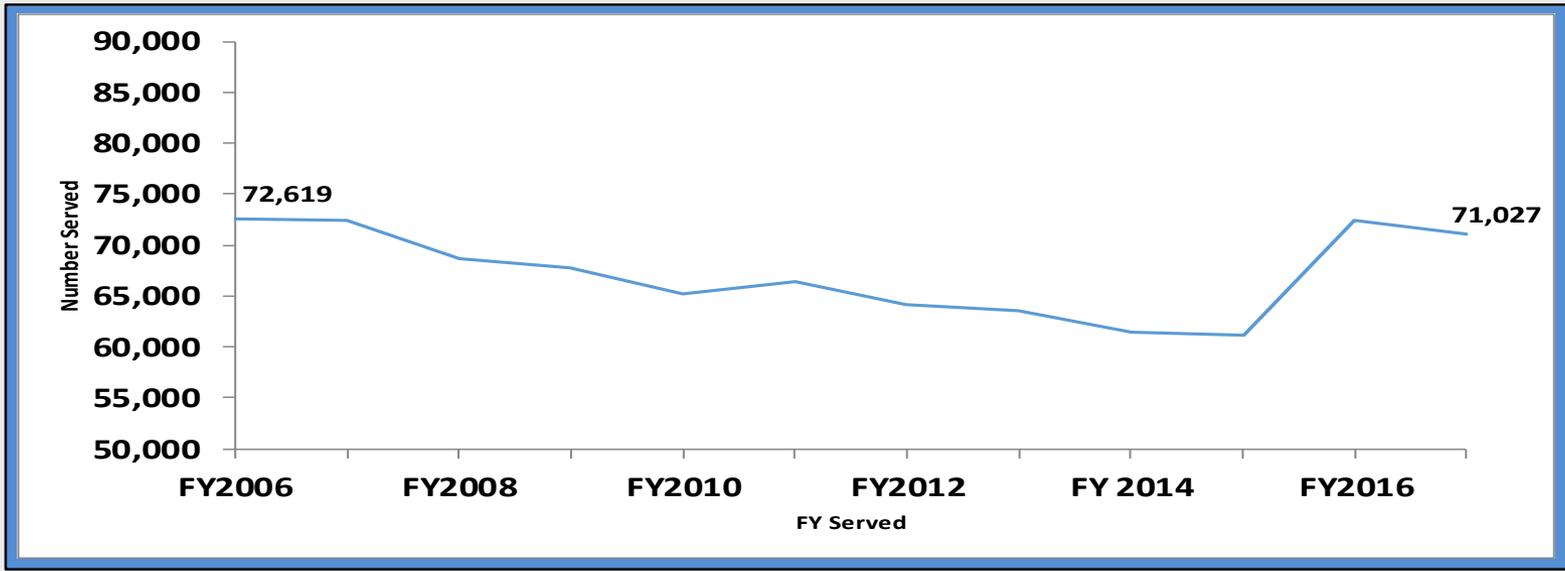


\*Source: MDHHS (2017). FY16 Section 904 Boilerplate Report



# Individuals Served in Substance Use Disorder Treatment, Prevention, & Recovery Systems (FY 2006-FY 2017)\*

**Treatment**



**Prevention**

203,600 persons attended substance abuse prevention programs in FY17

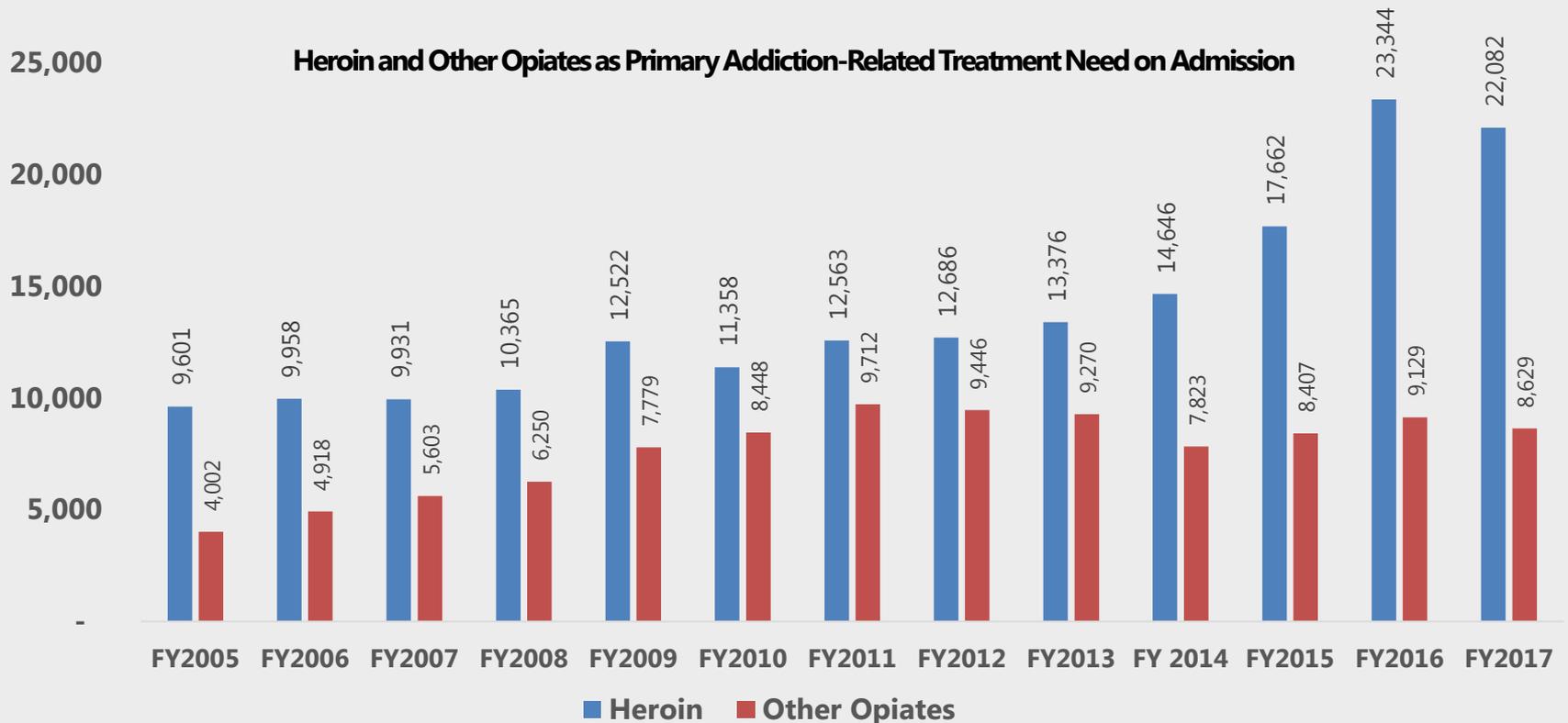
**Recovery**

8,174 persons received recovery support services in FY17

\*Source: MDHHS (2017). FY17 Behavioral Health Treatment Episode Dataset



## ***Trends: Substance Use Disorder Treatment, Prevention, & Recovery Systems – Opioid Treatment Admissions***



Source: MDHHS (2017). FY05 to FY17 Treatment Episode Dataset.



# ***BHDDA Revenue Breakdown (FY18)***

## ***Community Based Services***

### **Distribution by Source**

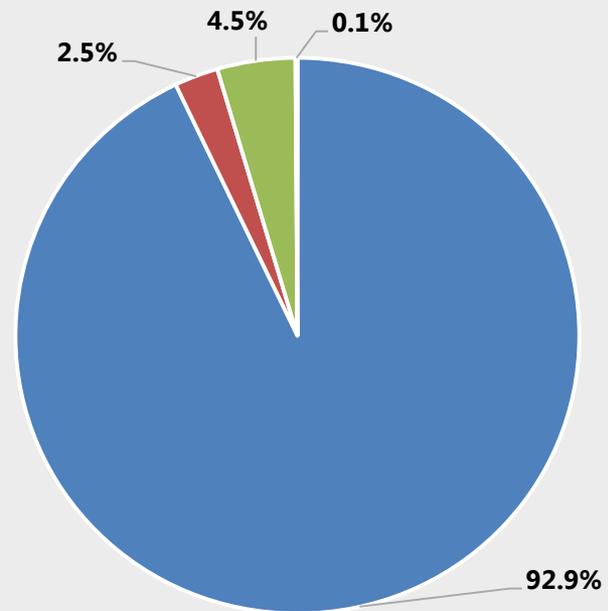
#### **Medicaid:**

- Money flows from MDHHS to PIHPs for all Medicaid-covered lives (8.3% receive CMHSP services vs. 9.4% last year)
- Rates must adhere to federal rules
- Rate-setting process factors include:
  - Programmatic and Demographic Data
  - Historical Trends
  - Non-benefit costs (e.g., administration, coordination)
  - Adjustments (e.g., program changes, health status)
  - Medical Loss Ratio
  - Risk Adjustment (e.g., prospective or retrospective)
- Individualized unit cost specific to CMHSP based on historical factors (unlike MHPs that utilize a statewide unit cost as a basis)

#### **Non-Medicaid:**

- Federal Grants: federal methodology based on need
- GF Mental Health: based on past utilization only
- GF SUD: based on need

**Total Funding: \$3.02 Billion<sup>\*,\*\*</sup>**



■ **Medicaid/GF** ■ **Other Federal** ■ **CMHSP/GF** ■ **Restricted**

**\*Source:** PA 107 of 2017

**\*\*Note:** 93% of funding is slated for mental health services; 7% is for SUD services

# State Hospitals and Centers— Inpatient Census



## Adult Hospitals (Patients):

- Caro (148)
- Reuther (167)
- Kalamazoo (141)

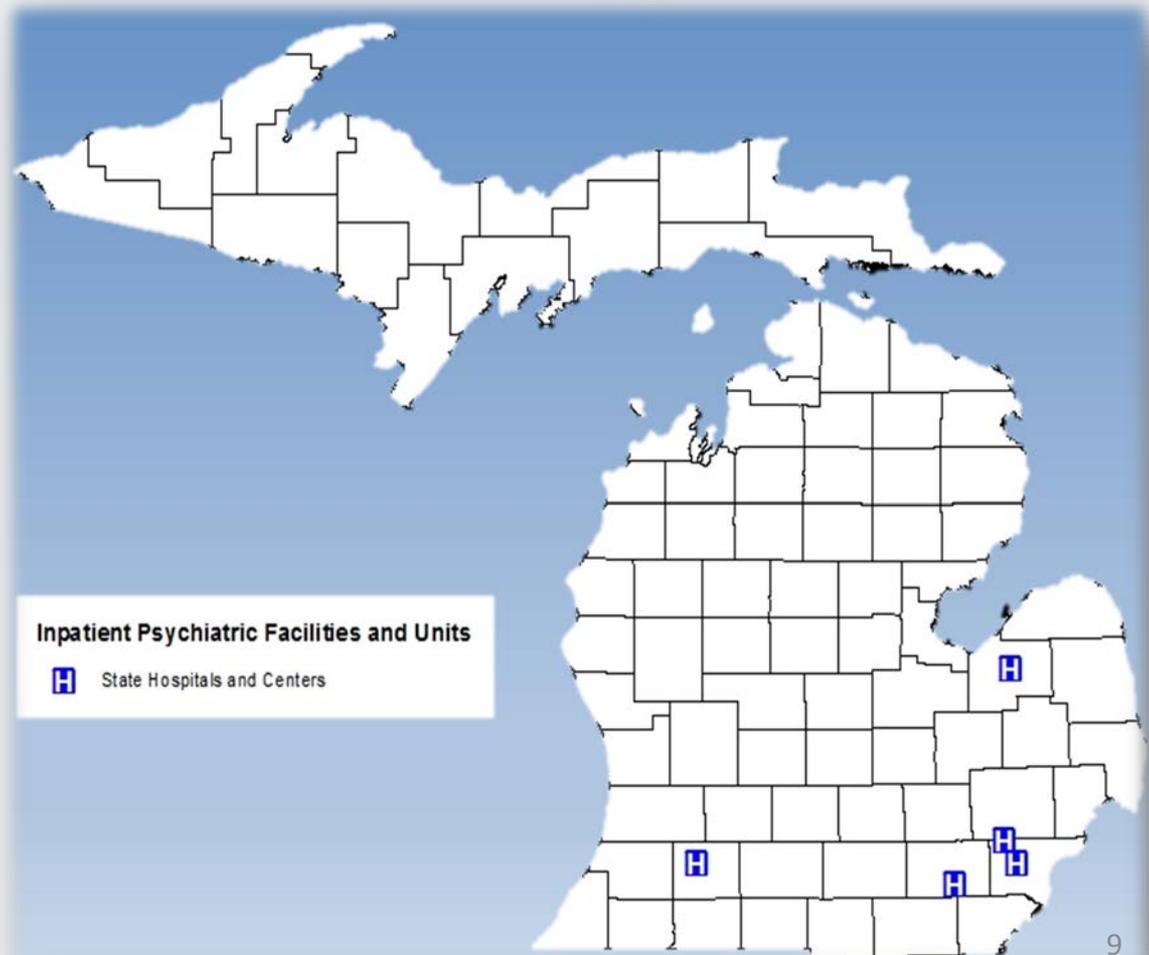
## Forensic (Patients):

- Center for Forensic Psychiatry (262)

## Children (Patients):

- Hawthorn (54)

**In-house census as of  
January 24, 2018: 772  
Patients**



# Total Inpatient Psychiatric Capacity

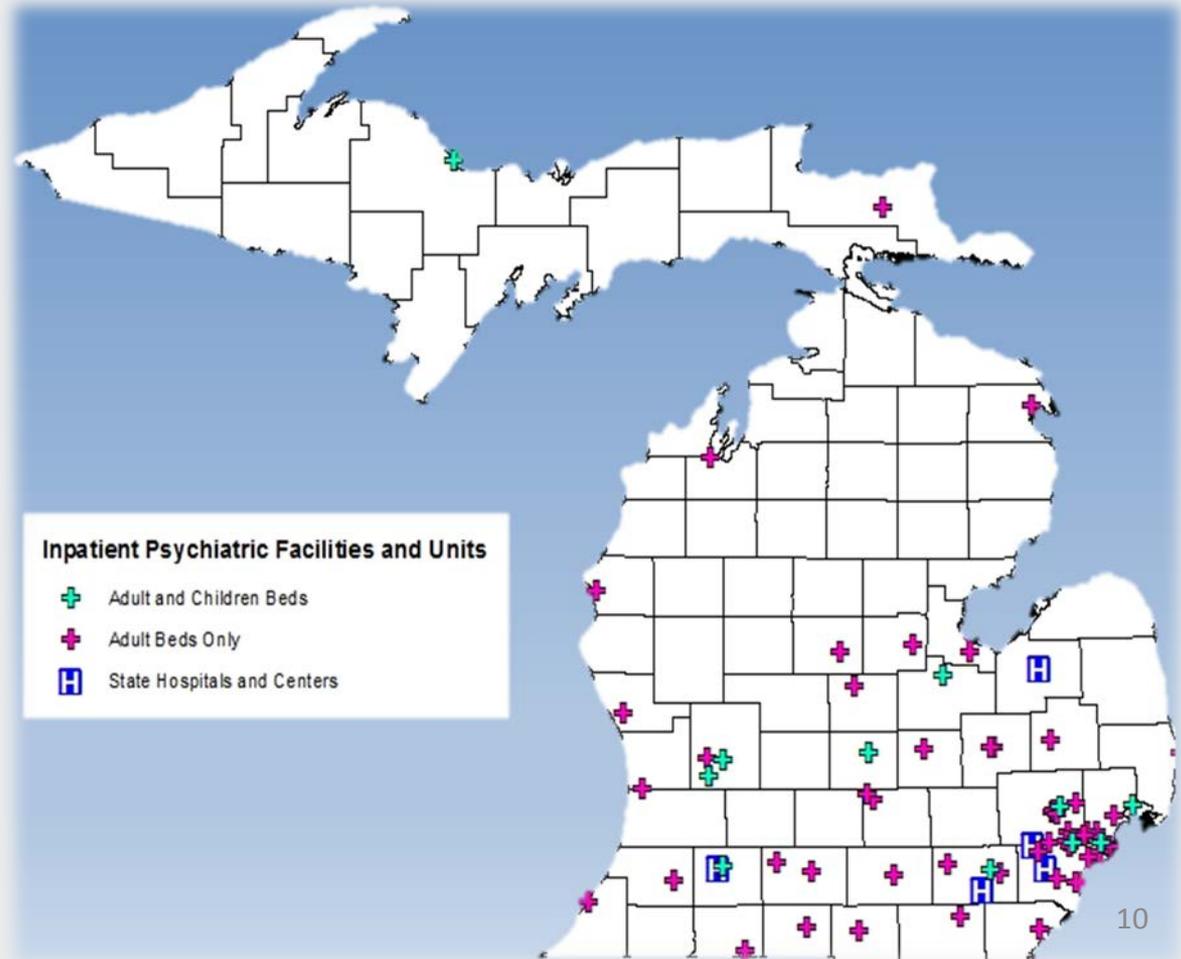


## Local Inpatient Licensed Beds (private):

- Adult: 2197 beds; 59 facilities
- Child/Adolescent: 276 beds; 11 facilities

## State Hospital Beds (public):

- Adult: 720 beds
- Child/Adolescent: 70 beds



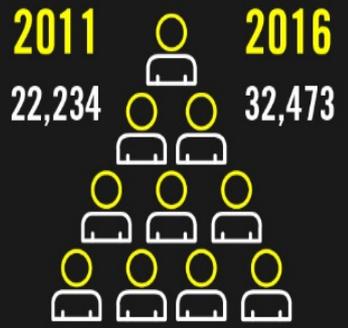
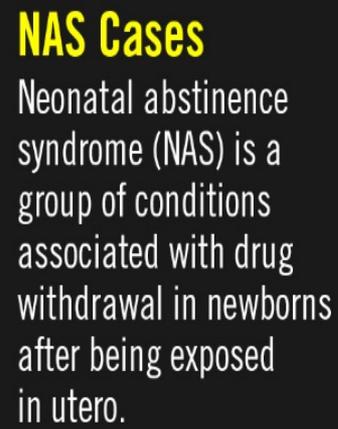
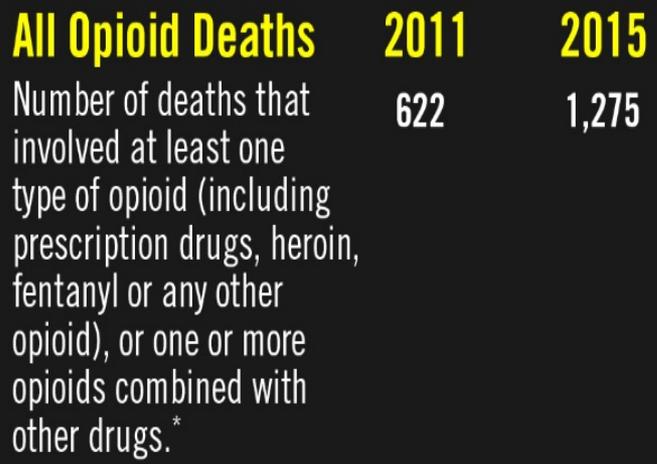


## ***FY 2018 STRATEGIC INITIATIVES UPDATES***

- Fighting the Opioid Crisis
- Increasing Access to Inpatient Psychiatric Care
- Promoting Mental Health Diversion
- Enhancing Mental Health to Children and Families
- Integrating Behavioral and Physical Health
- Other Significant Projects

# OPIOID ADDICTION IS A GROWING PROBLEM.

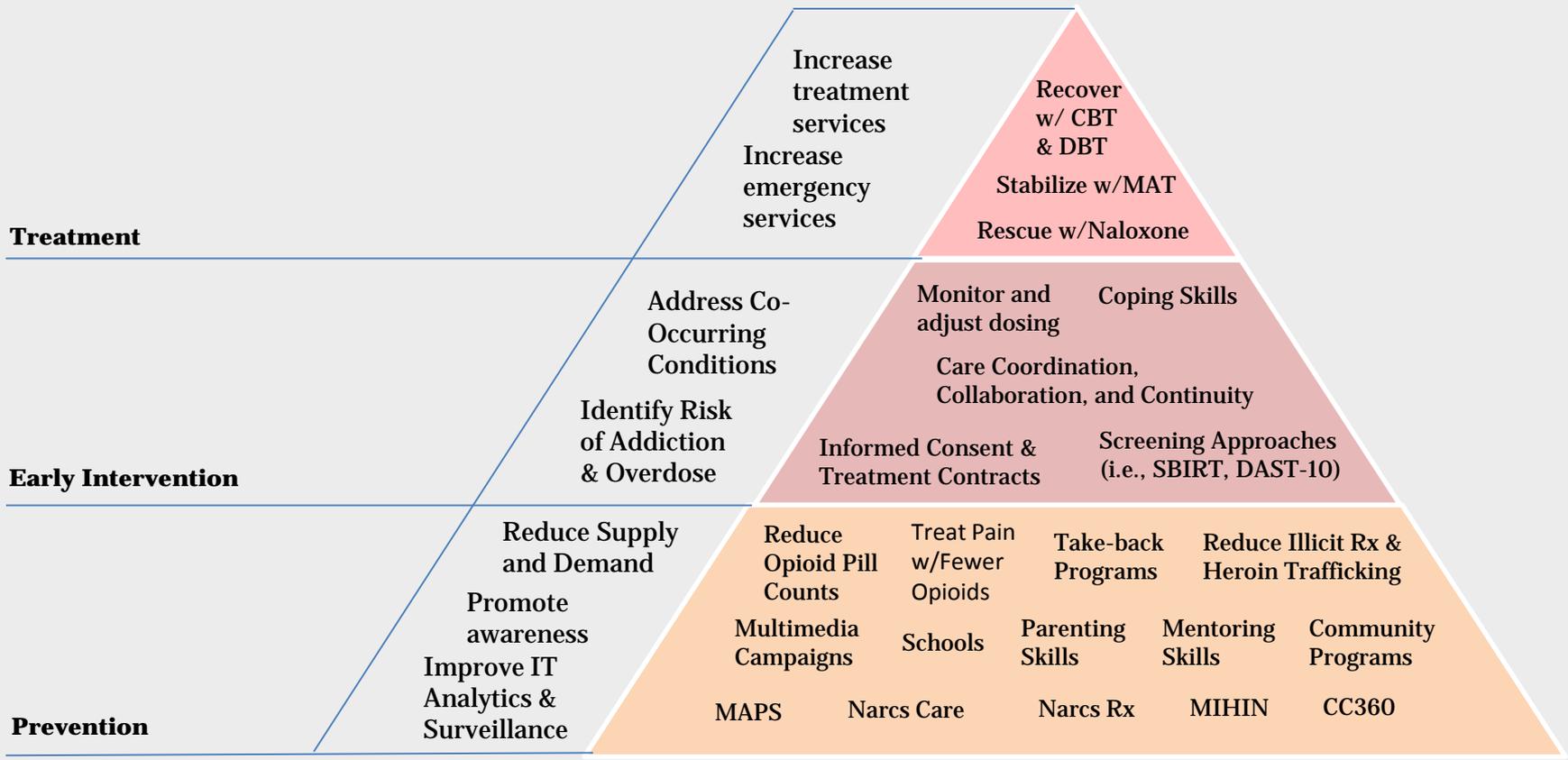
In Michigan alone, an average of five people die from opioid overdose every day. Help us change the numbers and stop this deadly epidemic.



\*2015 data. \*\*Preliminary data for 2016. Numbers are not finalized and may change.



# MDHHS Public Health Approach to Fighting the Opioid Crisis





## ***Fighting the Opioid Crisis***

- MDHHS is engaged in several initiatives to help mitigate the opioid crisis, inclusive of expanding/utilizing Medicaid services, implementing SAMHSA grants (i.e., block grant and the State Targeted Response grant), and executing recommendations from the Governor's Task Force.
- **SAMHSA State Targeted Response Grant (\$16.3 Million)**, focused on:
  - Prevention
  - Treatment
  - Recovery
- **SAMHSA block grant**, is aimed at affecting the following:
  - Prescription Drug and Opioid Overdose Prevention
  - Opioid Overdose Recovery
  - Innovative Strategies for Enhancing Treatment Services to Pregnant Women
  - Drug Court Peer Recovery Support
- Michigan is implementing several projects to mitigate issues with **Neonatal Abstinence Syndrome**



## ***Fighting the Opioid Crisis (continued)***

- **Recovery Coach Curriculum and Certification**
  - Policy effective on January 1, 2018
  - Formalizes standards for training, certification and practices for Peer Recovery Coaches as established by MDHHS
- **Opioid Health Home Pilot**
  - State Plan Amendment to bolster access to Medication Assisted Treatment for persons with Opioid Use Disorder
    - Crosses the “physical and behavioral health systems” by utilizing FQHCs and specialty BH providers
    - Utilize a hub and spoke model with Opioid Treatment Programs and Office Based Opioid Treatment providers
    - Comprehensive care management and coordination, including the sharing of data amongst participating providers
    - Robust provider staffing standards to ensure all facets of care are attended to
- **Working with LARA to Update the SUD Administrative Rules**
  - Initial discussion with LARA and the PIHPs on January 25, 2018



# ***Inpatient Psychiatric Capacity Issues***

- **Reduction in Inpatient Psychiatric Beds**

- Community hospitals in 1993 vs. 2017:
  - **1993:** 3,041 adult beds, 729 child/adolescent beds; **2017:** 2,197 adult beds, 276 child/adolescent beds
  - **Reduction of 28% and 62% for adult and child beds, respectively (34% reduction overall)**
- State Hospitals in 1991 vs. 2017:
  - **1991:** 29 hospitals serving 3,054 residents; **2017:** 5 hospitals serving 772 residents
  - **Reduction of 74% of residents served**

- **State Hospital Waitlist**

- Averages **180** individuals at any given time

- **Forensic Capacity**

- Competency to Stand Trial Evaluations
  - **49 percent** increase in court-ordered competency evaluations since 2010
  - No commensurate increase in staff/forensic examiners
- Restoration Treatment
  - **113** IST-adjudicated criminal defendants awaiting inpatient admission for restoration treatment
  - Average wait time for admission is **93-100 days** depending on the hospital



## ***Inpatient Psychiatric Capacity Issues (continued)***

- **State Hospital Overtime**
  - June-August, 2017: number of state hospital workers with greater than 24+ hours of overtime grew from **410 to 727**
- **Inpatient Admission Denials Project**
  - Analyzing inpatient psychiatric denial data from July to December, 2017
  - All 46 CMHSPs and 10 PIHPs have been contacted
  - 26 CMHSPs have provided complete data
  - The pilot project from PIHP Region 5 showed the following (March 2016 to July 2017):
    - **31,107 denials among 1,676 patients** (average of 19 denials per patient)
    - Most common reason for denial was **"At Capacity" (81% of denial reasons)**
    - Other reasons for denial included **"No callback/No response"** and **"Patient Does Not Fit Milieu"**



# ***State Hospital Resource Investments—Workforce***

- **Expanding the Workforce**
  - Hiring 72 additional staff members at the State Psychiatric Hospitals
- **Section 1060 of PA 107 of 2017**
  - MDHHS, Legislature, and Key Stakeholders working to devise solutions to increase the workforce at State Psychiatric Hospitals and Centers
  - Researching Civil Service Rule Changes to potentially address compensation and overtime issues
- **State Loan Repayment Program (SLRP)**
  - Pediatric inpatient psychiatrists prioritized in 2018
  - MDHHS waived certain SLRP requirements to promote psychiatric provider participation
- **Telemedicine**
  - Formalized the use of telemedicine practice within community based Assertive Community Treatment to ensure psychiatric services are available



## ***State Hospital Resource Investments—Facilities***

- **Caro Center Replacement**
  - Construct a new 200-bed replacement facility for the Caro Center (50 bed net increase)
  - ***Integrated Design Solutions*** was chosen for the design and construction of a new Caro Center replacement facility
  - Design Development intended to be completed in December, 2018
  - Project completion estimated for 2021



# ***Michigan Inpatient Psychiatric Access Discussion (MIPAD)***

- **Priorities of the Short-Term Recommendations:**
  - Encouraging the Development of Specialty Units for Children
  - Addressing EMTALA Concerns in Emergency Departments
  - Standardizing Clinical Processes for Accessing Inpatient Psychiatric Services
  - Implementing Changes to Financing and Reimbursement for Inpatient Psychiatric Services
  - Developing a Psychiatric Bed Registry in Michigan



## ***Inpatient Alternatives for Children***

- **Children's Transition Support Team:**
  - Currently 32 children/youth are served representing 18 counties
  - Of the 16 youth discharged 100% remain in the community
  - No youth are in juvenile detention
  - As of January 12, 2018, a total of 81 children/youth have received CTST services
  - **Psychiatric hospital re-admission days reduced 60-85%**
- **Hawthorn Center Transition Program:**
  - Served 52 youth with serious emotional disturbances in the past year
  - All youth have transitioned back into the community
  - **There have been no re-hospitalizations**
  - Patient and family surveys all very positive



# ***Governor's Mental Health Diversion Council***

## **Mental Health Diversion Council Report**

- Released on January 22, 2018:  
[https://content.govdelivery.com/attachments/MIGOV/2018/01/22/file\\_attachments/946505/Diversion.Council.Progress.Report.pdf](https://content.govdelivery.com/attachments/MIGOV/2018/01/22/file_attachments/946505/Diversion.Council.Progress.Report.pdf)
- Highlights key findings and initiatives over the past 18 months, including:
  - Mental Health and Criminal Justice Strategic Planning Summit (page 14)
  - **Outcome Report on the pilots affiliated with the Mental Health Diversion Council with stats (page 7)\***
  - Effective enactment of the revised Kevin's Law February 14, 2017 (page 16)
  - Michigan Juvenile Justice Assessment System (MJJAS) as the standard assessment tool being used across the state (page 9)
  - Juvenile Urgent Response Team pilots in Houghton and Muskegon (page 9)
  - Expanded law enforcement training endorsed by the Diversion Council [Managing Mental Health Crisis 2 day trainings] (page 13)
  - Crisis Intervention Team Trainings key stats from the pilots (page 7)
  - **Juvenile Justice Report on defining recidivism (page 9)**
  - Expanding initiatives from across the pilot sites (page 11)
  - MSU citing community relationships being key to pilots success (page 16)

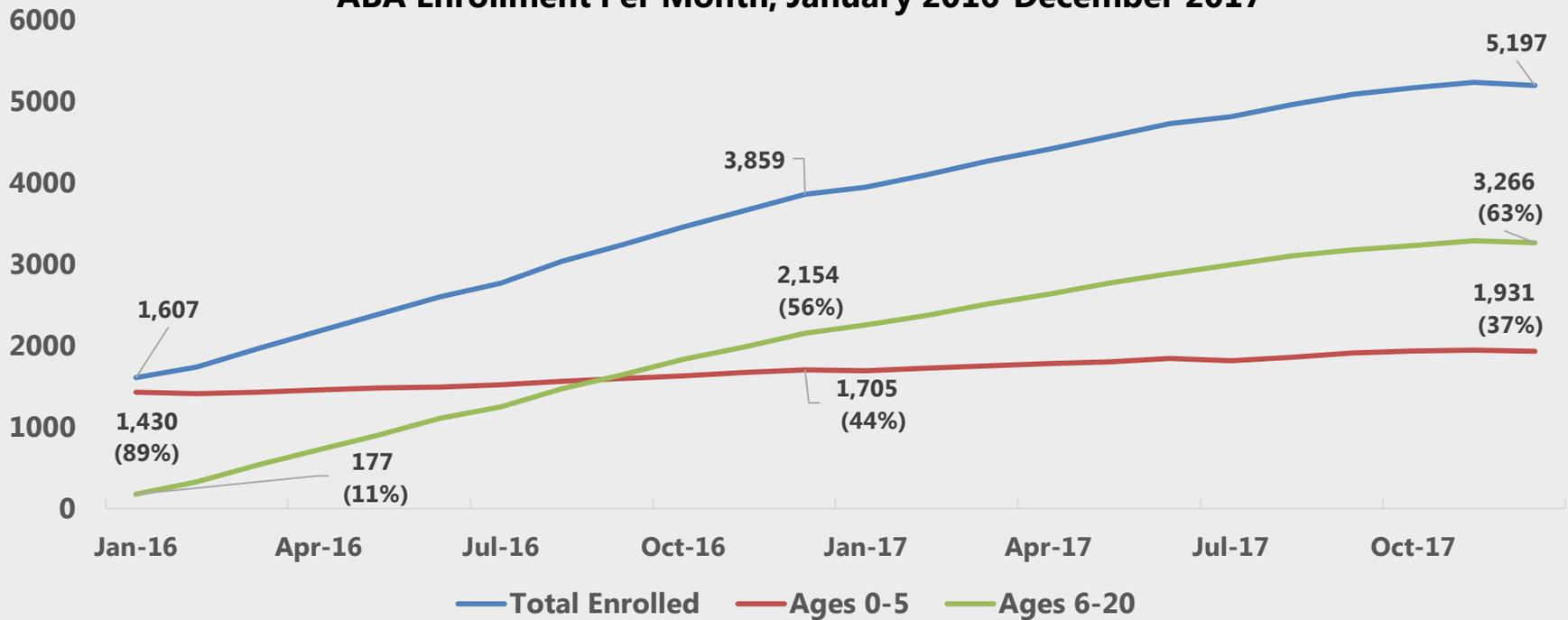
\*Diversion Pilots showed that post incarceration, **care continued at a rate 19 times greater for CMHSP clients versus non-CMHSP clients**



# Autism Services

## Autism Applied Behavior Analysis (ABA) – Medicaid

ABA Enrollment Per Month, January 2016-December 2017



- 2017 Experienced 34% Increase of Beneficiaries with Medical Necessity for ABA Services



## ***Autism Services: FY 2018 Initiatives*** ***Autism Applied Behavior Analysis Workforce Capacity***

- **Additional Need for Certified Behavior Analysts**
  - Medicaid has 68% (3,534) of youth eligible to receive ABA waiting for appropriate services
  - 39% (2,027) youth are receiving less ABA services than approved
  - 29% (1,507) youth are waiting to start ABA services
- **Certified Behavior Analysts:**
  - 685 in Michigan
  - 41% increase from 2016 (485)
  - Michigan is listed 10<sup>th</sup> in United States with ABA Providers
- **University Autism Contract Accomplishments**
  - Increase in number of University Autism Training Programs



## ***Home Based and Wraparound Services***

- **Home-Based Services Programs**

- 10,240 children received home-based services\*, and;
- 31,469 children with SED were served\*
- 75 enrolled CMHSP programs

- **Wraparound Services**

- 2,062 children with SED received wraparound services\*
- Significant clinical improvement in functioning before and after service (FY17):
  - **60 percent** improvement for children aged 0-6
  - **72 percent** improvement for children aged 7-19

\*Source: MDHHS (2017). FY16 Section 904 Boilerplate Report





## ***Other Significant FY 2018 Projects***

- **Managed Care Rule Implementation**
  - BHDDA and MSA staff are working together to implement all elements of the CMS Managed Care Rule
- **Parity**
  - MDHHS planning to ensure compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA)
- **Home and Community Based Services (HCBS) Rule**
  - BHDDA in conjunction with the PIHPs have implemented a transition plan for providers of Home and Community Based Services to meet the requirements of the new federal rule
- **Electronic Visit Verification (EVV) Requirements of the 21<sup>st</sup> Century Cures Act**
  - Required compliance for Medicaid waiver programs containing personal care services by January 1, 2019
- **Veteran and Military Members Strategic Plan**
  - Embedding Regional Veteran Navigators in all 10 PIHP Regions
- **Mental Health & Wellness Commission**
  - Michigan Child Collaborative Care (MC3)
  - Special Olympics United Champion Schools (formerly Project UNIFY)
  - Project SEARCH



# ***Governor Snyder's FY19 Recommendation***



# ***MDHHS 2019 Highlights***

## **State Hospitals and Centers**

- \$1.4 M to provide an increase in base salaries for state psychiatrists



## ***5-Year History of Major Line Item Appropriations: State Hospitals***

*(in millions)*

<b>Appropriation</b>	<b>FY 2015 Expenditures</b>	<b>FY 2016 Expenditures</b>	<b>FY 2017 Expenditures</b>	<b>FY 2018 Enacted</b>	<b>FY 2019 Executive Recommendation</b>
Center For Forensic Psychiatry	\$72.7	\$71.5	\$81.7	\$82.8	\$94.7
Walter P. Reuther Psychiatric Hospital	\$49.1	\$50.2	\$56.9	\$59.6	\$57.7
Hawthorn Center	\$23.4	\$24.0	\$29.1	\$31.8	\$32.2
Caro Regional Mental Health Center	\$48.0	\$47.3	\$57.3	\$59.2	\$53.5
Kalamazoo Psychiatric Hospital	\$59.3	\$59.4	\$65.7	\$68.1	\$69.5



## ***5-Year History of Major Line Item Appropriations: Medicaid funded Services (in millions)***

<b>Appropriation</b>	<b>FY 2015 Expenditures</b>	<b>FY 2016 Expenditures</b>	<b>FY 2017 Expenditures</b>	<b>FY 2018 Enacted</b>	<b>FY 2019 Executive Recommendation</b>
Medicaid Mental Health Services	\$2,311.3	\$2,388.9	\$2,337.0	\$2,315.6	\$2,364.0
Medicaid Substance Use Disorder Services	\$47.3	\$53.2	\$53.4	\$52.4	\$68.4
Healthy Michigan Plan – Behavioral Health	\$292.9	\$222.6	\$247.8	\$288.7	\$293.0
Autism Services	\$40.1	\$70.0	\$61.2	\$105.1	\$199.8
Community Mental Health Non-Medicaid	\$117.0	\$117.0	\$119.0	\$120.1	\$120.0