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*

228,444 Total Served in MI’s CMHSPs

- MI Adult: 113,011 (49%)
- SED Children: 31,469 (14%)
- I/DD: 32,569 (14%)
- Dual Diagnosis (I/DD & MI): 28,913 (13%)
- Substance Use Disorder: 16,458 (7%)
- Unreported: 6,024 (3%)

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

MI=Mentally Ill
I/DD=Intellectually/Developmentally Disabled
Individuals Served in Substance Use Disorder Treatment, Prevention, & Recovery Systems (FY 2006-FY 2017)*

Treatment

Prevention

Recovery

203,600 persons attended substance abuse prevention programs in FY17

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**

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

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**

*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
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

Total Inpatient Psychiatric Capacity
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.

<table>
<thead>
<tr>
<th>All Drug Deaths</th>
<th>2011</th>
<th>2015</th>
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<tbody>
<tr>
<td>Total number of overdose deaths in Michigan involving any drug.</td>
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<table>
<thead>
<tr>
<th>All Opioid Deaths</th>
<th>2011</th>
<th>2015</th>
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<tbody>
<tr>
<td>Number of deaths that involved at least one type of opioid (including prescription drugs, heroin, fentanyl or any other opioid), or one or more opioids combined with other drugs.*</td>
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<thead>
<tr>
<th>Opioid Prescriptions</th>
<th>2011</th>
<th>2015</th>
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<tr>
<td>Total number of opioid prescriptions written by any licensed prescriber in Michigan.**</td>
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<tr>
<th>NAS Cases</th>
<th>2011</th>
<th>2016</th>
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<tr>
<td>Neonatal abstinence syndrome (NAS) is a group of conditions associated with drug withdrawal in newborns after being exposed in utero.</td>
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<thead>
<tr>
<th>People in SUD Treatment for Opioids or Heroin</th>
<th>2011</th>
<th>2016</th>
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<tr>
<td>Total number of people receiving publicly funded drug treatment services in Michigan.</td>
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*2015 data. **Preliminary data for 2016. Numbers are not finalized and may change.
MDHHS Public Health Approach to Fighting the Opioid Crisis

**Prevention**
- Reduce Supply and Demand
- Promote awareness
- Improve IT Analytics & Surveillance

**Early Intervention**
- Reduce Opioid Pill Counts
- Treat Pain w/Fewer Opioids
- Take-back Programs
- Reduce Illicit Rx & Heroin Trafficking

**Treatment**
- Increase treatment services
- Increase emergency services
- Address Co-Occurring Conditions
- Identify Risk of Addiction & Overdose
- Monitor and adjust dosing
- Care Coordination, Collaboration, and Continuity
- Coping Skills
- Informed Consent & Treatment Contracts
- Screening Approaches (i.e., SBIRT, DAST-10)
- MAPS Narcs Care Narcs Rx MIHIN CC360
- Parenting Skills
- Mentoring Skills
- Community Programs

**Stabilize w/MAT**
**Recover w/ CBT & DBT**
**Rescue w/Naloxone**

**Improve IT Analytics & Surveillance**
- Rescue w/Naloxone
- Stabilize w/MAT
- Recover w/ CBT & DBT
- Increase treatment services
- Increase emergency services

**Increase**
- Treatment services
- Emergency services
- Screen (i.e., SBIRT, DAST-10)
- Informed Consent & Treatment Contracts
- Parenting Skills
- Mentoring Skills
- Community Programs

**Reduce**
- Opioid Pill Counts
- Illicit Rx & Heroin Trafficking
- Pain w/ Fewer Opioids
- Illicit Rx & Heroin Trafficking
- Pain w/ Fewer Opioids

**Increase**
- Prevention
- Early Intervention
- Treatment
- Reduce Supply and Demand
- Promote awareness
- Improve IT Analytics & Surveillance
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:

• 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 10th 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
Integrating Behavioral and Physical Health

- **MDHHS has a myriad of behavioral health integration projects, including:**
  - **MI Care Team** – serving over 3,000 Medicaid beneficiaries in Michigan’s FQHCs, specifically aimed at those with depression and/or anxiety in addition to a physical chronic condition
  - **Opioid Health Home** – pilot to serve individuals with Opioid Use Disorder in Michigan’s PIHP Region 2 (described in earlier slide)
  - **SIM PCMH and CHIR programs** – integrating service delivery and enhancing care coordination between physical and behavioral health providers
  - **Utilizing SAMHSA Block Grant funds** to support integration activities within and outside of the PIHP structure
  - **Partnering with the University of Michigan** to continue the Collaborative Care Model focused on direct behavioral health integration
  - **Developing a more robust set of contractual joint-metrics for the PIHPs and MHPs**, some of which will be utilized for performance bonuses or withholds
  - **Section 298 of PA 107 of 2017** – development of financially integrated pilots to provide primary and behavioral health care services through the MHPs
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 21st 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)*

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<tr>
<td>Center For Forensic Psychiatry</td>
<td>$72.7</td>
<td>$71.5</td>
<td>$81.7</td>
<td>$82.8</td>
<td>$94.7</td>
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<tr>
<td>Walter P. Reuther Psychiatric Hospital</td>
<td>$49.1</td>
<td>$50.2</td>
<td>$56.9</td>
<td>$59.6</td>
<td>$57.7</td>
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<tr>
<td>Hawthorn Center</td>
<td>$23.4</td>
<td>$24.0</td>
<td>$29.1</td>
<td>$31.8</td>
<td>$32.2</td>
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<tr>
<td>Caro Regional Mental Health Center</td>
<td>$48.0</td>
<td>$47.3</td>
<td>$57.3</td>
<td>$59.2</td>
<td>$53.5</td>
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<td>Kalamazoo Psychiatric Hospital</td>
<td>$59.3</td>
<td>$59.4</td>
<td>$65.7</td>
<td>$68.1</td>
<td>$69.5</td>
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### 5-Year History of Major Line Item Appropriations: Medicaid funded Services (in millions)

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<tr>
<td>Medicaid Mental Health Services</td>
<td>$2,311.3</td>
<td>$2,388.9</td>
<td>$2,337.0</td>
<td>$2,315.6</td>
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<td>Medicaid Substance Use Disorder Services</td>
<td>$47.3</td>
<td>$53.2</td>
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<td>Healthy Michigan Plan – Behavioral Health</td>
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<td>Autism Services</td>
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<td>Community Mental Health Non-Medicaid</td>
<td>$117.0</td>
<td>$117.0</td>
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<td>$120.1</td>
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