

Mental Health & Wellness Commission

(FY2019 Appropriation Act - Public Act 207 of 2018)

March 1, 2019

Sec. 915. (1) By March 1 of the current fiscal year, the department shall report the following information on the mental health and wellness commission to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office:

(a) Previous fiscal year expenditures by actionable recommendation of the mental health and wellness commission.

(b) Programs utilized during the previous fiscal year to address each actionable recommendation of the mental health and wellness commission.

(c) Outcomes and performance measures achieved during the previous fiscal year by actionable recommendation of the mental health and wellness commission.

(d) Current fiscal year funding by actionable recommendation of the mental health and wellness commission.

(e) Current fiscal year funding by program utilized to address each actionable recommendation of the mental health and wellness commission.

(2) By April 1 of the current fiscal year, the department shall report on funding within the executive budget proposal for the fiscal year ending September 30, 2020, by actionable recommendation of the mental health and wellness commission to the same report recipients listed in subsection (1).



Section 915 of PA 207 of 2018 – Subsection 1 Report

(1) Subsection 1 reports the following information on the Mental Health and Wellness Commission to the House and Senate Appropriations Subcommittees on the department budget, the House and Senate Fiscal Agencies, the House and Senate Policy Offices, and the State Budget Office:

(a) Previous fiscal year expenditures by actionable recommendation of the Mental Health and Wellness Commission.

Related Actionable Recommendation	FY18 Budget
Diversion Council Recommendation 1: Creating a training program for local Community Mental Health Service Programs (CMHSP), courts and local law enforcement in assisted outpatient treatment that would be available in current law and remove barriers to broad usage statewide	\$190,626
Recommendation 10: New priority population - Amend Mental Health (MH) Code to classify children placed into long term residential foster care as priority population for mental health services, even if mild	
Recommendation 11: Pilot initiatives that address issues such as children aging out of the public system and other case management efforts for high risk children	\$1,042,155
Recommendation 4: Direct the Department of Community Health to work with appropriate agencies and providers to implement statewide screening criteria for youth that assess possible emotional disturbances	\$276,518
Recommendation 30: Data collection and evaluation	\$543,621
Recommendation 31: Develop best practice guidelines for use by service providers and agencies coordinating care around the following topics: (a) community diversion of youth with serious emotional disturbance, developmental disability, and/or substance use disorder; (b) integration of behavioral and physical health care for youth; (c) standard care responses for youth who have experienced trauma; and (d) family-to-family support for foster children and adoptive parents	\$1,752,173
Recommendation 7: Implement Health Home model to integrate physical and behavioral health care	\$2,447,813
Recommendation 29: Establish a Juvenile Justice Diversion Council	\$421,188
Recommendation 22: The Department of Community Health should work with the Michigan State Housing Development Authority (MSHDA) to identify current permanent supportive service models that have been successful so that local CMHSPs across the state can help facilitate and provide independent living services for housing developments in their area.	\$179,683
Recommendation 2: Review technology guidelines and reimbursement barriers to promote telemedicine services	
Recommendation 4: Direct the Department of Community Health to work with appropriate agencies and providers to implement statewide screening criteria for youth that assess possible emotional disturbances	\$461,675
Recommendation 21: Expand the number of sites incorporating the Pathways to Potential model and include access to employment and training services	\$48,600
Recommendation 20: Increase the number of Project Search sites across Michigan	\$342,564
Recommendation 14: Implement stigma reduction campaigns - partner advocacy organizations across the state and CMHSPs	\$31,764

(b) Programs utilized during the previous fiscal year to address each actionable recommendation of the Mental Health and Wellness Commission.

Related Actionable Recommendation	Programs Utilized during Previous Fiscal Year to Address Actionable Recommendation
Diversion Council Recommendation 1: Creating a training program for local CMHSPs, courts and local law enforcement in assisted outpatient treatment that would be available in current law and remove barriers to broad usage statewide	Assisted Outpatient Treatment (AOT)
Recommendation 10: New priority population - Amend MH Code to classify children placed into long term residential foster care as priority population for mental health services, even if mild	
Recommendation 11: Pilot initiatives that address issues such as children aging out of the public system and other case management efforts	Children's Transition Support Team (CTST)

Recommendation 10: New priority population - Amend MH Code to classify children placed into long term residential foster care as priority population for mental health services, even if mild	
Recommendation 11: Pilot initiatives that address issues such as children aging out of the public system and other case management efforts for high risk children	Children's Transition Unit
Recommendation 4: Direct the Department of Community Health to work with appropriate agencies and providers to implement statewide screening criteria for youth that assess possible emotional disturbances	Children's Trauma Initiative
Recommendation 30: Data Collection and Evaluation	Data Collection and Evaluation; Fetal Alcohol Syndrome
Recommendation 31: Develop best practice guidelines for use by service providers and agencies coordinating care around the following topics: (a) community diversion of youth with serious emotional disturbance, developmental disability, and/or substance use disorder; (b) integration of behavioral and physical health care for youth; (c) standard care responses for youth who have experienced trauma; and (d) family-to-family support for foster children and adoptive parents	Statewide Assessment Tool; Autism Service Plan; Race to the Top
Recommendation 7: Implement Health Home model to integrate physical and behavioral health care	Health Home/Federally Qualified Health Centers (FQHC)
Recommendation 29: Establish a Juvenile Justice Diversion Council	Juvenile Justice Diversion
Recommendation 22: The Department of Community Health should work with the Michigan State Housing Development Authority to identify current permanent supportive service models that have been successful so that local Community Mental Health Service Programs across the state can help facilitate and provide independent living services for housing developments in their area.	Housing Initiatives
Recommendation 2: Review technology guidelines and reimbursement barriers to promote telemedicine services	
Recommendation 4: Direct the Department of Community Health to work with appropriate agencies and providers to implement statewide screening criteria for youth that assess possible emotional disturbances	Michigan Child Collaborative Care (MC3)
Recommendation 21: Expand the number of sites incorporating the Pathways to Potential model and include access to employment and training services	Pathways to Potential
Recommendation 20: Increase the number of Project Search sites across Michigan	Project SEARCH
Recommendation 14: Implement stigma reduction campaigns - partner advocacy organizations across the state and CMHSPs	Stigma Reduction

(c) Outcomes and performance measures achieved during the previous fiscal year by actionable recommendation of the Mental Health and Wellness Commission.

Related Actionable Recommendation	Outcomes and Performance Measures
<p>Diversion Council Recommendation 1: Creating a training program for local Community Mental Health Service Programs, courts and local law enforcement in assisted outpatient treatment that would be available in current law and remove barriers to broad usage statewide</p>	<ul style="list-style-type: none"> • Training program implemented (Intercept Model) and results of its usage are captured in the January 2018 Diversion Council Report: https://content.govdelivery.com/attachments/MIGOV/2018/01/22/file_attachments/946505/Diversion.Council.Progress.Report.pdf
<p>Recommendation 10: New priority population - Amend MH Code to classify children placed into long term residential foster care as priority population for mental health services, even if mild</p> <p>Recommendation 11: Pilot initiatives that address issues such as children aging out of the public system and other case management efforts for high risk children</p>	<ul style="list-style-type: none"> • Children's Transition Support Team: <ul style="list-style-type: none"> ○ 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%

<p>Recommendation 10: New priority population - Amend MH Code to classify children placed into long term residential foster care as priority population for mental health services, even if mild</p> <p>Recommendation 11: Pilot initiatives that address issues such as children aging out of the public system and other case management efforts for high risk children</p>	<ul style="list-style-type: none"> • Hawthorn Center Transition Program: <ul style="list-style-type: none"> ○ 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
<p>Recommendation 4: Direct the Department of Community Health to work with appropriate agencies and providers to implement statewide screening criteria for youth that assess possible emotional disturbances</p>	<ul style="list-style-type: none"> • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based practice with 44 of 46 CMHSPs having trained clinicians/supervisors • Children ages 3 – 18 show a significant improvement in their overall level of functioning upon completion of TF-CBT services • Many Post Traumatic Stress Disorder (PTSD)-related symptoms are significantly reduced for young children ages 3 – 6 after treatment • Children and adolescents ages 7 - 18 show significant decreases in overall PTSD related symptoms after TF-CBT
<p>Recommendation 30: Data collection and evaluation</p>	<ul style="list-style-type: none"> • Staff to manage programs and support continued MDHHS efforts to improve the behavioral health system
<p>Recommendation 31: Develop best practice guidelines for use by service providers and agencies coordinating care around the following topics: (a) community diversion of youth with serious emotional disturbance, developmental disability, and/or substance use disorder; (b) integration of behavioral and physical health care for youth; (c) standard care responses for youth who have experienced trauma; and (d) family-to-family support for foster children and adoptive parents</p>	<ul style="list-style-type: none"> • Provide training and support on the evidence-based practice of Parent Child Interaction Therapy (PCIT) provided by Central Michigan University • Provide Dubovksy training through Community Mental Health Association of Michigan (CMHAM) for substance use issues
<p>Recommendation 7: Implement Health Home model to integrate physical and behavioral health care</p>	<ul style="list-style-type: none"> • On October 1, 2018, Implemented the Opioid Health Home in PIHP Region 2 (the northernmost 21 counties of Michigan's lower peninsula). • The Opioid Health Home is funded at enhanced federal Medicaid rate of 90% for 10 quarters per the SUPPORT Act of 2018. • There are nearly 200 beneficiaries enrolled as of February 2019.
<p>Recommendation 29: Establish a Juvenile Justice Diversion Council</p>	<ul style="list-style-type: none"> • Created the strategic plan for Juvenile Justice (JJ) under the auspices of the Governor's Mental Health Diversion Council: https://www.michigan.gov/documents/mentalhealth/JD_St_rategies_Action_Plan_Updated_June_2017_575541_7.pdf
<p>Recommendation 22: The Department of Community Health should work with the MSHDA to identify current permanent supportive service models that have been successful so that local CMHSPs across the state can help facilitate and provide independent living services for housing developments in their area.</p>	<ul style="list-style-type: none"> • Provided monies to local CMHSPs and their contracted providers to provide supportive services within housing developments.
<p>Recommendation 2: Review technology guidelines and reimbursement barriers to promote telemedicine services</p> <p>Recommendation 4: Direct the Department of Community Health to work with appropriate agencies and providers to implement statewide screening criteria for youth that assess possible emotional disturbances</p>	<ul style="list-style-type: none"> • Michigan Child Collaborative Care (MC3) <ul style="list-style-type: none"> ○ 1,603 participating primary care providers in 48 counties ○ Receiving consultation from the University of Michigan for aiding in the diagnosis and treatment of children with behavioral health needs
<p>Recommendation 21: Expand the number of sites incorporating the Pathways to Potential model and include access to employment and training services</p>	<ul style="list-style-type: none"> • Placed young adults with disabilities as interns in local businesses during their last year of school eligibility.
<p>Recommendation 20: Increase the number of Project Search sites across Michigan</p>	<ul style="list-style-type: none"> • 17 sites across Michigan participate as Project SEARCH sites.
<p>Recommendation 14: Implement stigma reduction campaigns - partner advocacy organizations across the state and CMHSPs</p>	<ul style="list-style-type: none"> • Formerly known as Project UNIFY, Special Olympics Unified Champion Schools brings students with and without intellectual disabilities together to promote acceptance. • 233 schools considered Unified Champions

(d) Current fiscal year funding by actionable recommendation of the Mental Health and Wellness Commission.

Related Actionable Recommendation	FY19 Funding
Recommendation 11: Pilot initiatives that address issues such as children aging out of the public system and other case management efforts for high risk children	\$920,900
Recommendation 7: Implement Health Home model to integrate physical and behavioral health care	\$500,000

(e) Current fiscal year funding by program utilized to address each actionable recommendation of the Mental Health and Wellness Commission.

Programs Utilized during Previous Fiscal Year to Address Actionable Recommendation	FY19 Budget
Children's Transition Support Team	\$920,900
Opioid Health Home	\$500,000