

Special Olympics Michigan
Mental Health and Wellness Commission Report
(FY2018 Appropriation Act - Public Act 107 of 2017)

March 1, 2018

Sec. 915. (1) From the funds appropriated in part 1 for behavioral health program administration and intended to support the mental health and wellness commission, the department shall maintain the funding level for Special Olympics Michigan at the level in effect during the fiscal year ending September 30, 2017.

(2) 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.

(f) Funding within the executive budget proposal for the fiscal year ending September 30, 2019, by actionable recommendation of the mental health and wellness commission.



RICK SNYDER, GOVERNOR
NICK LYON, DIRECTOR

Section 915 Boilerplate Report for FY18 (PA 107 of 2017)

Report by Subsection

- (2) Subsection reports 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	FY17 Expenditures
Recommendation 5: Require Community Mental Health Service Program (CMHSP) to employ standard functional assessment tools for youth and adults	\$621,664
Diversion Council Recommendation 1: Creating a training program for local Community Mental Health Service Programs (CMHSPs), courts and local law enforcement in assisted outpatient treatment that would be available in current law and remove barriers to broad usage statewide	\$360,609
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	\$1,400
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	\$1,053,189
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	\$337,479
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	\$7,282
Recommendation 30: Data Collection and Evaluation	\$73,032
Recommendation 27: Direct county veteran counselors and other service providers to incorporate mental health care referral services in daily operations	\$4,664
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	\$287,038
Recommendation 7: Implement Health Home model to integrate physical and behavioral health care	\$113,867
Recommendation 22: Direct Department of Community Health and Michigan State Housing Development Authority (MSHDA) to develop projects and initiatives to provide 500 new housing units over the next three years	\$1,053,531
Recommendation 29: Establish a Juvenile Justice Diversion Council	\$434,588
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	\$1,201,961
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	\$140,552

Recommendation 21: Expand the number of sites incorporating the Pathways to Potential model and include access to employment and training services	\$350,000
Recommendation 18: Encourage schools to support programs such as Project UNIFY	\$500,000
Recommendation 14: Implement stigma reduction campaigns - partner advocacy organizations across the state and CMHSPs	\$99,998

(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
Recommendation 5: Require CMH to employ standard functional assessment tools for youth and adults	Assessment Tool
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	Assisted Outpatient Treatment
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	Building Bridges Initiative
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	Children's Transition Support Team
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	
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	Children's Transition Unit
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	
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
Recommendation 27: Direct county veteran counselors and other service providers to incorporate mental health care referral services in daily operations	Department of Military and Veterans Affairs
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	Fetal Alcohol Spectrum Disorder
Recommendation 7: Implement Health Home model to integrate physical and behavioral health care	Health Home/Federally Qualified Health Centers (FQHC)

Recommendation 22: Direct Department of Community Health and MSHDA to develop projects and initiatives to provide 500 new housing units over the next three years	Housing
Recommendation 29: Establish a Juvenile Justice Diversion Council	Juvenile Justice Diversion
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 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	Parent Support Partners
Recommendation 21: Expand the number of sites incorporating the Pathways to Potential model and include access to employment and training services	Project Search
Recommendation 18: Encourage schools to support programs such as Project UNIFY	Project UNIFY
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	Performance Measures Achieved During Previous Fiscal Year
Recommendation 5: Require CMH to employ standard functional assessment tools for youth and adults	<ul style="list-style-type: none"> Standard assessment tools for both adults and children were implemented statewide
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	<ul style="list-style-type: none"> Trainings to Community Mental Health Service Providers (CMHSPs) held on the revised Kevin's Law Additional funding provided to each CMHSP to fund an increase in assisted outpatient treatment case
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	<ul style="list-style-type: none"> Building Bridges is a Substance Abuse and Mental Health Services (SAMHSA) system's transformation initiative to change residential intervention to support innovative, effective, emerging evidenced based approaches to improve outcomes for children and youth and their families Other states who have implemented Building Bridges have shown positive outcomes in reduced number of days out of their home/community and dramatic reductions in recidivism Michigan's approach is to work with the residential providers and their leadership to share information from Building Bridges national leadership as well as other states and providers who have implemented cutting edge strategies and services to demonstrate the positive long term outcomes that can be achieved for youth and their families In the fall of 2017, Michigan sent a team funded by the Building Bridges contract to Boston for a national conference/meeting to hear national leaders, states and providers who shared their experiences in this system change initiative and the positive outcomes for children and families The Michigan Team included a representative of the "Federation" (a provider organization), a leader from the residential service providers, and two Michigan Department of Health and Human Services (MDHHS) staff—one from child mental health services and other from child welfare. The team

	<p>gained a tremendous amount of information which was used to plan the annual meeting of the Federation providers, held on Feb 26, 2018 to have national speakers come to Michigan and share important, useful information</p> <ul style="list-style-type: none"> Plans are to hold additional trainings throughout the remainder of the FY18 to assist providers in making this positive change for better long term outcomes for children and families
<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>	<p>In FY17, the following outcomes were found:</p> <ul style="list-style-type: none"> Psychiatric hospital re-admission days reduced 65-70% 29 children/youth, representing 16 counties—16 have yet to be discharged from Hawthorn, while 13 youth have been discharged Status of the 13 youth that have been discharged: <ul style="list-style-type: none"> 10 (77%) remain in community 2 (15%) in community based residential placements 1 (8%) in juvenile detention 73% of children discharged have not returned to inpatient care 16 psychiatric readmissions for 8 children/youth since March 2015, with 4 successful transitions back to the community As of January 30, 2017, a total of 44 children/youth have received CTST services
<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"> Created and administered by MDHHS through Hawthorn Center Mission: prepare Hawthorn Center adolescent youth for successful and sustained return home/school. Target population: severe emotional/behavioral disturbance with significant needs Beds for 12 adolescent youth; 6 male and 6 female Average length of stay: 3-6 months
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	<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
Recommendation 30: Data Collection and Evaluation	<ul style="list-style-type: none"> Staff to manage programs and support continued MDHHS efforts to improve the behavioral health system
Recommendation 27: Direct county veteran counselors and other service providers to incorporate mental health care referral services in daily operations	<ul style="list-style-type: none"> Developed self-assessment screening tool for veterans and promotional material for the screening tool
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	<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 Dubovsky training through Community Mental Health Association of Michigan for substance use issues
Recommendation 7: Implement Health Home model to integrate physical and behavioral health care	<ul style="list-style-type: none"> The MI Care Team Health Home Program was implemented in 21 counties across the state within Michigan's Federally Qualified Health Centers. The MI Care Team serves Medicaid beneficiaries with depression and/or anxiety in addition to comorbid physical chronic conditions, including asthma, Chronic Obstructive Pulmonary Disease (COPD), diabetes, heart disease, and hypertension. Early analysis data from the first few months of the program, July to September 2016, shows preliminary reductions in Emergency Department and inpatient utilization corresponding to greater follow-up and compliance with primary care
Recommendation 22: Direct Department of Community Health and MSHDA to develop projects and initiatives to provide 500 new housing units over the next three years	<ul style="list-style-type: none"> Assisted 110 formerly homeless individuals receive housing in locations across the state
Recommendation 29: Establish a Juvenile Justice Diversion Council	<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/JJ_Strategies_Action_Plan_-_Updated_June_2017_575541_7.pdf

Recommendation 2: Review technology guidelines and reimbursement barriers to promote telemedicine services	<ul style="list-style-type: none"> 1,568 providers in 45 counties are enrolled in Michigan Child Collaborative Care (MC3). These primary care providers enrolled in MC3 can receive consultations in psychotropic medication, child diagnosis, and recommendation for treatment
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	
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	<ul style="list-style-type: none"> Parent Support Partners provide parent to parent Medicaid delivered service to parents of children with serious emotional disturbances and developmental disabilities and Family Navigators provide parent and family support to individuals who are impacted by the Flint Water Crisis
Recommendation 21: Expand the number of sites incorporating the Pathways to Potential model and include access to employment and training services	<ul style="list-style-type: none"> Placed young adults with disabilities as interns in local businesses during their last year of school eligibility. Students were placed in 16 sites across the state in FY17
Recommendation 18: Encourage schools to support programs such as Project UNIFY	<ul style="list-style-type: none"> Project UNIFY brings students with and without intellectual disabilities together to promote acceptance. Served 281 schools in districts across the state in the 2016-2017 school year
Recommendation 14: Implement stigma reduction campaigns - partner advocacy organizations across the state and CMHSPs	<ul style="list-style-type: none"> Project UNIFY brings students with and without intellectual disabilities together to promote acceptance. Served 281 schools in districts across the state in the 2016-2017 school year

(d) Current fiscal year funding 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, courts and local law enforcement in assisted outpatient treatment that would be available in current law and remove barriers to broad usage statewide	\$895,682
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	\$641,218
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	\$5,000,000
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	\$750,000
Recommendation 30: Data Collection and Evaluation	\$60,000
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	\$425,000
Recommendation 7: Implement Health Home model to integrate physical and behavioral health care	\$5,000,000
Recommendation 29: Establish a Juvenile Justice Diversion Council	\$465,000
Recommendation 29: Establish a Juvenile Justice Diversion Council	\$270,000
Recommendation 2: Review technology guidelines and reimbursement barriers to promote telemedicine services	\$1,740,000

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	
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	\$250,000
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	\$170,000
Recommendation 21: Expand the number of sites incorporating the Pathways to Potential model and include access to employment and training services	\$2,000,000
Recommendation 18: Encourage schools to support programs such as Project UNIFY	\$500,000
Recommendation 20: Increase the number of Project Search sites across Michigan	\$600,000
Recommendation 14: Implement stigma reduction campaigns - partner advocacy organizations across the state and CMHSPs	\$50,000

(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	FY18 Budget
Assisted Outpatient Treatment (AOT)	\$895,682
Children's Transition Support Team	\$641,218
Children's Transition Unit	\$5,000,000
Children's Trauma Initiative	\$750,000
Data Collection and Evaluation	\$60,000
Fetal Alcohol Spectrum Disorder	\$425,000
Health Home/Federally Qualified Health Centers (FQHC)	\$5,000,000
Juvenile Competency	\$465,000
Juvenile Justice Diversion	\$270,000
Michigan Child Collaborative Care (MC3)	\$1,740,000
Michigan Inpatient Psychiatric Admissions Discussions (MIPAD)	\$250,000
Parent Support Partners	\$170,000
Pathways to Potential	\$2,000,000
Project UNIFY	\$500,000
Project SEARCH	\$600,000
Stigma Reduction	\$50,000

(f) Funding within the executive budget proposal for the fiscal year ending September 30, 2019, by actionable recommendation of the mental health and wellness commission.

Related Actionable Recommendation	Project	FY19 Executive Recommendation
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	Children's Transition Support Team	\$641,218

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		
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	\$5,000,000
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	\$500,000
Recommendation 30: Data Collection and Evaluation	Monitoring and Evaluation FTE (MHCW, MIPAD, 298, Diversion)	\$466,137
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)	\$500,000
Recommendation 7: Implement Health Home model to integrate physical and behavioral health care	Opioid Health Home	\$738,889
Diversion Council Recommendation 1: Creating a training program for local Community Mental Health Service Programs, courts and local law enforcement in AOT that would be available in current law and remove barriers to broad usage statewide	Kevin's Law/AOT	\$50,000
Recommendation 21: Expand the number of sites incorporating the Pathways to Potential model and include access to employment and training services	Pathways to Potential	\$2,000,000