

Mental Health & Wellness Commission

(FY2020 Appropriation Act - Public Act 67 of 2019)

March 1, 2020

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, 2021, by actionable recommendation of the mental health and wellness commission to the same report recipients listed in subsection (1).



Section 915(1) PA 67 of 2019

(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	FY19 Expenditures
Recommendation 5: Require Community Mental Health Services Programs (CMHSPs) to employ standard functional assessment tools for youth and adults.	\$184,834
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.	\$527,177
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.	\$2,296,594
Recommendation 3: Direct the Department of Community Health to incorporate common policies and guidelines, which should include a consistent definition for trauma, into contracts; Department of Human Services is directed to include common policies and guidelines in contracts.	\$241,772
Recommendation 9: Endorse the Michigan Health Information Network (MiHIN) - require safety net providers to develop Health Information Technology.	\$170,610
Recommendation 2: Recommendation: Review technology guidelines and reimbursement barriers to promote telemedicine services.	
Recommendation 30: Data collection and evaluation.	\$489,714
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 Community Mental Health Services Programs across the state can help facilitate and provide independent living services for housing developments in their area.	\$1,124,970
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.	\$908,297
Recommendation 7: Implement Health Home model to integrate physical and behavioral health care.	\$2,819,480
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.	\$1,452,980
Recommendation 23: Authorize intermediate care beds for both juveniles and adults on a regional basis.	
Recommendation 25: Revise the adult foster care policies and rules to focus them toward greater capability to provide secure residential treatment.	\$70,052
Recommendation 21: Expand the number of sites incorporating the Pathways to Potential model and include access to employment and training services.	\$942,117
Recommendation 20: Increase the number of Project Search sites across Michigan.	\$100,000
Recommendation 14: Implement stigma reduction campaigns - partner advocacy organizations across the state and CMHSPs.	\$52,958
TOTAL EXPENDITURES	\$11,381,555

(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
Recommendation 5: Require CMHSPs to employ standard functional assessment tools for youth and adults.	Assessment Tool (LOCUS and Support Services Review)
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), Diversion Council Initiatives
Recommendation 10: New priority population - Amend Mental Health 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), Parent Support Partners, Fetal Alcohol Syndrome, Autism Programming
Recommendation 3: Direct the Department of Community Health to incorporate common policies and guidelines, which should include a consistent definition for trauma, into contracts; Department of Human Services is directed to include common policies and guidelines in contracts. 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.	Children's Trauma Initiative
Recommendation 9: Endorse the Michigan Health Information Network (MiHIN) - require safety net providers to develop Health Information Technology.	Community Health Innovation Regions (CHIR)
Recommendation 2: Recommendation: Review technology guidelines and reimbursement barriers to promote telemedicine services.	
Recommendation 30: Data Collection and Evaluation.	Data Collection and Evaluation
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 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 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.	Infant Early Childhood Mental Health Consultation (IECMHC)
Recommendation 7: Implement Health Home model to integrate physical and behavioral health care.	Integrated Medicaid "Health Homes"
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 23: Authorize intermediate care beds for both juveniles and adults on a regional basis. Recommendation 25: Revise the adult foster care policies and rules to focus them toward greater capability to provide secure residential treatment.	Michigan Psychiatric Care Improvement Project (MPCIP)
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>Recommendation 5: Require CMHSPs to employ standard functional assessment tools for youth and adults.</p>	<p>Assessment Tool (LOCUS) Training</p> <ul style="list-style-type: none"> • LOCUS Train the Trainer – January 28-29, 2019 = 29 participants • Enhancing Your LOCUS Skills – March 22, 2019 = 24 participants • Quality & Outcome Measurements with the LOCUS - March 22, 2019 = 25 participants • Enhancing Your LOCUS Skills – April 26, 2019 = 29 participants • Quality & Outcome Measurement with the LOCUS – April 26, 2019 = 26 participants • 16 fidelity to the model reviews completed thus far in Fiscal Year (FY) 2019 <p>Support Services Review</p> <ul style="list-style-type: none"> • Support for the development of a person-centered planning measurement framework • Development of Home and Community Based Services (HCBS) quality measures and related reporting • Continued development and hosting of analytics and visualization tools for the Supports Intensity Scale (SIS) assessment and related data. • Consultation and process mapping of current assessment and person-centered planning processes and developing recommendations for consistency and process improvement • Consultation and training for the Michigan Department of Health and Human Services' (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) data analyst(s) as part of their contribution to the analyses listed above, in support of long-term sustainability in the application of the analytical methods applied • Other focused data analysis and/or process review, as directed by MDHHS BHDDA within the scope of existing contract resources
<p>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.</p>	<p>Diversion Council</p> <ul style="list-style-type: none"> • Michigan Mental Health Diversion Council continues to implement jail diversion activities in 14 communities across Michigan. This includes the “Stepping Up” initiative and the “Sequential Intercept Model”. MDHHS hosted a Diversion Council Pilot Summit on August 29, 2019 to discuss best practices and foster greater implementation of jail diversion activities. • 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>Assisted Outpatient Treatment (AOT) Ten sessions held in FY19 with a total of 146 participants.</p>
<p>Recommendation 10: New priority population - Amend Mental Health 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.</p>	<p>Children’s Transition Support Team:</p> <ul style="list-style-type: none"> • As of August 12, 2019, a total of 151 children/youth have received Children’s Transition Support Team support. • 40 children/youth are currently receiving Children’s Transition Support Team support representing 22 counties throughout the state. 24 have been discharged initially. <ul style="list-style-type: none"> ○ Of the 24 children/youth discharged, 19 remain at home in the community, 1 youth are in a residential treatment program and 5 youth are in an inpatient psychiatric hospital.

	<ul style="list-style-type: none"> ○ Of the 24 children/youth discharged, 13 have remained out of psychiatric hospitals. • 88 youth have completed the Children's Transition Support Team program. Of the 88 youth who have completed the Children's Transition Support Team program, 23 were readmitted to inpatient psychiatric facilities. • From March 15, 2015 to July 31, 2019, there have been a total of 49 readmissions, involving 31 children/youth. • Psychiatric hospital re-admission days reduced <u>60-85%</u> <p>Parent Support Partners</p> <ul style="list-style-type: none"> • Three Parent Support Partners (PSP) continue to provide the parent peer delivered Medicaid service to parents of children served by Genesee Health System. There is an average of 20 families served at any one time per PSP. <p>Fetal Alcohol Syndrome Disorder (FASD) Activities</p> <ul style="list-style-type: none"> • Began preliminary planning for six FY20 Introduction to FASD trainings with Community Mental Health Services Programs (3 trainings) and FASD System of Care agencies (3 agencies). • Screening and Assessment. • Continued monitoring screening and assessment data submitted on REDCap. Compiled data on screening and assessment efforts to date. Continued work with Cohort 2 FASD System of Care agencies on the flow via Access and/or Intake departments with Screening and Assessment activities to service implementation. • Continued regular consultation with Families Moving Forward (FMF) developer on implementation of evidence-based model. Continued bi-weekly calls with clinicians and supervisors and continued separate monthly calls with supervisors, faculty, and bi-monthly calls with CMHSP leadership regarding FMF implementation. • Continued support of four teams in implementing the components of the FASD System of Care including introduction to FASD, screening and assessment, evidenced based interventions (Families Moving Forward), and evidence informed interventions (FASD Strengths and Strategies). • Conducted quarterly meeting for FMF specialists. • Continued refining the FASD Strengths and Strategies process and the role of Strategies Implementer's; communicated with FASD System of Care leadership about changes in FASD Strengths and Strategies process and service. Continued development of FASD Strengths and Strategies materials to use with next cohort of Strengths and Strategies implementers in FY20. • Began planning for retraining of FASD Strengths and Strategies implementers in lieu of second quarterly meeting. • Continued to clarify implementation details with Detroit-Wayne CMHSP - Hegira and Oakland Community Health Network - Easter Seals teams regarding participation in FASD System of Care. • Continued support of FASD System of Care implementation in the CMHSP system. Conduct bi-monthly and monthly consultation call schedules for Cohort 2 FMF and FASD Strengths and Strategies. • Continued support of FMF through bi-weekly team consultation calls, monthly supervisor calls, and monthly faculty calls. • Continued the conversation with Nate Sheets of Oregon Behavior Consultation about FY20 training. • Continued monitoring FASD video portal for checklist and video submission and feedback. Finalized refinement of portal to include uploading fidelity documentation for FMF model. Encouraged teams of FASD Strengths and Strategies Implementers to submit data into portal.
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	<ul style="list-style-type: none"> Continued work on outcome measures for use with implementation of FASD Strengths and Strategies. Participated in monthly Evidence Based-Practices (EBP) Coordinators meeting. Continued participation in MDHHS FASD leadership meeting to emphasize a new 5 Year Plan, contact with FASD Diagnostic Centers, and FASD proclamation for September 9, 2019.
<p>Recommendation 3: Direct the Department of Community Health to incorporate common policies and guidelines, which should include a consistent definition for trauma, into contracts; Department of Human Services is directed to include common policies and guidelines in contracts.</p> <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>	<p>Children's Trauma Initiative</p> <ul style="list-style-type: none"> TF-CBT Cohorts 22 and 23 ended and clinicians and supervisors requesting additional time applied for the extension. Cohort 24 clinicians and supervisors continue with their monthly consultation calls with the initiative's trainers to implement this evidence-based model for children/youth and their families. Clinicians/Supervisors are providing data on the children and families served in TF-CBT including pre-, mid- and post-test scores using the University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index for DSM-5or Trauma Symptom Checklist for Young Children assessment tool and their fidelity checklist. Plans for the recruitment of additional Medicaid Health Plan Behavioral Health Providers for the upcoming TF-CBT training has been completed, pending budget decisions for FY20.
<p>Recommendation 9: Endorse the Michigan Health Information Network (MiHIN) - require safety net providers to develop Health Information Technology.</p>	<p>Community Health Innovation Regions (CHIR)</p> <p><u>Improving the Homeless Response System:</u></p> <ul style="list-style-type: none"> Funded systems and gap analysis work in all 5 CHIRs resulting in the development of 5 community plans to improve coordination between health and housing sectors, referral processes, and expand resources to assist people experiencing homelessness.
<p>Recommendation 2: Recommendation: Review technology guidelines and reimbursement barriers to promote telemedicine services.</p> <p>Recommendation 30: Data Collection and Evaluation</p>	<p>Staff to manage programs and support continued MDHHS efforts to improve the behavioral health system; research and planning to develop and implement health information technology solutions to bolster care coordination while preserving patient privacy.</p>
<p>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 Community Mental Health Service Programs across the state can help facilitate and provide independent living services for housing developments in their area.</p>	<p>Housing Initiatives</p> <p><u>Frequent User Pilot:</u></p> <ul style="list-style-type: none"> To date, pilot agencies have housed 34 households in three communities and provided each household with case management supports to build stability and address physical health, behavioral health, and other social determinants of health. <p><u>Capacity Building:</u></p> <ul style="list-style-type: none"> Delivered best practices and technical assistance through national Permanent Supportive Housing (PSH) consultant to CHIR communities on assessing for and building high-quality PSH delivery systems. Provided specialty training to PSH providers on working with clients who are dealing with opioid dependence.
<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>	<p>Infant and Early Childhood Mental Health Consultation (IECMHC)</p> <ul style="list-style-type: none"> Addresses social and emotional needs of young children and aims to decrease expulsion rates from child care. Research shows that children in child care are expelled at a rate of 27.4%, more than 13 times higher than all kindergarten through twelfth grade (K-12) expulsions combined. Preschool children are expelled at 6.7%, more than 3 times higher than K-12 expulsions combined (Gilliam, 2005). Young children of color are suspended and expelled from child care settings at a higher rate than their white peers. Black preschool boys are expelled at a rate 3.6 times that of their white peers. IECMHC is a

	<p>strategy that pairs a trained early childhood mental health specialist with early care and education providers and families to build the adult's capacity to strengthen and support social and emotional development and mental health of all children (birth to 5) in their care and offset the possibility of expulsion from early care and education. *In Michigan, the IECMHCs are also called "Social Emotional Consultants" or SECs.</p> <ul style="list-style-type: none"> • Current data gathered from January through September 2019 includes: <ul style="list-style-type: none"> ○ Number of kids impacted: 12,084* ○ 281 total cases ○ Funding provides support for 10 FTE
<p>Recommendation 7: Implement Health Home model to integrate physical and behavioral health care.</p>	<p>Integrated Medicaid "Health Homes"</p> <ul style="list-style-type: none"> • MDHHS has three Medicaid "Health Home" initiatives: the Behavioral Health Home for beneficiaries with Serious Mental Illness/Serious Emotional Disturbance, the MI Care Team for beneficiaries with a mild-to-moderate behavioral health disorder and comorbid physical condition, and the Opioid Health Home for beneficiaries with Opioid Use Disorder. • Collectively, the Health Homes serve roughly 3,500 of Michigan's most vulnerable and high-need Medicaid beneficiaries. • MDHHS will be expanding the Behavioral Health Home and Opioid Health Home in FY21 to serve 5,000 and 2,000 beneficiaries, respectively. <ul style="list-style-type: none"> ○ The Behavioral Health Home will serve Prepaid Inpatient Health Plan (PIHP) Regions 1, 2, and 8. ○ The Opioid Health Home will serve PIHP Regions 1, 2, and 9. • The Behavioral Health Home has demonstrated significant improvements in core health quality metrics and generated sizeable cost savings ranging from \$103-\$366 per member per month.
<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>	<p>Michigan Child Care Collaborative (MC3)</p> <ul style="list-style-type: none"> • 2,428 providers enrolled from 607 practices across 71 counties* <ul style="list-style-type: none"> ○ 66 providers from 20 Rural Health Centers ○ 44 providers from 28 School Based Health Centers ○ 12,000+ service requests for 10,000+ patients* ○ 45% Embedded Behavioral Health Consultants (BHC) services ○ 37% Child and Adolescent Psychiatrist (CAP) to primary care provider (PCP) diagnostic, psychopharmacology consultations ○ 13% BHC information only (referral, triage, local information and payer questions) ○ 5% other CAP consults (group case consultation, embedded CAP services, telepsychiatric evaluations)
<p>Recommendation 23: Authorize intermediate care beds for both juveniles and adults on a regional basis.</p> <p>Recommendation 25: Revise the adult foster care policies and rules to focus them toward greater capability to provide secure residential treatment.</p>	<p>Michigan Psychiatric Care Improvement Project (MPCIP)</p> <ul style="list-style-type: none"> • MDHHS is developing new transitional settings of care by leveraging Medicaid State Plan and Waiver authorities to create Psychiatric Residential Treatment Facilities for children/youth and adults, respectively. • MDHHS is developing a behavioral health treatment registry. • MDHHS is developing an integrated crisis and access system per PA 12 of 2020 • MDHHS is developing a standardized medical clearance protocol for hospitals and providers to utilize
<p>Recommendation 21: Expand the number of sites incorporating the Pathways to Potential model and include access to employment and training services.</p>	<p>Pathways to Potential</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>	<p>Project SEARCH</p> <ul style="list-style-type: none"> • Project SEARCH graduations have been conducted • Over 70 people attended the statewide meeting on

	<p>June 28, 2019 at Embassy Suites</p> <ul style="list-style-type: none"> • Over 30 people attended Reaching and Teaching for success on June 26 and 27, 2019 at Kalamazoo Regional Education Service Agency (RESA) • The Project SEARCH contract that was scheduled to end in August 2019 was extended for one more year • Michigan Rehabilitative Services (MRS) has received applications for Project SEARCH funds for next year
<p>Recommendation 14: Implement stigma reduction campaigns - partner advocacy organizations across the state and CMHSPs.</p>	<p>Stigma Reduction</p> <ul style="list-style-type: none"> • Continued to implement stigma reduction activities and campaigns in schools for students with and without intellectual disabilities together to promote acceptance.

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

No monies were appropriated in FY20 for Mental Health and Wellness Commission activities.

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

No monies were appropriated in FY20 for Mental Health and Wellness Commission activities.