



OFFICE OF SERVICES TO THE AGING

Overview of the Executive Budget Recommendation

Presentation to
House Appropriations Subcommittee on Community Health
March 13, 2012

Kari Sederburg, Director



Office of Services to the Aging

Promote the independence and enhance the dignity of Michigan's diverse population of older adults and their families.

Aging Network

- 16 area agencies on aging
- 1,200+ service providing agencies

Safety Net

- In-home (personal care, homemaker, care management, chore), nutrition, older volunteers, respite, legal help, disease prevention, information & assistance, outreach

Goals

- Improve the health and nutrition of older adults
- Ensure older adults have choice through increased access to services
- Promote elder rights, quality of life and economic security
- Improve effectiveness, efficiency and quality of services



Michigan's Aging Population

- **Increase in number of older adults**
 - **1.9 million** older adults aged 60+ in Michigan (19% of population)
 - 85+ age group is the fastest growing; **102% projected increase** by 2030
- **More demand for services**
 - Approximately **1/3** of all Michigan adults live **below the poverty level**
 - Availability of choice – expand community-based system of care
 - Coordination and collaboration within long term care networks
- **Rise in Alzheimer's/dementia cases**
 - Nearly **12%** of adults 60+ have dementia, and **45%** of adults age 85+ have dementia
 - **1 in 5 caregivers** care for someone with symptoms of **dementia**
- **Elder abuse is one of the fastest growing crimes**
 - An estimated **80,000** older adults/year face some sort of **abuse**



OSA – Service Profile

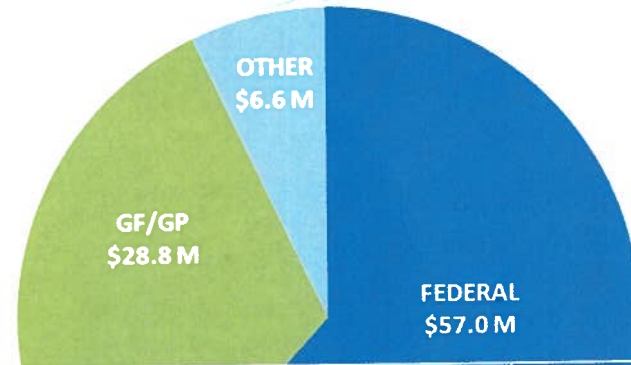
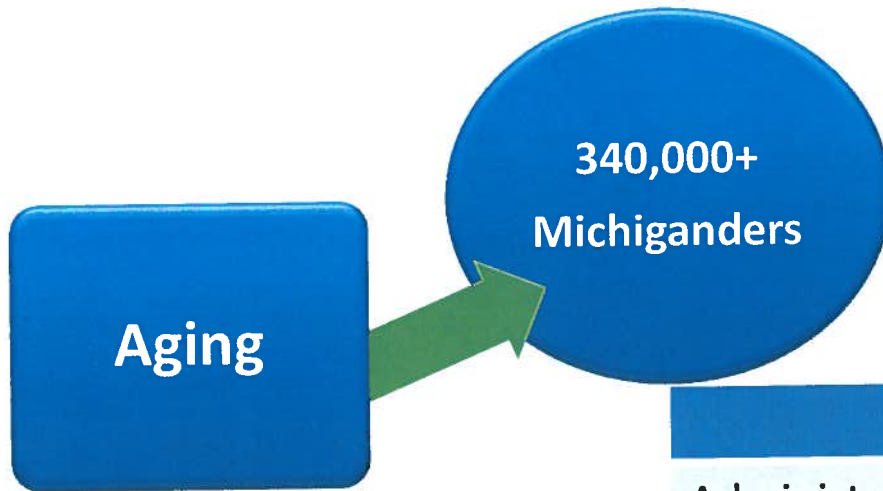
Service Profile	%
Female	66
Aged 75 or older	61
Rural	49
Live Alone	42
High Nutritional Risk	35
Poverty	31
Minority (by race/ethnicity)	17



OSA Services – Example

Services Provided	Impact
Home Delivered Meals	7.7M
Congregate Meals	2.6M
Caregiver Supports	613,000 hrs
Dementia Services	2,000 people
Volunteer Programs	4.2M hrs
Legal Services	16,000 people
MMAP	56,000 people

Aging - Budget



	2012	2013
Administration	\$6.4 M	\$7.0 M
Community Services	35.3 M	36.1 M
Nutrition Services	35.4 M	35.4 M
Volunteer Services Program	4.5 M	4.5 M
Employment Assistance	3.8 M	3.5 M
Respite Care Program	5.9 M	5.9 M
Total	\$91.3 M	\$92.4 M



Program Enhancements

• Community Living Program	\$500,000
– Options Counseling	
– Information and Assistance	
– Regional Partnerships – ADRC’s	
• Alzheimer’s/Dementia Support	\$250,000
– Caregiver trainings	
– Early detection and support	
• Elder Abuse Prevention	\$100,000
– Education, Awareness and Prevention Trainings	
– Statewide collaborations	
• One-Time Elder Abuse Initiatives	\$250,000
– Implement elder abuse legislation	
– Research on systems and impact	
Total:	\$1.1M



DEPARTMENT OF COMMUNITY HEALTH

Olga Dazzo, Director

BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES ADMINISTRATION

Lynda Zeller, Deputy Director

Presentation to
House Appropriations Subcommittee for Community Health
March 13, 2012



AGENDA

- **System Overview**
 - FY 13 Executive Budget
 - Core Components
 - State-operated Hospitals & Centers
 - Substance Use Disorders
 - Community Mental Health
 - Service and Strategic Priorities



Mission

Michigan Department of Community Health will protect, preserve, and promote the health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and under-served populations.

Substance Abuse Services Role: *Michigan's public substance abuse prevention and treatment system will promote wellness, strengthen communities and facilitate recovery for the people of Michigan.*

Mental Health Services Role: *Michigan's public mental health system will serve citizens by diminishing the impact and incidence of developmental disability, emotional disturbance and mental illness.*



System Overview

Behavioral Health & Developmental Disabilities

State Provided Services:

- Psychiatric inpatient services through state psychiatric hospitals (3 Adult; 1 Children; 1 Forensic)
- Assessment & forensic mental health services at the Center for Forensic Psychiatry (CFP)
- Average census in state adult / children facilities in FY11 was 573
- Average FY11 census in state forensic facility was 203; forensic evaluations were ~3,300 in FY11

Substance Use Disorder Services contracted by the state through:

- 16 regional Substance Abuse Coordinating Agencies, one-half of which are co-located in a PIHP
- Served ~66,347 individuals in FY11

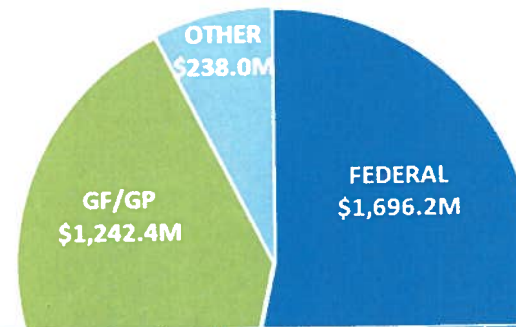
Community Mental Health Services contracted by the state through:

- 46 Community Mental Health Services Programs covering all 83 counties, for general fund-financed services and certain Medicaid waiver programs
- 18 Medicaid Prepaid Inpatient Health Plans (PIHPs) under the Medicaid Specialty Services and Supports Waiver for Mental Health and Substance Abuse Services
- Served 227,020 individuals in FY10



FY13 Executive Budget

Behavioral Health and Developmental Disabilities - Budget



	2012	2013
Administration	\$17.6 M	\$17.4 M
Community Mental Health	2,622.5 M	2,677.1 M
Substance Abuse	130.5 M	131.8 M
Children and Family Services	46.6 M	51.3 M
Hospitals and Centers	260.3 M	278.7 M
Other Programs	19.3 M	20.3 M
Total	\$3,096.8 M	\$3,176.6 M

Safety Net

Key Budget Assumptions

- Medicaid Mental Health and Substance Abuse Caseload, Trend
 - Caseload to increase by 2.4%
- PIHP Actuarial Soundness
 - PIHP increase 1.25%
- Regular FMAP Adjustment
 - Increase from 66.14% to 66.39%



**FY 13
GF/GP**

**FY 13 All
Funds**

\$2.8 M

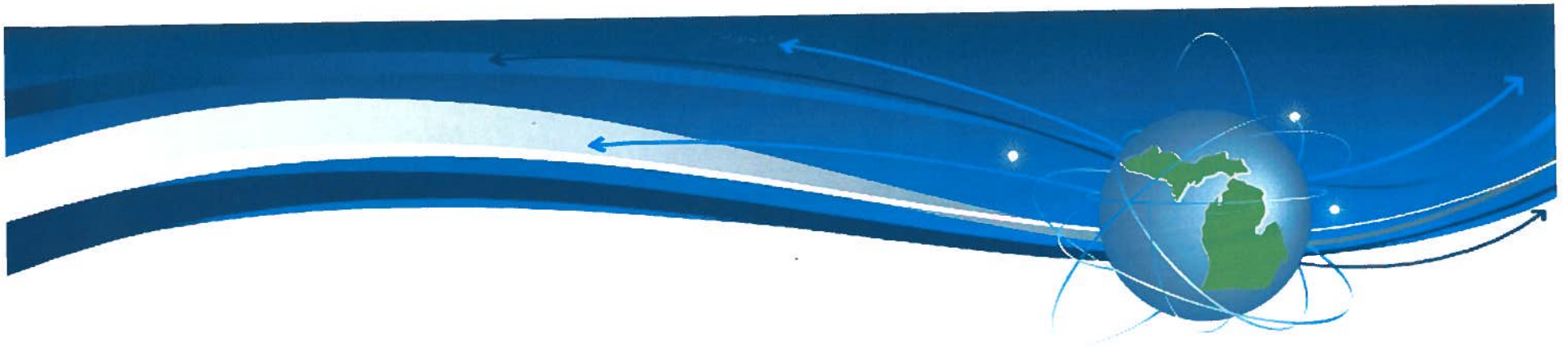
\$8.5 M

\$9.4 M

\$27.9 M

-\$5.6 M

\$0 M



Core Components



Core Components

- State-Operated Hospitals and Centers
- Substance Use Disorder Prevention & Treatment
- Gambling Addiction Services
- Community Mental Health



State-Operated Hospitals and Centers

Hospitals and Centers

Adult Hospitals:

- Caro (142)
- Reuther (210)
- Kalamazoo (183)

Forensic

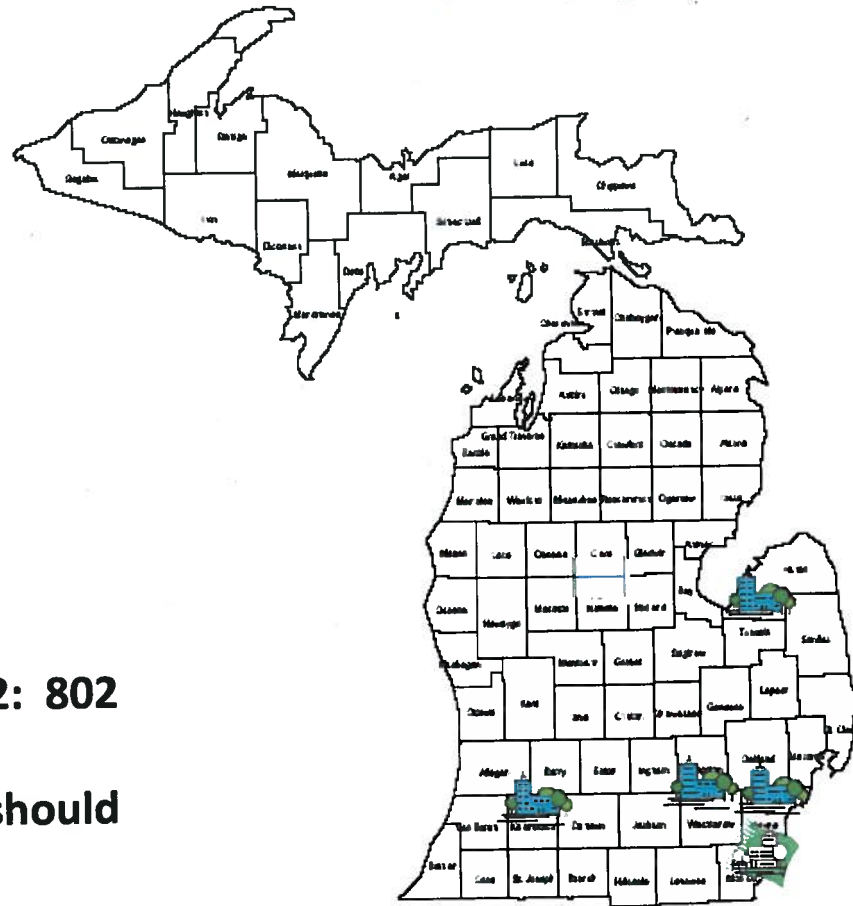
- CFP (217)

Children

- Hawthorn (50)

In-house census as of March 7, 2012: 802

Available ICF/MR capacity at Caro, should this be needed



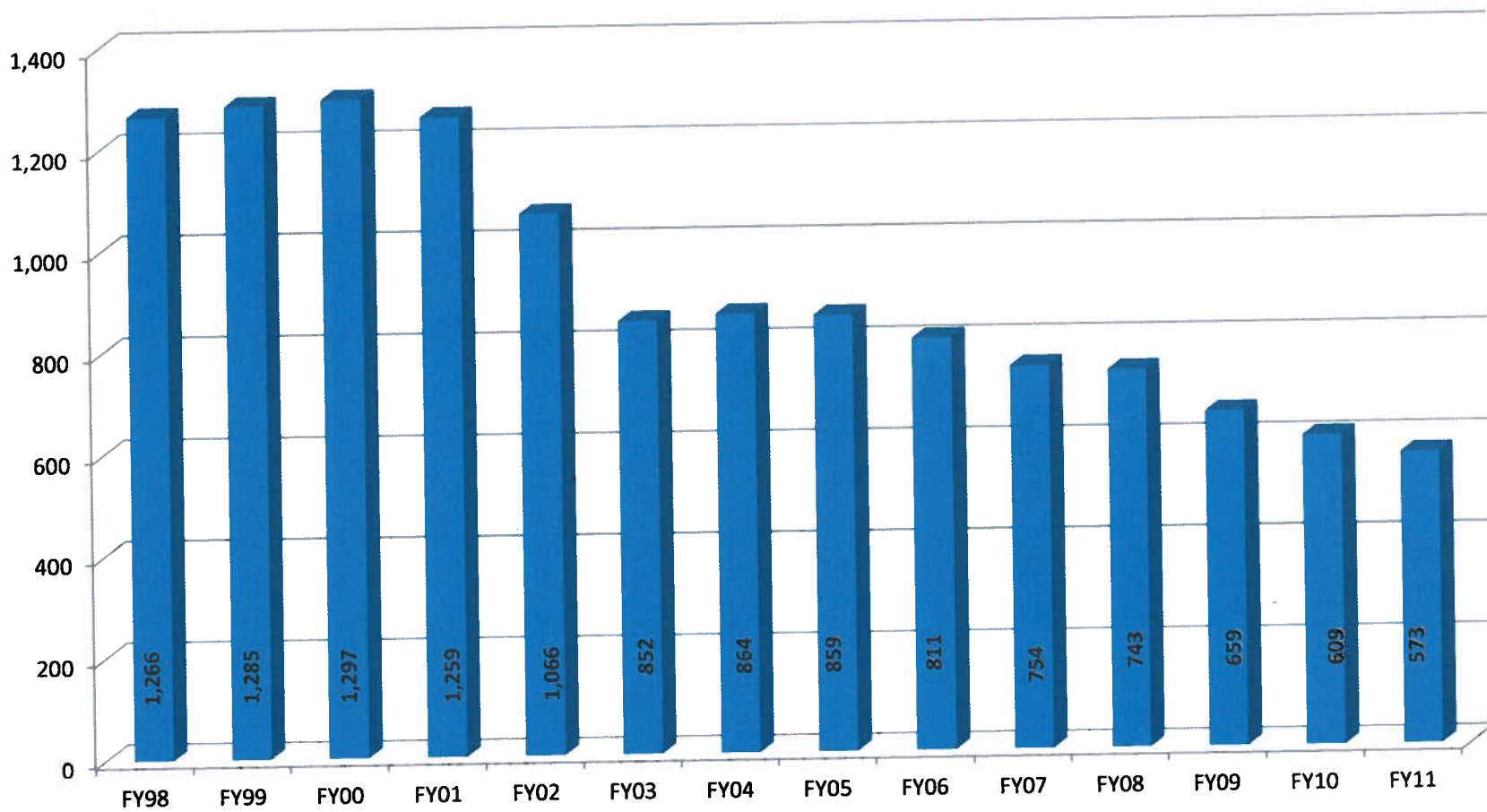


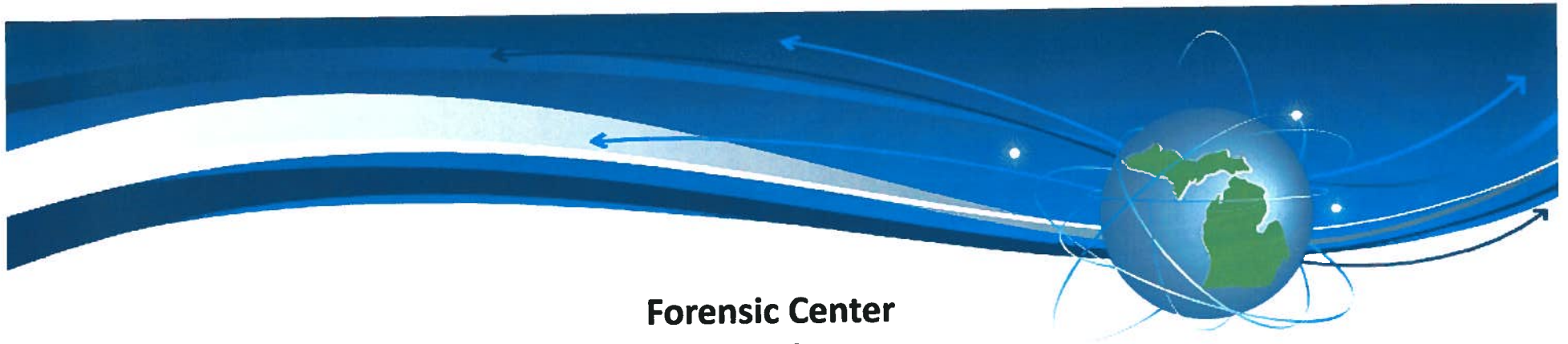
Hospitals and Centers

- Adult psychiatric hospitals (Caro Center, Kalamazoo Psychiatric Hospital, Walter Reuther Psychiatric Hospital) justice involvement:
 - Incompetent to Stand Trial (IST), Not Guilty By Reason of Insanity (NGRI) or probated NGRI
 - 16-20% are IST
 - 24-26% are involuntarily committed post adjudication as NGRI
 - FY11 Admissions were 709 (down by 31 from FY10) 4% Decrease
- Hawthorn - children's psychiatric facility
 - 28 day average length of stay
 - 70-80% of utilization is by Wayne county residents
 - FY11 admissions were 703 (down by 82 from FY10). 10% Decrease
- Forensic Center
 - mental health treatment and diagnostic center
 - charged with a crime and needing assessment or treatment to be able to participate in their defense (IST)
 - initial care for those deemed NGRI.
 - ~ 3,300 forensic evaluations in 2011

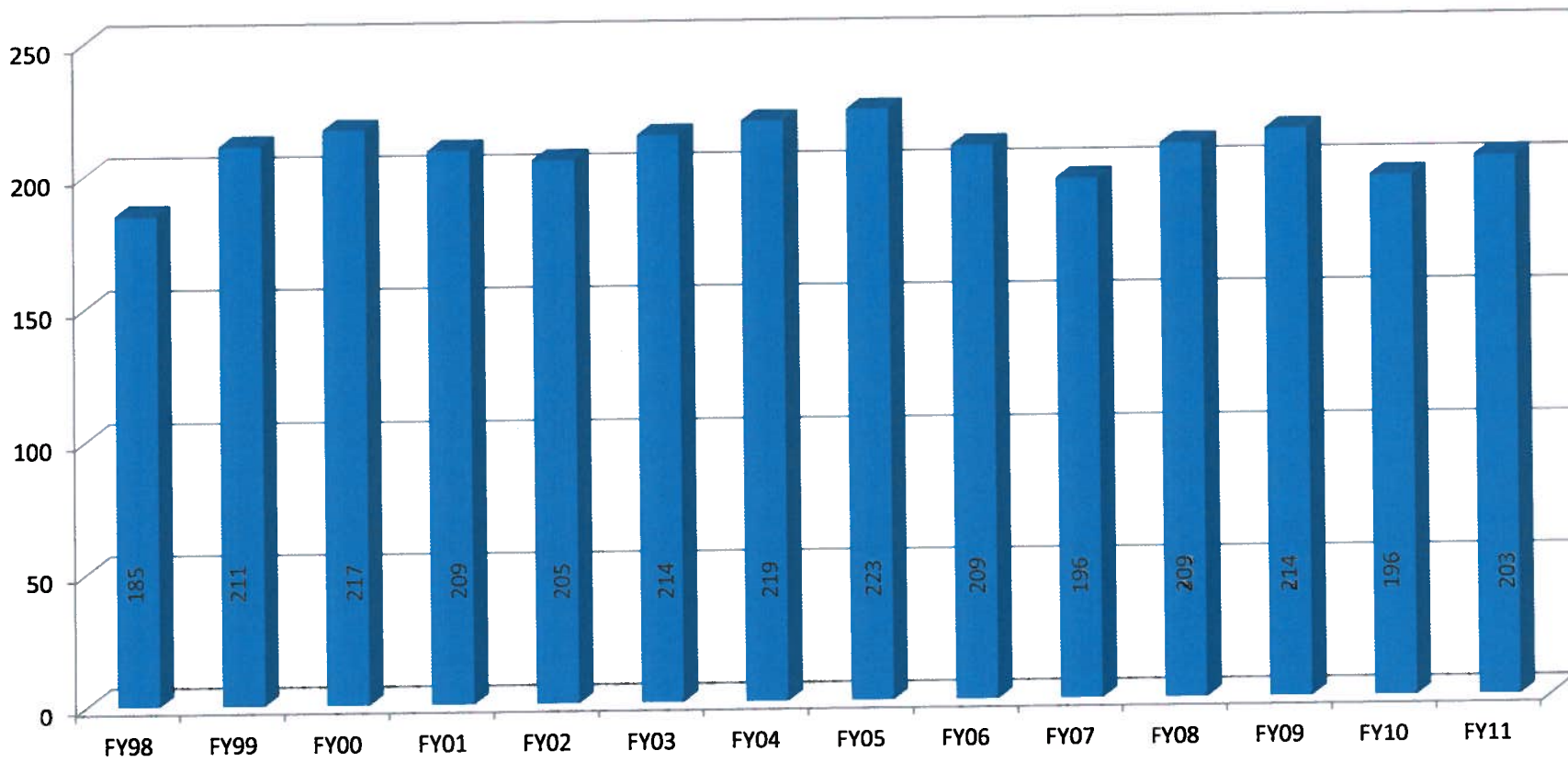


Hospitals & Centers Average Daily Census





Forensic Center Average Daily Census





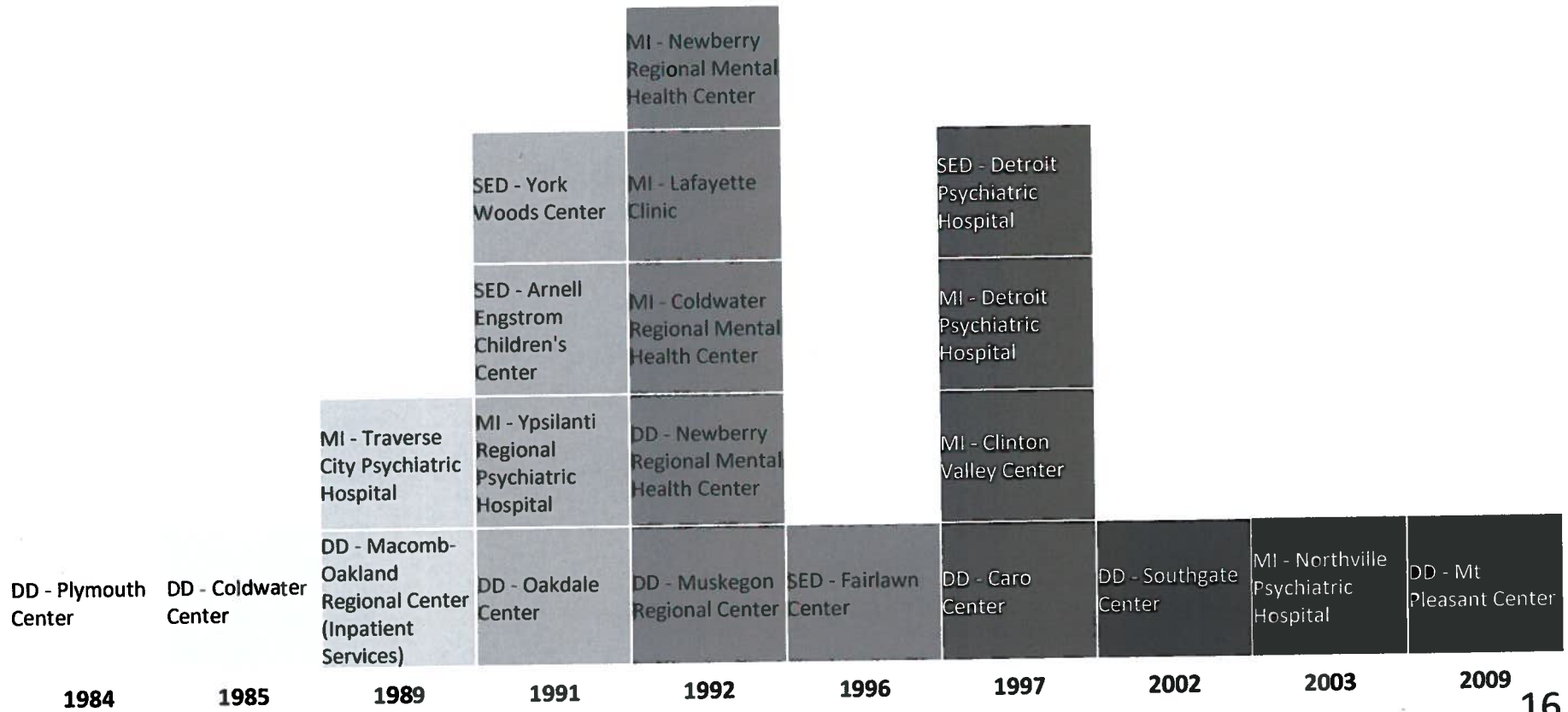
Transition to Community Services

1965	1991	2012
12 County Community Mental Health Boards covering 16 counties; 7 in the planning process	55 Community Mental Health Boards covering all 83 counties	46 Community Mental Health Services Programs covering 83 counties; 18 PIHPs (227,020 individuals served in FY 10)
41 state operated psychiatric hospitals and centers for persons with developmental disabilities – about 29,000 residents	20 state psychiatric hospitals and centers for persons with developmental disabilities – total census: 3,054	5 state operated hospitals and centers; In-house census on March 7, 2012: 802



Facilities that have closed since 1984

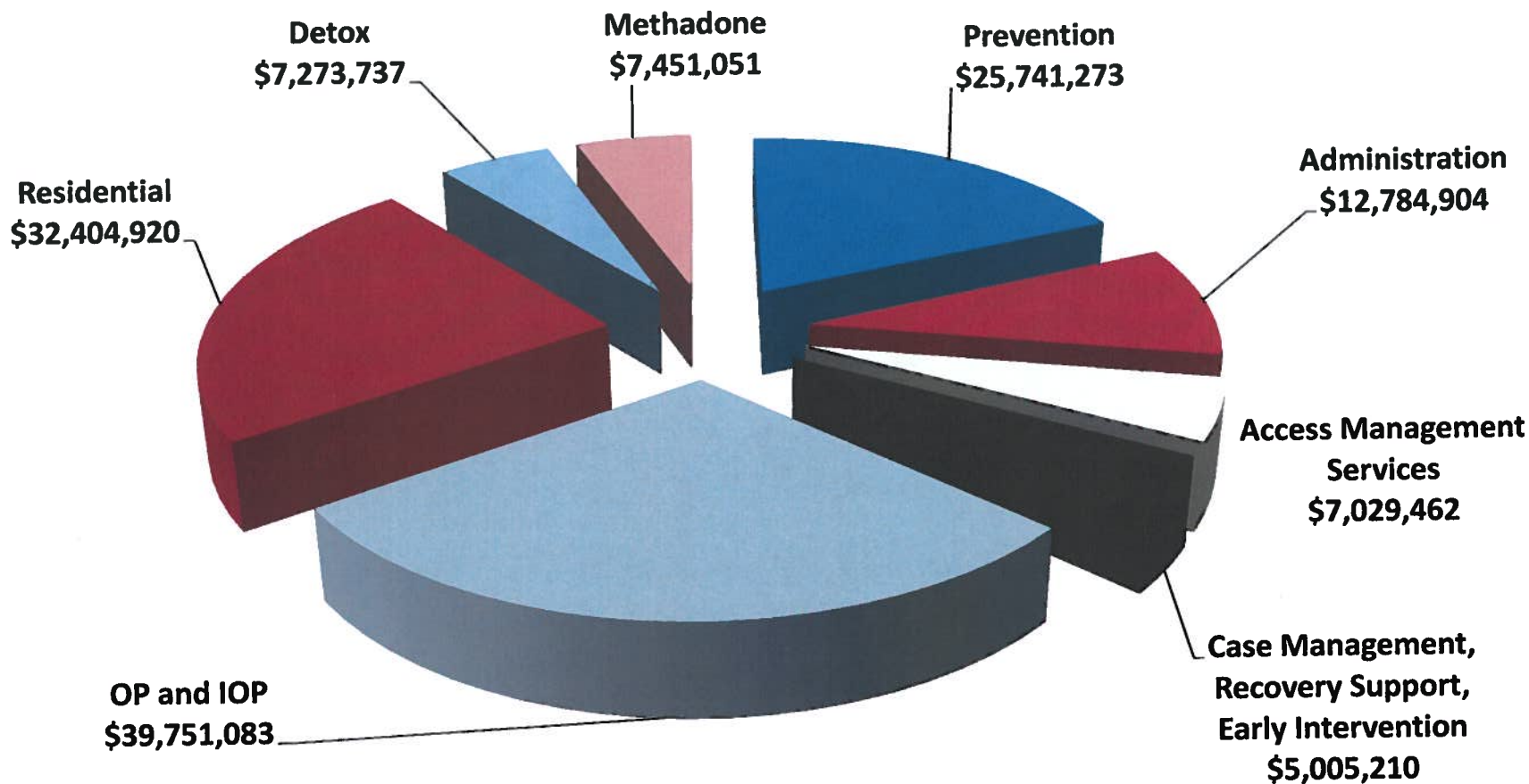
MI - Mental Illness
 DD - Developmental Disability
 SED - Seriously Emotionally Disturbed Children





Substance Use Disorders

Substance Use Disorders - Use of Funds FY 10



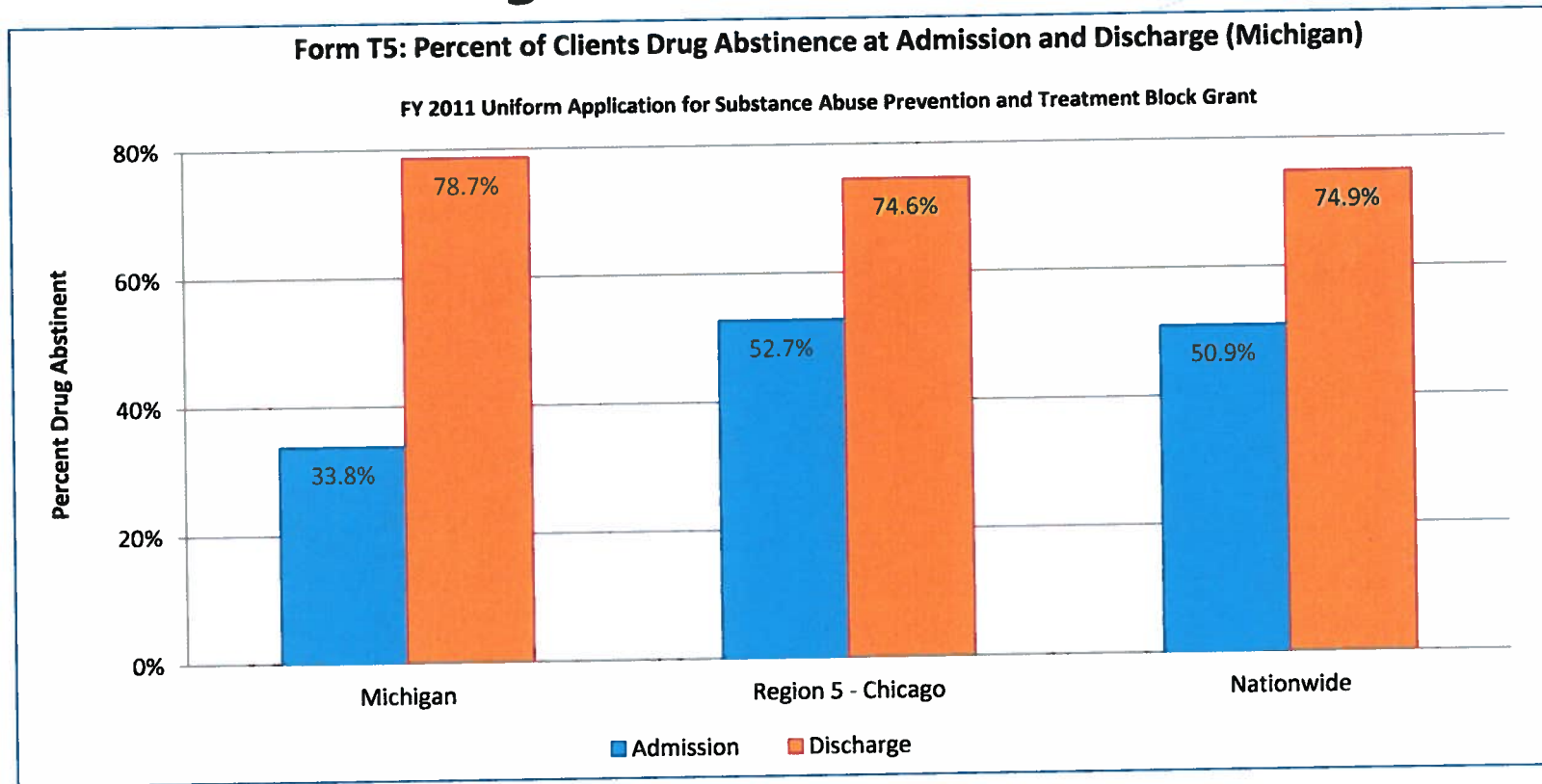
Total: \$137,441,640



Goals

- Establish a Recovery Oriented System of Care to sustain long-term recovery for individuals with families impacted by substance use disorders
- Reducing underage drinking and youth access to tobacco
- Reducing prescription and over-the-counter drug abuse
- Expanding integrated treatment for persons with mental health and substance use disorders
- Reducing administrative costs, increasing efficiency

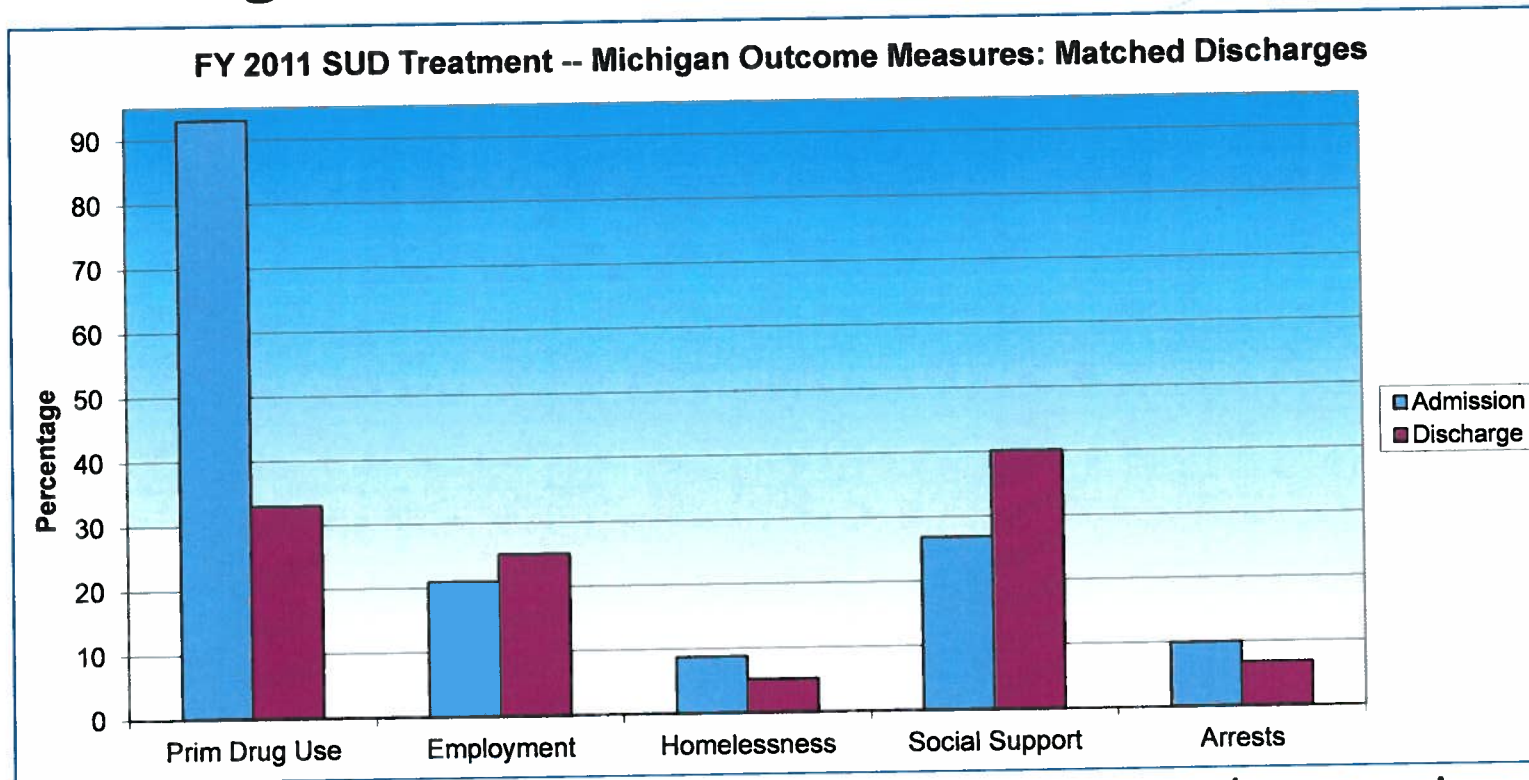
Comparison of Drug Abstinence Outcomes for Persons Entering Substance Use Disorder Treatment



Greater improvement and better outcomes in Michigan than in the Great Lakes Region and in the United States.

SOURCE: FY 2011 Uniform Application for Substance Abuse Prevention and Treatment (SAPT) Block Grant, Treatment

Michigan Treatment Outcome Measures



Persons in treatment reduce their use, increase their employment, increase housing stabilization, increase their support network, and reduce their arrests.

SOURCE: FY 2011 Treatment admission and discharge records.



State Services and Support

Treatment Admissions

- Total admissions in FY11 were 66,347 – capacity has been steadily decreasing, in FY06 admissions were 72,619
 - Heroin and Other Opiates (including illicit methadone) have both seen persistent and steady increases over the last 10 years creating more demand for long-term treatment services

Spending on Services

- GF funding at approximately \$30 M, including Medicaid match, has been steady since FY08; however, service capacity has decreased because of the increase in long-term treatment services
 - The number of persons receiving methadone for FY11 increased to 8,911 from 5,875 in FY06; this resulted in less treatment capacity for new admissions



Treatment Gap

- Michigan ranks 39th of 45* states on spending for services

* Indiana, North Dakota, Rhode Island, Tennessee, and Utah did not participate in the survey.

Gap

- 779,000 Michigan residents are estimated to meet clinical criteria for substance use disorder treatment
 - Of those, 54,500 (7%) feel they need treatment
 - Of those, 39,500 (72%) are likely eligible for and would access services if available

Business Case for Funding

- For every \$100 in federal/state government spending on substance abuse and addiction in Michigan:
 - \$0.90 is spent on prevention and treatment services
 - \$88.53 is spent on the burden to public programs (corrections, human services, primary care costs, etc.)
 - \$10.57 is spent on regulation/compliance including state operated liquor control related activity

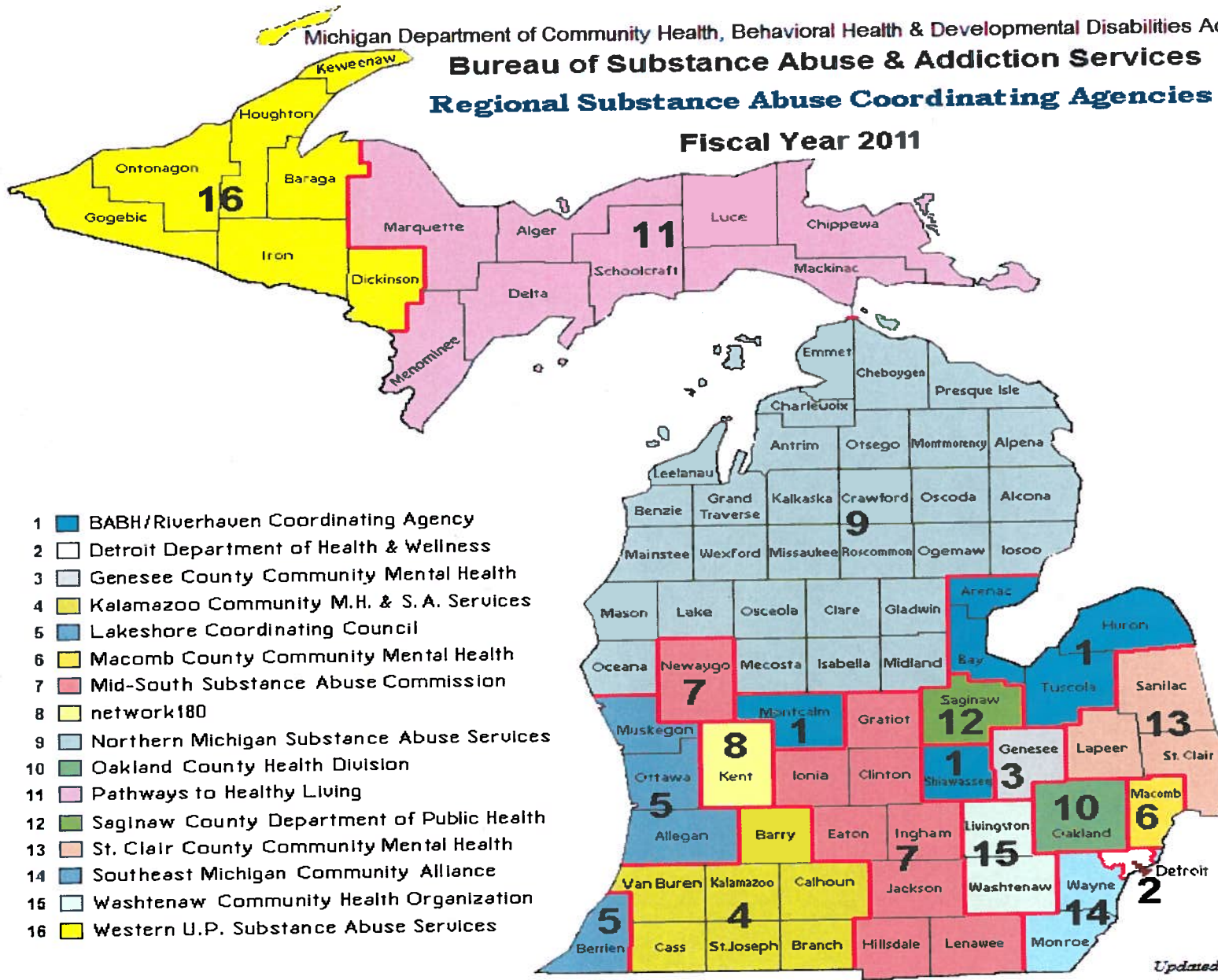
Source: May 2009, Shoveling Up II – National Center on Addiction and Substance Abuse at Columbia University.



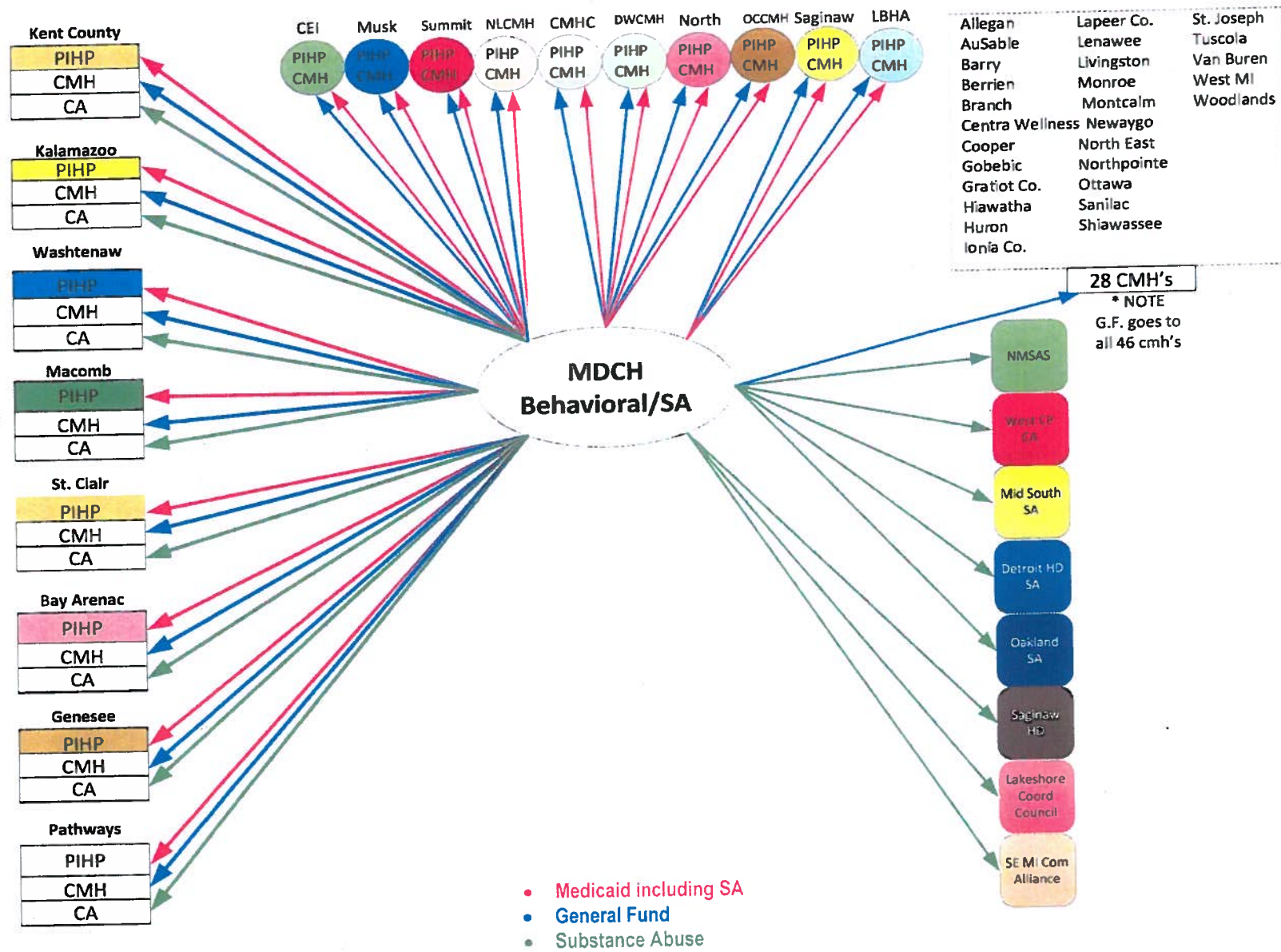
Problem Gambling in Michigan

- In FY11, the problem gambling help-line provided referrals for problem gambling assistance to 1,499 callers.
- In FY11 -522 received treatment. 51 in the pilot program 47 in the problem gambling diversion program.
 - In FY11, Northern Michigan Substance Abuse Services pilot in rural northern Michigan. Worked with district and circuit courts and providers to routinely screen for problem gambling.
 - In FY11, Problem Gambling Diversion program with 36th District Court. First time offenders who violated the Terms and Conditions of Section 432.225 (Disassociated Persons Act). Opportunity to receive problem gambling treatment
- The problem gambling program is financed through casino and other gambling fees (\$3.0M).

Bureau of Substance Abuse & Addiction Services
Regional Substance Abuse Coordinating Agencies
Fiscal Year 2011



Updated October 7, 2011



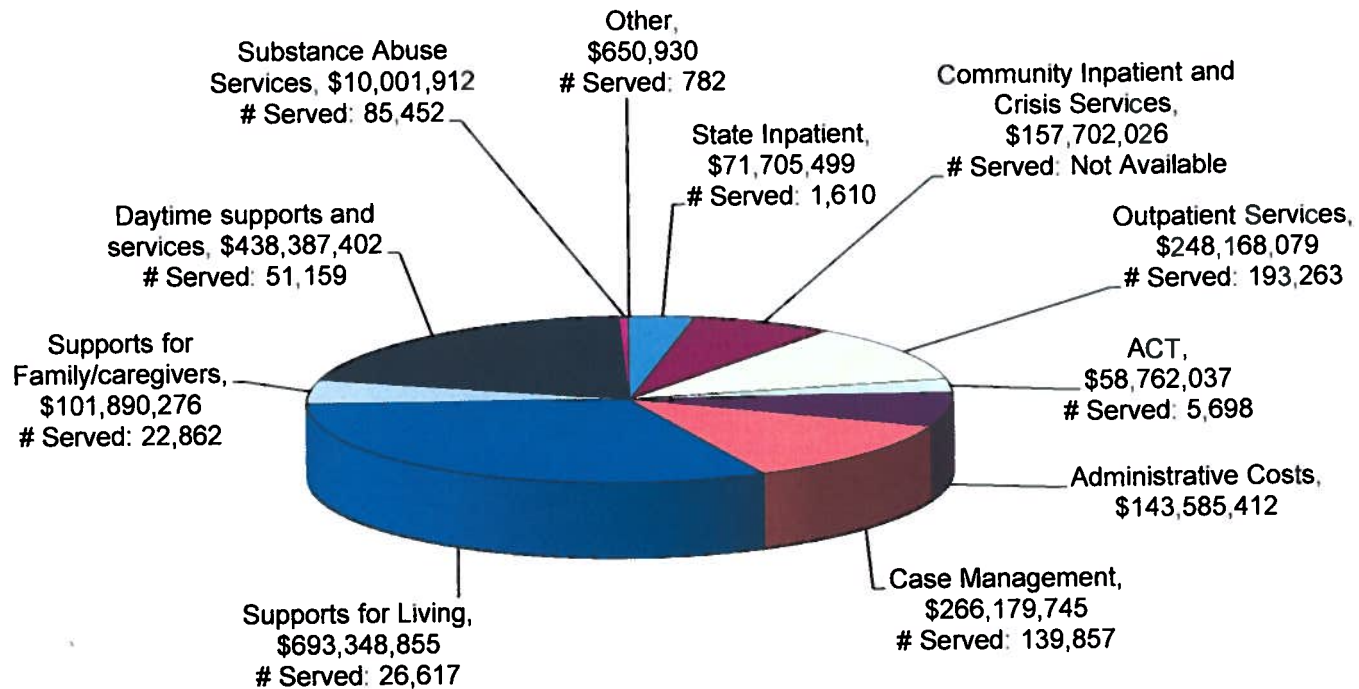


Community Mental Health

COMMUNITY MENTAL HEALTH

Total Services Gross Costs FY 10

Cost: \$2,190,382,173
Served: 227,020





Community Services Structure

Community Mental Health Services Programs (CMHSPs)

- Mental Health Code-county entities or local authorities
- Administer state general fund-financed services
- Provide the behavioral health benefit to MICHild beneficiaries
- Administer Children's Waiver Program (CWP) and Seriously Emotionally Disturbed (SED) Waivers

County obligation

- 10% of the net cost of state operated services
- "Match" obligation for community mental health (amount depends on the nature of the CMHSP - county agency or authority)

Medicaid Prepaid Inpatient Health Plans (PIHPs)

- 18 of 46 CMHSPs
- Function as managed care entities, alone or in affiliation with non-PIHP CMHSPs
- Administer the concurrent 1915(b)(c) Medicaid Specialty Services and Supports Managed Care Waiver for Mental Health and Substance Abuse service

CMH Affiliations & PIHPs

Northcare : 5 CMHSPs, (15 Counties)

* # Pathways/PIHP (Alger, Delta, Luce and Marquette)

Copper Country (Baraga, Houghton, Keewanaw, and Ontonagon)

Gogebic (Gogebic)

Hiawatha (Chippewa, Mackinac and Schoolcraft)

Northpointe (Menominee, Dickinson and Iron)

Northern Affiliation : 3 CMHSPs (13 Counties)

*North Country/PIHP (Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska and Otsego)

AuSable (Iosco, Ogemaw and Oscoda)

Northeast Michigan (Alcona, Alpena, Montmorency and Presque Isle)

CMH Partnership of SE Michigan: 4 CMHSPs (4 Counties)

* # Washtenaw /PIHP (Washtenaw)

Lenawee (Lenawee)

Livingston (Livingston)

Monroe (Monroe)

Northwest CMH Affiliation : 2 CMHSPs (9 Counties)

*Northern Lakes/PIHP (Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, Wexford)

West Michigan (Lake, Mason and Oceana)

Access Alliance of Michigan : 5 CMHSPs (6 Counties)

* # Bay-Arenac/PIHP (Bay and Arenac)

Huron (Huron)

Montcalm (Montcalm)

Shiawassee (Shiawassee)

Tuscola (Tuscola)

Thumb Mental Health Alliance : 3 CMHSPs (3 Counties)

* # St. Clair/PIHP (St. Clair)

Lapeer (Lapeer)

Sanilac (Sanilac)

Lakeshore Behavioral Health Alliance : 2 CMHSPs (2 Counties)

*Muskegon /PIHP (Muskegon)

Ottawa (Ottawa)

Affiliation of Mid-Michigan : 5 CMHSPs (8 Counties)

*Clinton-Eaton-Ingham/PIHP (Clinton, Eaton and Ingham)

Gratiot (Gratiot)

Ionia (Ionia)

Manistee-Benzie (Manistee and Benzie)

Newaygo (Newaygo)

Southwest Michigan Affiliation : 4 CMHSPs (4 Counties)

* # Kalamazoo/PIHP (Kalamazoo)

Allegan (Allegan)

St. Joseph (St. Joseph)

Woodlands (Cass)

Venture Behavioral Health : 5 CMHSPs (5 Counties)

*Summit Pointe/PIHP (Calhoun)

Barry (Barry)

Berrien (Berrien)

Pines (Branch)

VanBuren (VanBuren)

*DENOTES PIHP-CMH

DENOTES COORDINATING AGENCY

Single CMH PIHPs



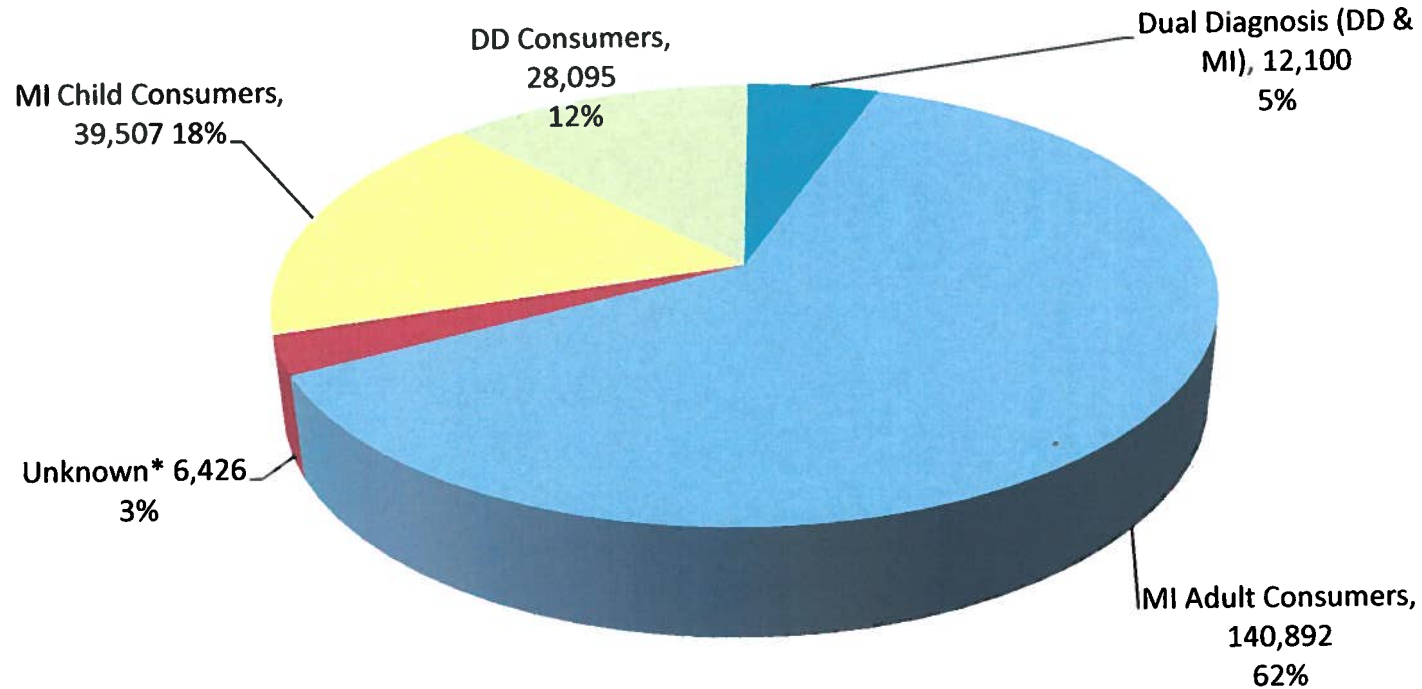
“Stand Alone CMHs”

- * **CMH for Central Michigan**
(Clare, Gladwin, Isabella, Mecosta, Midland and Osceola Counties)
- * **Detroit-Wayne** (Wayne County)
- * # **Genesee** (Genesee County)
- * **Lifeways** (Jackson and Hillsdale Counties)
- * # **Macomb** (Macomb County)
- * # **Network180** (Kent County)
- * **Oakland** (Oakland County)
- * **Saginaw** (Saginaw County)

*DENOTES PIHP-CMH

DENOTES COORDINATING AGENCY

People Served in Community Mental Health Programs FY10

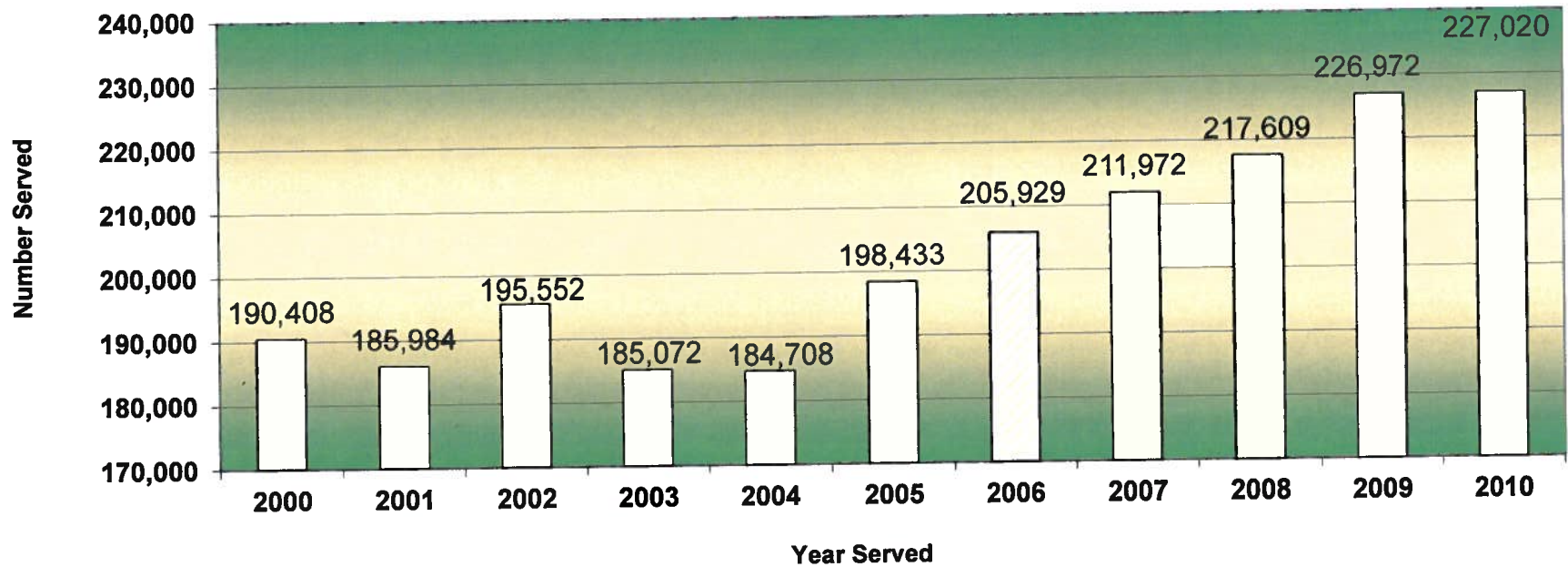


*Disability designation could not be determined at time of assessment or following a crisis service.

CMHSPs

Persons Served (includes Medicaid)

Number of Individuals Served by Michigan's Public Mental Health System
FY 2000 - 2010





The Community Mental Health (CMH) System as a Safety Net

- **16,746** receiving community psychiatric inpatient hospital services in FY10, down **5%** from FY09
- **6,644** persons in FY10 who were homeless - up **8%** from FY09
- **24,194** persons who have some justice involvement - up **5%** from FY09
- **70,382** people without Medicaid received services in FY10

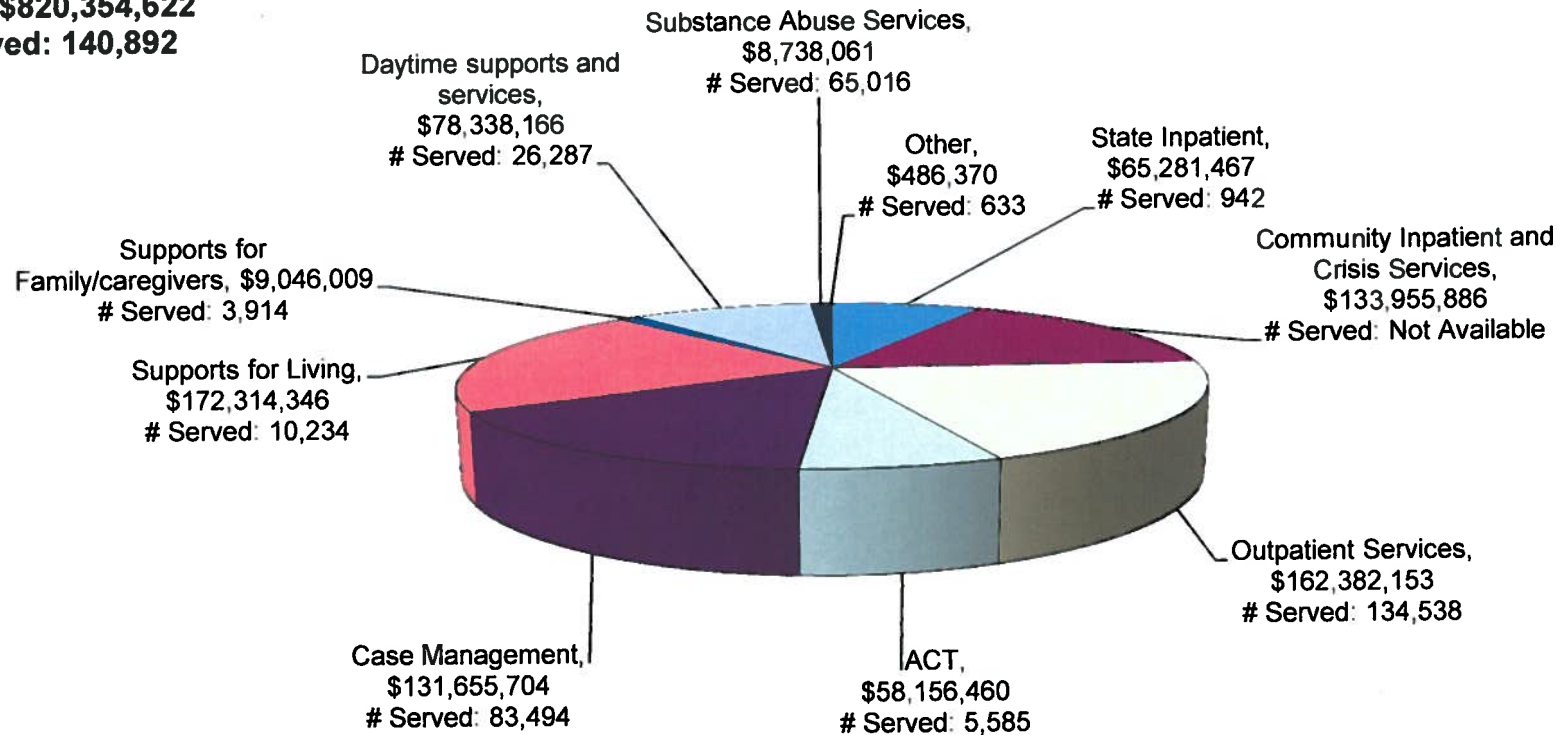


Safety Net . . .

- **About 13,000** people are reliant on the CMH system for at least 8 hours of care/per day ... of these, **most** receive 24/7 supports
- This group utilizes over **\$900 Million** – about **\$195** per day ... well below state inpatient costs
- This represents about **6%** of the people served and about **40%** of total expenditures
- This is **70%** of all spending for persons with developmental disabilities; about **21%** of spending for adults with mental illness

CMH Services for Adults with Serious Mental Illness Gross Cost FY 10

Cost: \$820,354,622
Served: 140,892





Adults with Serious Mental Illness

- Less likely to be enrolled in Medicaid
- Represent about 40% of total spending, 62% of persons receiving services
- About 35% live with family
- About 40% live in private or supported independence settings
- 11% utilized community inpatient psychiatric or crisis residential services

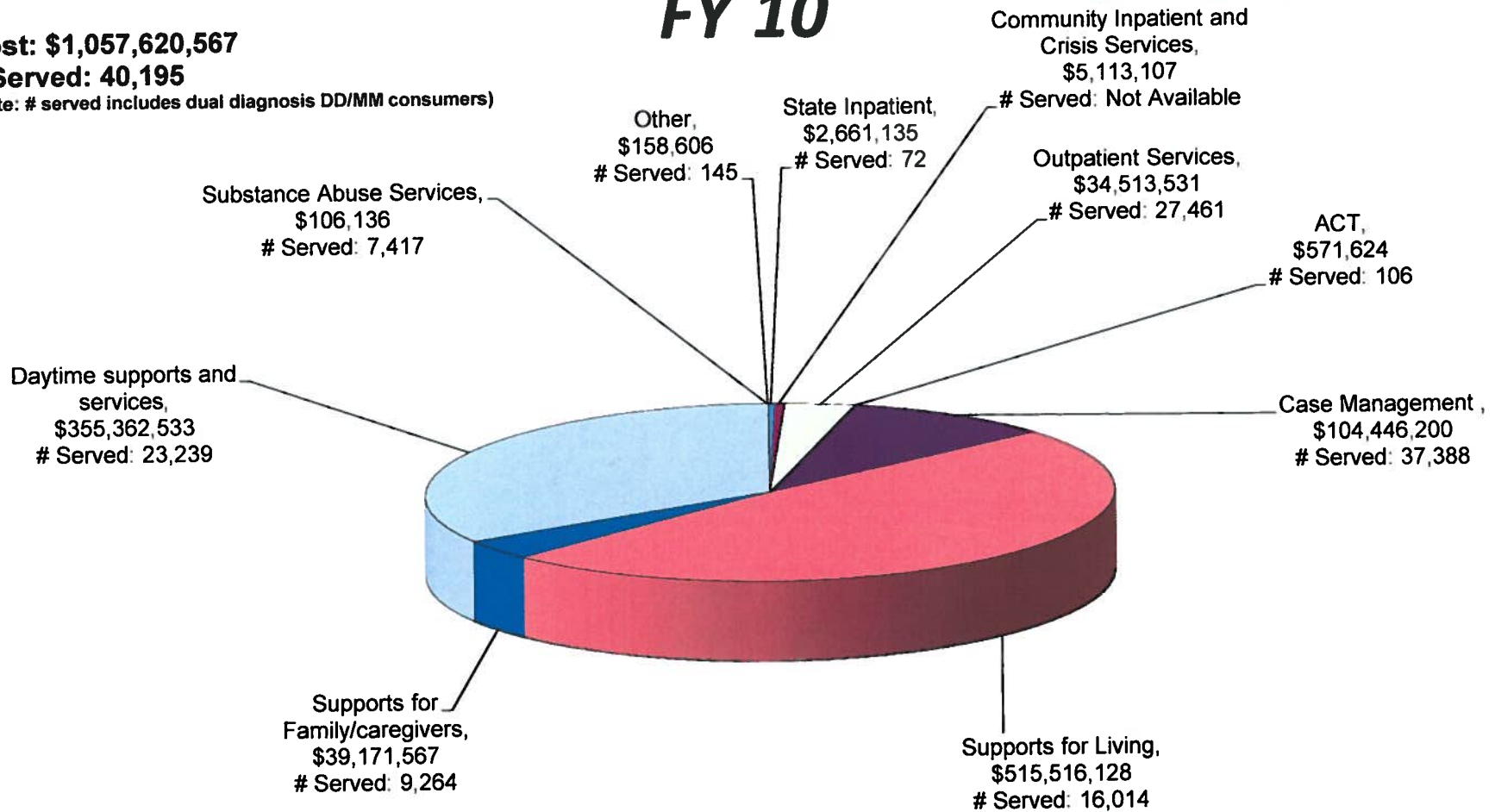
CMH Services for Persons with DD Gross Cost

FY 10

Cost: \$1,057,620,567

Served: 40,195

(Note: # served includes dual diagnosis DD/MM consumers)



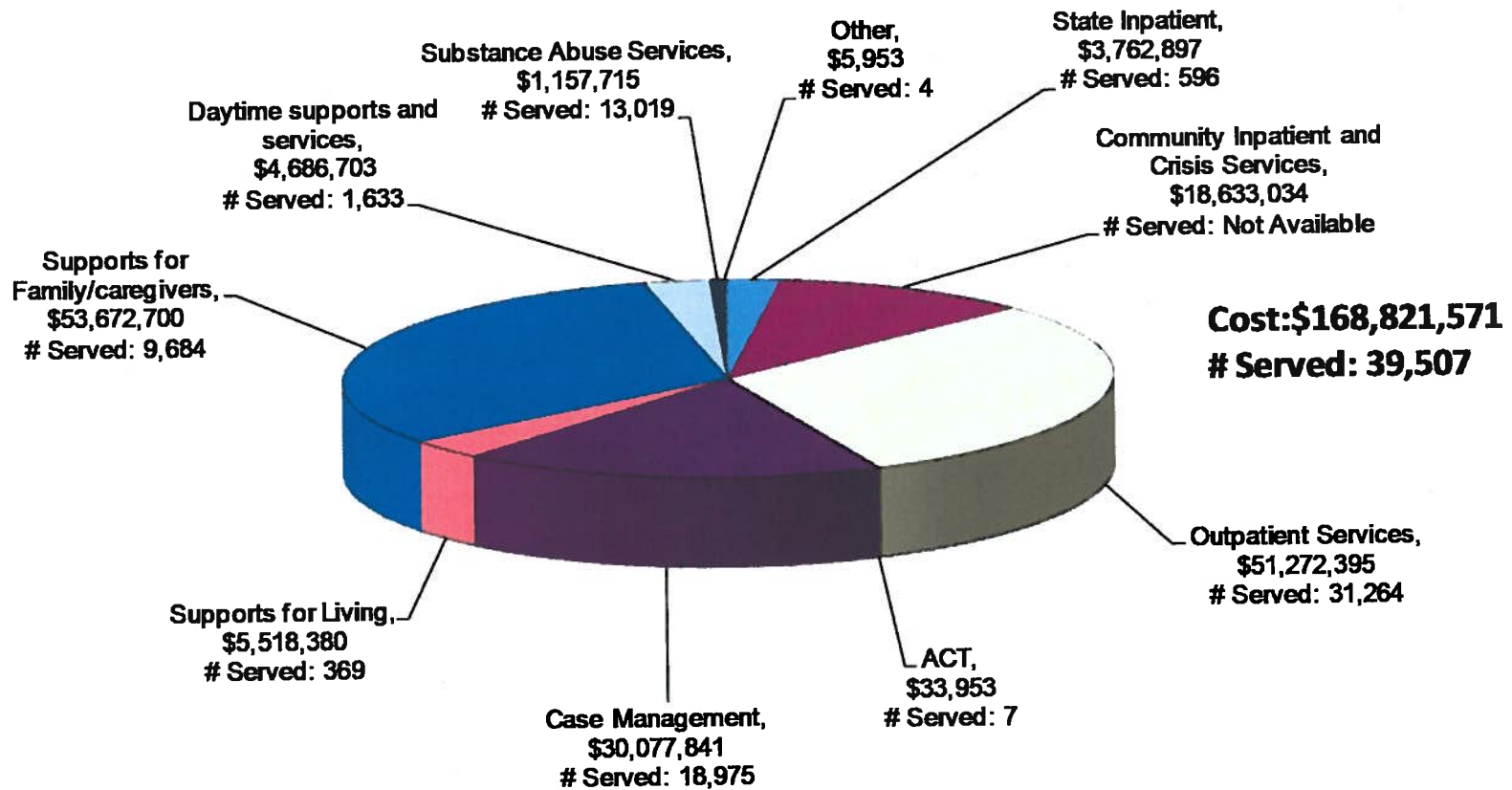
(Source: FY10 Section 404 Report)



Persons with Developmental Disabilities

- More likely to be enrolled in Medicaid
- Over 9,600 (30%) receiving high level of supports on a daily basis - 24/7 or over 8 hours/day
- Almost half live with family members
- 27% need assistance with mobility
- 61% need assistance with personal care
- 58% have other medical or physical assistance needs
- 57% have challenging behaviors

CMH Services for Children with Serious Emotional Disturbance Gross Cost FY 10

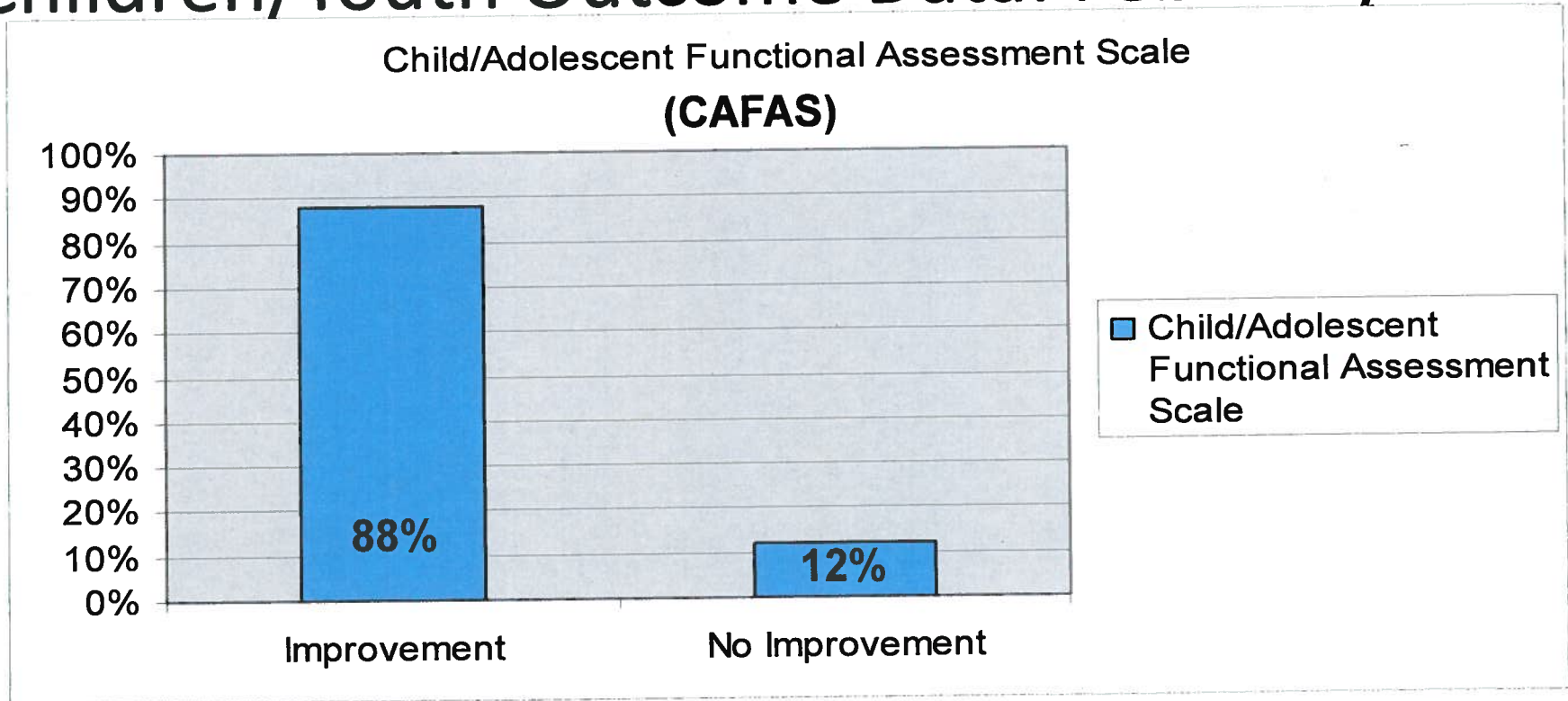




Children with Serious Emotional Disturbance

- A standardized assessment tool - the Child and Adolescent Functional Assessment Scale (CAFAS) is in place.
 - **81%** of children would be eligible for inpatient psychiatric or residential services if intensive community based services were not available. An additional **7%** are moderate/high risk
 - Those with moderate/high impairments at initial assessment
 - **FY11 CAFAS DATA**
 - 56% - school - suspension, expulsion, disruptive/aggressive behavior, dropout
 - 49% - home – significant monitoring, aggressive, or unmanageable behavior
 - 55% - behavior so disruptive/dangerous others are hurt, poor judgment and/or impulse control
 - 59% mood - excessive fears, worries, anxiety (including trauma related), significant depression and suicide risk
 - 13% self-harm – self destructive behavior; high suicide attempt risk
 - 7% substance use – significant use leading to inability to function or control use of substances
 - 7% thinking – incoherent thoughts or language, disruptive delusions or hallucinations

DHS/DCH SED Medicaid Waiver Children/Youth Outcome Data: February 2011



● *The average improvement in CAFAS scores for this DHS/DCH pilot was 36 points which exceeds clinical significance.*

Clinical significance on the CAFAS is a 20 point improvement



Service & Strategic Priorities



Service Priorities

- Implement Autism Services
 - \$34.1 million Gross / \$10.1 million GF/GP
- Facilitate Plan to Strengthen Jail & Prison Diversion
 - Diversion Workgroup-Action Plan Fall 2012
 - Mental Health Courts
- Veterans Services

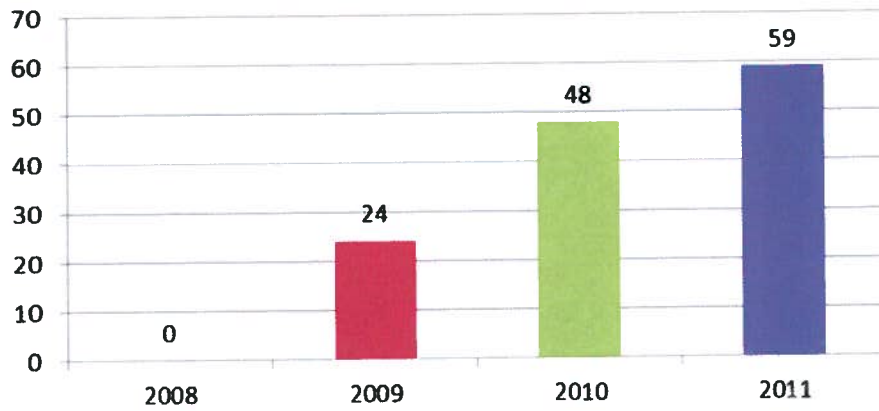


Strategic Priorities

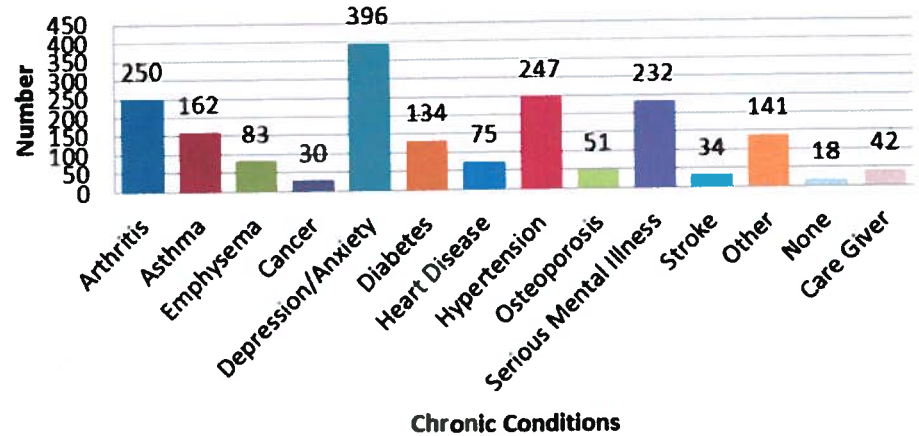
- **Ensure Access To Continuum Services**
 - Person Centered, Choice, Recovery
 - Peer Support
 - Over 900 individuals certified by MDCH since 2006, Second state in the country CMS Medicaid Approval
 - 2009 Transformation Transfer Initiative federal grant to develop statewide initiative for Chronic Disease Self Management Program (CDSMP) known as Personal Action Toward Health (PATH) in Michigan (see graphic)
 - 2012 Transformation Transfer Initiative grant of \$221,000 providing health and wellness and systems navigation in two FQHC
 - Research study to measure peer to peer effectiveness of CDSMP in partnership with Stanford University
 - **Employment (competitive & integrated)**
 - January 2011 Collaboration MRS, MCB, MDOE, Michigan Works!, MDHS
 - Employment Development Initiative Fund



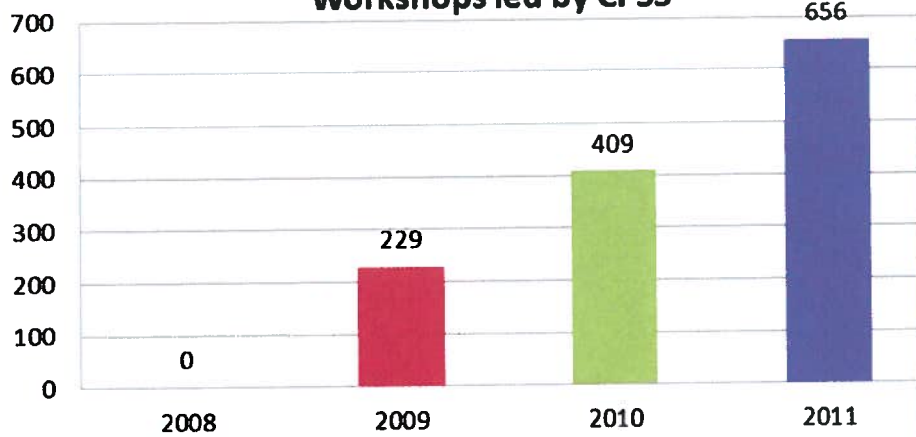
Number of PATH Workshops Led by CPSS



Chronic Conditions of PATH Participants in Workshops led by CPSS



Number of PATH Participants Enrolled in Workshops led by CPSS

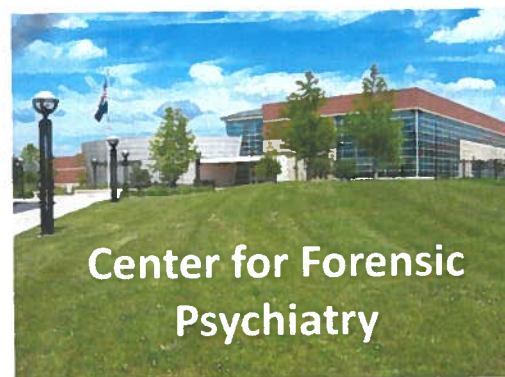
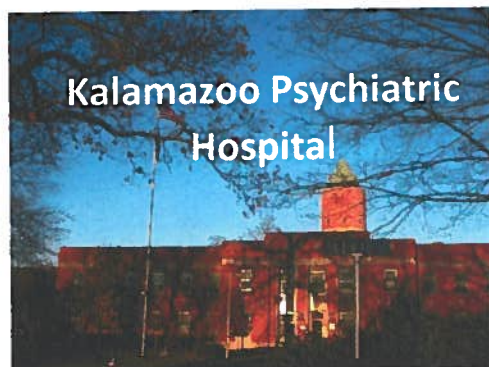
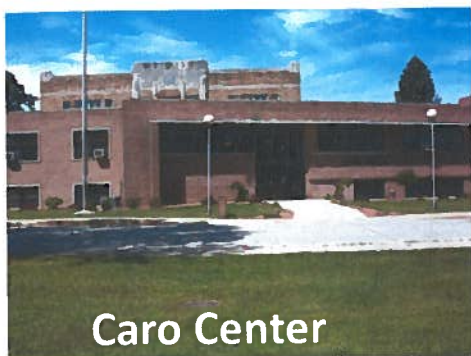




Strategic Priorities

- Evaluate State Hospitals
 - Facilities, Revenue Cycle
- Integrate Physical and BH/DD Services
 - Support local integration (CMH, providers, partners)
 - Dual Eligible Implementation
 - Explore Medicaid Health Homes for Chronic Conditions

Behavioral Health and DD – Strategic Priorities



Ensure access to excellent and compassionate behavioral and DD Services.

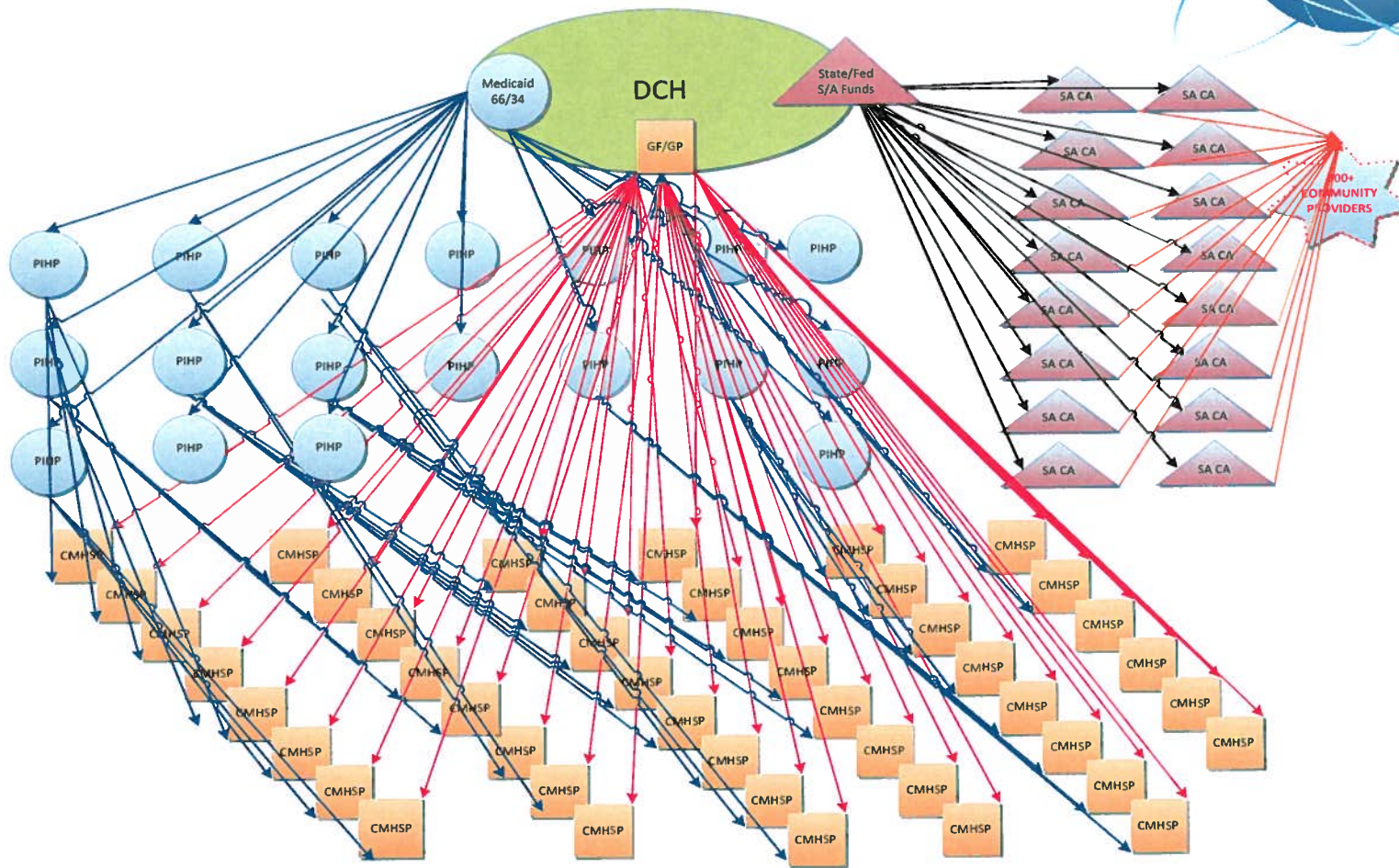
- a. Evaluate psychiatric hospitals: revenue cycle, capital needs, quality, service.
- b. Develop plan to reduce number of people with mental illness and substance abuse in jails.
- c. Integrate physical and mental health.
- d. Bring efficiencies to the mental health system administration.



Strategic Priorities

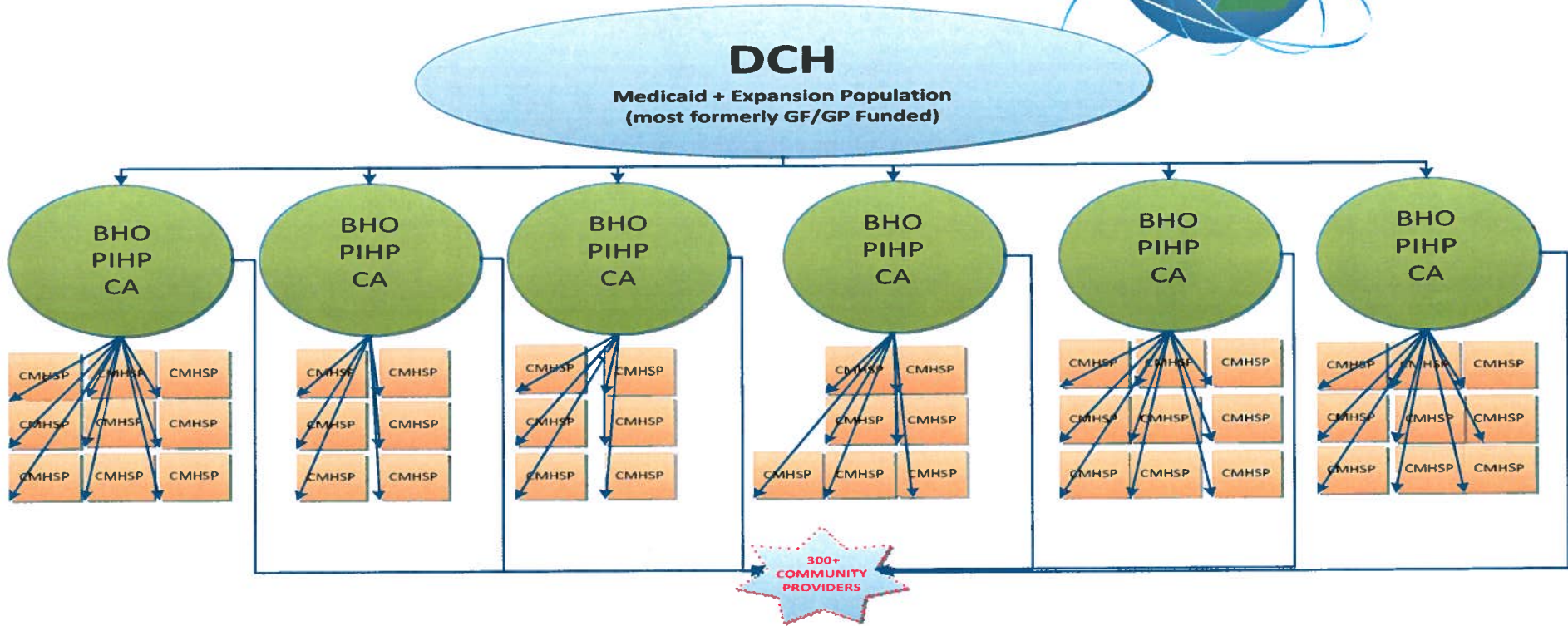
- Promote Electronic Health Record & MI HIN
- Plan for Behavioral Health Needs of Medicaid Expansion (133% of FPL, 500,000 persons)
 - SMI 9.5% in Expansion, 6.2% Marketplace
 - SA 16.9% Expansion, 17.1% Marketplace
- Bring Efficiencies to Administration and Service System

Current complex Behavioral Health contracting and funds flow.



1. Each PIHP is also a CMHSP
2. PIHP Medicaid line reflects two separate contracts with each PIHP (one ABW one Medicaid).
3. CA's do not provide services – they use Community Providers
4. CMH's may directly provide services (rural) or contract out or a combination.

Planning for a more streamlined system.



If ACA remains as written – most uninsured served under GF by CMH's will become Medicaid expansion. Reduces GF to 46 CMH's while increasing Medicaid (GF still needed for State Hospital & non-covered services)
Recommend PIHP/CA function merged into common managed Behavioral Health Organization with responsibility for health home/care for special populations.
Recommend Fewer Regions (5 or 6) that align with Physical Care (Medicare/Medicaid Regions)



THANK YOU