Behavioral Health and Substance Use Disorder Treatment

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MDHHS

Michigan Department of Health & Human Services

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Agenda

- System Overview
- Mental Health Services and Supports
- Substance Use Disorder Services and Supports
- Current Initiatives
- FY24 Behavioral Health Budget Investments

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Michigan's Specialty Behavioral Health System

- **10** Medicaid Pre-paid Inpatient Health Plans (PIHP).
- **46** Community Mental Health Services Programs (CMHSP).
- **Populations served:**
  - Any individual experiencing **crisis**.
  - Adults with **serious mental illness (SMI)**.
  - Children with **serious emotional disturbance (SED)**.
  - Adults and children with **intellectual and developmental disabilities (IDD).**
  - Individuals experiencing **substance use disorders (SUD)**.
- **Total Served:** over **302,000 people** in 2022.

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Behavioral Health by the Numbers

Mental Health and IDD Services Highlights

FY21:

- **$3.5 billion** in Medicaid and Healthy MI Plan expenditures.
- **$120 million** in general fund services.
- Adults with SMI - **$1.12 billion**.
- Children with SED - **$300 million**.
- Individuals with IDD - **$1.6 billion**.

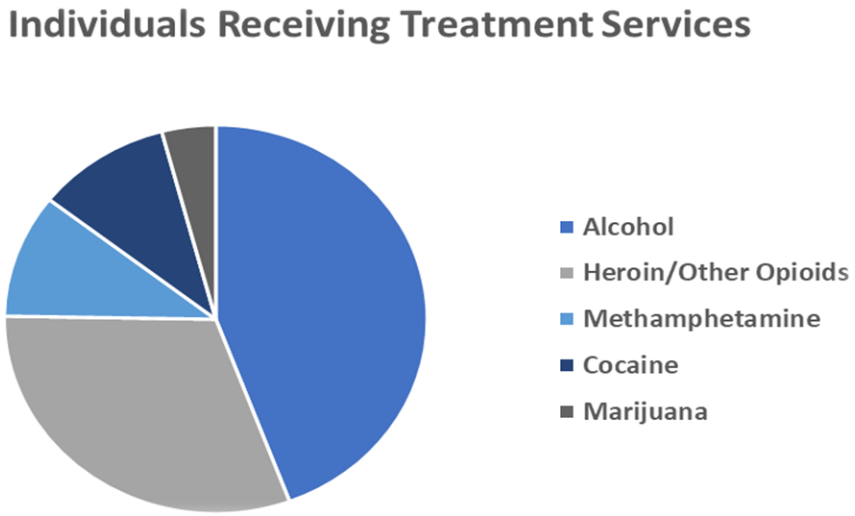
In FY22, those receiving services included:

- **166,000** adults.
- **71,000** children.
- **62,500** adults and children in Certified Behavioral Health Clinics.
- **1,600** adults and children in Behavioral Health Homes.

Substance Use Disorder by the Numbers

FY22 SUD Services Highlights

- ✓ Prevention services to **148,000** (children and adults)
- ✓ **3,150** individuals served in Opioid Health Homes.
- ✓ **325** unique licensed providers in the public system.
- ✓ **63,000** individuals received treatment services.



FY23 SUD Grant Funds

There are **eight** grants supporting services in FY23, including:

- ✓ Substance Abuse Prevention and Treatment Block Grant - **$57.4 million**.
- ✓ State Opioid Response 3 - **$36.9 million**.
- ✓ COVID Supplemental - **$52.6 million** (over 3 years).

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Adult Mental Health Services and Supports

Background

- Comprehensive **array** of **services** and **supports** that emphasize home and community-based treatment that includes:
  - Community living supports.
  - Targeted case management.
  - Peer support specialists.
  - Overnight health and safety support.
  - Respite care.
  - Crisis services.

Challenges and Barriers

- Critical **shortage** of **direct care workers,** exacerbated by the **pandemic.**
- Adequate access to **inpatient services.**
- Appropriate access to **residential care.**

Addressing Barriers

- **Direct care wage increase**.
- Improving **provider qualification expectations** to reach more applicants.
- New Medicaid policy allowing **master's-prepared clinicians** to work while waiting for their license.
- Developing **intensive community-based** residential **treatment options.**

Child Mental Health Services and Supports

Background

Comprehensive array of services and supports that emphasize **home** and **community-based** treatment, including:

- **Habilitative** therapies
- **Crisis services**
- Parent and youth **peer support**.
- **Wraparound**.
- Children's **therapeutic foster care**.
- **Respite care**.
- Community living supports.

Challenges and Barriers

- **Workforce**.
- Access to services.
- Variance in **assessment process** for service eligibility.
- **Limited transparency** on service utilization and outcomes.

Addressing Barriers

- Implementation of **new statewide assessment tool**.
- **Mobile Crisis Response grants**.
- **Capacity Building Center**.
- **Data and quality dashboard.**
- **Student Loan Repayment Program** and **internship stipends**.

Substance Use Disorder Services

Background

- Comprehensive array of **specialty Medicaid services** and supports, including:
  - Medication assisted treatment.
  - Residential treatment.
  - Withdrawal management.
  - Outpatient treatment.
  - Peer recovery coaches.
- **Fee-for-Service Medicaid Support.**
  - Office based treatment support.
- **Block Grant and Categorical Grant Support**.
  - Recovery housing.
  - Dedicated services and supports for pregnant and postpartum women.
  - Treatment for uninsured.
  - Tribal funding for treatment.

Challenges and Barriers

- **Workforce** shortages
- Lack of **transportation**

Addressing Barriers

- **Direct care wage increase**.
- Overall administrative **Medicaid rate increase**.
- **Expanded fee-for-service** office-based treatment coverage for all substance use (in addition to opioids).
- Improving provider **qualification**, **education**, and **experience** expectations to reach more applicants.
- Reviewing additional options that can be used and funded for **transportation support**.

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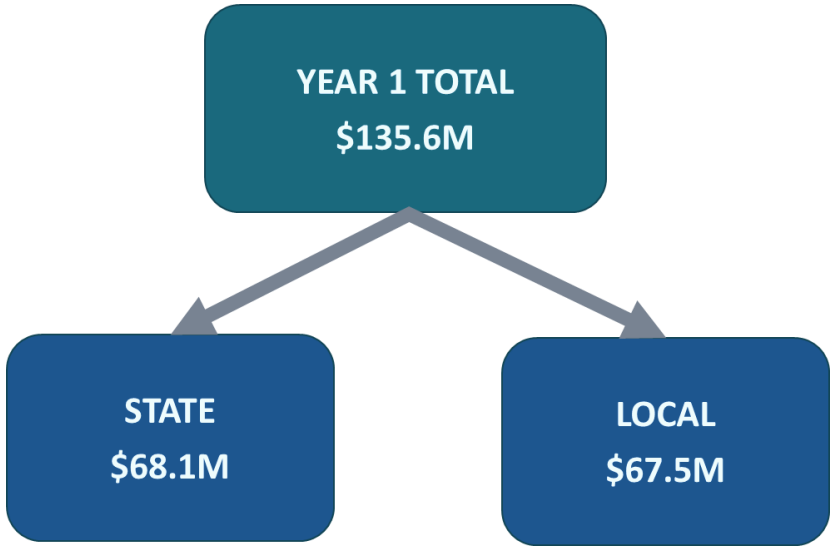
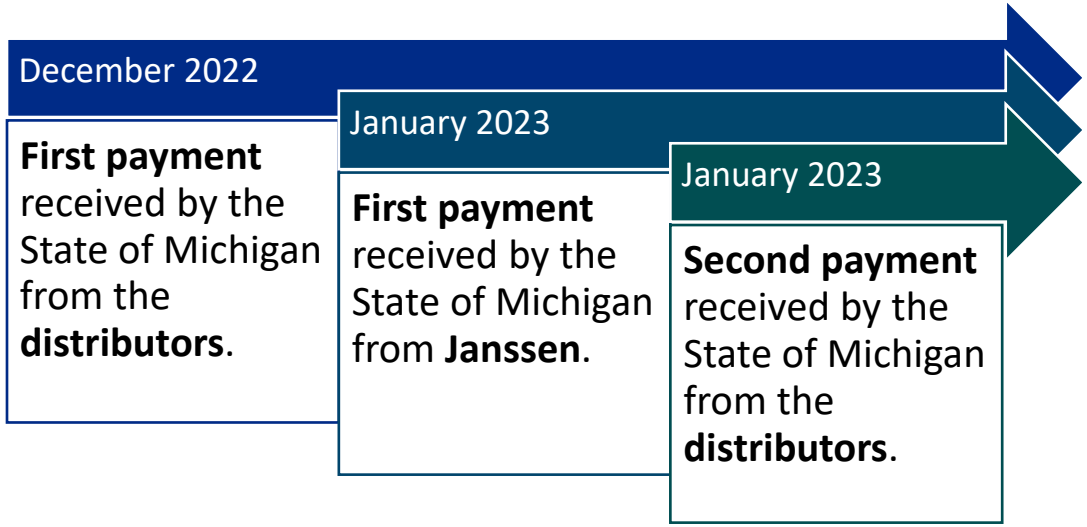
Opioid Settlements

Current settlements:

- McKinsey – $19.5 million received by the State of Michigan.
- Cardinal, McKesson, and AmerisourceBergen (Distributors) and Janssen - $776 million over 18 years, split 50/50 state and local.
- Potential for additional settlements in the future.





Opioid Settlement

Background

- In the fall of 2021, MDHHS developed a survey to solicit **public input** on the priorities of Michigan residents for the use of settlement funds.
  - **Populations**.
  - **Strategies**.
  - **Key activities**.
- This input was instrumental in shaping the initial activities that will be supported by this funding.
- Settlement dollars are focused on **critical services** that are not eligible for ongoing federal funding.

Opioid Survey Funding Priorities

- **36%** Recovery support services.
- **19%** Prevention programming.
- **16%** Expanding access to Medications for Opioid Use Disorder.
- **9%** Support for pregnant/postpartum women affected by SUD and infants with Neonatal Abstinence Syndrome.
- **7%** Naloxone distribution and training.
- **6%** Treatment for incarcerated population.
- **4%** Syringe service programs.
- **3%** Research and evaluation of abatement strategies.

Opioid Settlement Funding Efforts

Prevention

FY23: $4 million

- Adverse Childhood Experiences (ACEs) initiatives.
- Awareness campaigns.
- Quick response teams.

Treatment

FY23: $7.8 million

- Staffing incentives.
- Infrastructure grants.
- Expanding capacity to treat stimulant and polysubstance use.

Recovery

FY23: $7.6 million

- Recovery community organization grants.
- Recovery housing.
- Additional recovery supports.

Harm Reduction

FY23: $8.5 million

- Naloxone Portal.
- Syringe Service Programs Operations.

Other Initiatives

- Medications for opioid use disorder in prisons and jails.
- Overdose surveillance system improvements, maintenance, and rapid toxicology from medical examiners.
- High touch high-tech expansion.
- Rooming-in.
- Technical assistance to local governments on best practices.
- Projects related to opioids task force racial equity workgroup.

Current Initiatives

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Supporting the Behavioral Health Workforce

Recruitment and Retention Efforts

- ✓ Utilizing $2.8M to provide **expanded training** to the direct care workforce.
- ✓ Working with Wayne State University and Michigan State University to **expand cohorts** for psychiatric mental health nurse practitioners to **increase access** in **underserved** communities.
- ✓ Updated Medicaid policy to allow **payment for practitioners** that have completed credentialing but are **awaiting licensure.**
- ✓ **Streamlining** our behavioral health provider credentialing process.
- ✓ Partnering with the Department of Labor and Economic Opportunity (LEO) to expand the **talent pipeline** for the behavioral health workforce, with a focus on **direct care staff.**
- ✓ Expanding our public awareness Wanted Campaign to **recruit staff/reduce stigma** around behavioral health careers.
- ✓ Implemented a **20% wage increase** for certain Civil Service classifications, including **psychiatrists, physicians, psychologists and nurses.**
- ✓ Working to **expand State Psychiatric Treatment Team** to include psychiatric mental health nurse practitioners and physician assistants.

Expanding Behavioral Health Access and Capacity

Intensive Community Treatment Services

Background

- Increased volume of patients **awaiting** behavioral health **treatment** in local **emergency departments** or other inappropriate settings.
- Experiencing **high readmission rates** to state inpatient care for some individuals.

Program

- Designed to **strengthen** our **continuum** of **care** for individuals with severe & challenging behaviors.
- **Step Down** - Assist patients transitioning to community placement after state inpatient care.
- **Step Up** – For those in a community setting in need of an intensive treatment setting but unable to secure placement.

Implementation

- **Short-term** (90 days).
- For **youth** and **adults**.
- 24-hr **supervised**, **monitored** and **focused** treatment.
- MDHHS and the responsible CMHSP will work with the individual and family of the individual being served to coordinate care with an MDHHS-contracted provider specializing in these services.

Children's Behavioral Health Investments

Supporting our Youth and Families

- Expansion of new bureau to focus specifically on **children's behavioral health services** and **supports**.
- $4 million estimated to be awarded in **student loan repayment** to expand behavioral health workforce.
- Development of **behavioral health internship stipend** program.
- Development of **statewide assessment tool** for eligibility determinations and service planning.
- $3.5 million in grants awarded to local community mental health service providers to creatively expand **intensive crisis stabilization services**.
- Executive approval for expansion of **enhanced treatment foster** care and **children's therapeutic foster care** to expand behavioral health treatment for children with the most intensive needs.
- Development of **dashboard** for **tracking** behavioral health service **quality** and **utilization**.
- Funded expansion of the **Child and Adolescent Health Center Program**.

Behavioral Health Budget Investments

Fiscal Year 2024

Ongoing | $305.1M Gross | $111.2M GF

Strengthening the Health Care Workforce

Background

- **Low wages, staffing shortages**, mandatory **overtime**, and **burnout** continue to plague the health care and direct care workforce.
- Hospital and health systems have over **50,000 vacancies**.
- Average **turnover rate** for health care professionals is **27%** and for direct care staff is **45%.**

Proposed Response

- **$210.1 million gross** ($74.5 million GF) to support a $1.50/hour increase in wages for direct care workers providing: Medicaid behavioral health services; care at skilled nursing facilities; community-based supports through MI Choice, MI Health Link, and Home Help programs; care at homes for the aged and adult foster care facilities and in-home services funded through Area Agencies on Aging.
  - Direct care workers include registered professional nurses, licensed practical nurses, competency-evaluated nursing assistants, and respiratory therapists.
- **$90 million gross** ($31.7 million GF) to increase wages for non-direct care staff employed in institutional long-term care facilities.
  - Non-direct care workers include but are not limited to the following categories: housekeeping, maintenance, plant operations, laundry, dining room assistants, dietary workers, medical records, social services, and other diversional therapy staff.
- Establish a **$5 million gross/GF** annual **scholarship program** for students pursuing careers in behavioral health, counseling, psychology, psychiatric nursing, or social work.

Expected Impact

- Scholarship program will help **support students** pursuing careers in health care.
- Addressing staffing concerns allows **better quality** and more consistent **patient care**, leading to **better health outcomes** for the populations we serve.

QUESTIONS & DISCUSSION

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