Evolution of Michigan's Public Mental Health System

Michigan House of Representatives
Hearing on Mental Health
Wednesday, March 15, 2023

Jeff Patton
Chief Executive Officer
Integrated Services of Kalamazoo

Frontline Prescription for Meeting Unlimited Need with Limited Resources

Disclaimer

All views, opinions, assertions, claims, attributions and recommendations contained in this presentation are the sole responsibility of the presenter, and do not reflect the views, perspectives, beliefs or position of any agency, organization, board, commission, or association.

Sources:

Primary sources used in this presentation include the Michigan Mental Health Commission Final report (October 15, 2004); Substance Abuse and Mental Health Services Administration (2017) Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health; Altarum: Access to Behavioral Health care in Michigan Final report (July, 2019); and MDHHS Report for Section 904 Community Mental Health Service Programs Demographic and Cost Data for Fiscal Year 2018

Frontline Prescription for Meeting Unlimited Need with Limited Resources

Frontline Prescription for Meeting Unlimited Need with Limited Resources

I will repeat here that our collective thinking and beliefs about the person's capabilities to recover and right to achieve community inclusion and integration are what needs to be transformed; not the institutions. Once we discover that our fundamental relation to the person in recovery is the focal point, our need and desire to appropriate energy and resources towards identifying and perfecting institutions will diminish and transformation will begin it course.

Estimates and Unmet Needs of Persons With Serious Mental Illnesses and Serious Emotional Disturbances

- About 1 in 25 adults has a Serious Mental Illness (SMI) each year.
- 4.2% of the adult population, age 18 and over, are living with a Serious Mental Illness (SMI) in 2016.
- Nearly one in four adults with SMI lived below the poverty line in 2016.
- The suicide rate for individuals with mood disorders such as depression or bipolar disorder is 25 times higher than among the general population.
- One in ten youths in SAMHSA's Children's Mental Health Initiative had attempted suicide prior to receiving services.
- Approximately 2 million persons with SMI are admitted annually to U.S. jails.

Estimates and Unmet Needs of Persons With Serious Mental Illnesses and Serious Emotional Disturbances

- Only one in three people with mental illness in jails or prisons is currently receiving treatment.
- Adults with SMI are at particularly high risk of death by suicide.
- 7% to 12% of youth under age 18 have a Serious Emotional Disturbance (SED).
- Adults with SMI often have multiple chronic conditions and general health issues.
- Mental illnesses lead to high medical costs.
- Adults with mental illness receive a disproportionate share of opioid prescriptions.
- SMI is common among people experiencing homelessness.

Estimates and Unmet Needs of Persons With Serious Mental Illnesses and Serious Emotional Disturbances

Relatively few adults with SMI receive effective treatments.

Effective treatment models exist but are not widely available.

Most counties in the United States face shortages of mental health professionals.

Most states report insufficient psychiatric crisis response capacity as well as insufficient numbers of inpatient psychiatric hospital beds.

Overall Access to Behavioral Health Care in Michigan

1.76 million people in Michigan experience any mental illness (AMI), and 38% of these individual, more than 666,000, are not receiving care.

Nationally, Michigan ranks in the middle to upper third of U.S. states on composite measures of behavioral access. Mental Health America ranked Michigan 15th and 18th in recent years on access to mental health care.

Of the nearly 2 million Michigan residents covered under the Medicaid program, approximately 481,000 experience AMI, nearly 236,000 people, are not receiving care, and 69% of enrollees with SUD, or 102,0000 people not receiving care.

Michigan, like most of the country, has a shortage of psychiatrists and other behavioral health providers. While there are pockets of low supply throughout the state, shortages are especially concentrated in the northern half of the lower peninsula and parts of the upper peninsula.

The Evolution of Michigan's Public Mental Health System

The Institutional Era

- Michigan's first state institution for persons with mental illness, the Kalamazoo Asylum for the Insane, began accepting patients in 1859, and over the next forty years, similar facilities were established in Pontiac, Traverse City, and Newberry.
- During the early 20th century, mental illness came to be regarded as a lifelong, gravely disabling malady with little prospect for recovery or remediation of the illness.
- This gloomy perspective, in turn, diminished public support and legislative concern for state psychiatric facilities, and hospitals steadily became more overcrowded, understaffed, regimented, bureaucratic, drab, and impoverished.

The Evolution of Michigan's Public Mental Health System

The Institutional Era

- By the mid-1950s, there were more than 559,000 individuals in publicly operated psychiatric hospitals across the United States.
- In that same period, over 20,000 Michigan residents with mental illnesses were residing in state or county-operated psychiatric facilities.

The Evolution of Michigan's Public Mental Health System

Momentum Towards Change

- Despite prevailing negative stereotypes regarding mental illness and the seemingly pervasive indifference to the constitutions in public institutions, there were other developments that were harbingers of new perspectives and treatment approaches for serious mental disorders.
  - The National Mental Health Act of 1946 established the National Institute of Mental Health (NIMH)
  - In 1952, the antipsychotic property of the drug chlorpromazine (Thorazine) was discovered, and the introduction of this medication (and other drugs of similar efficacy) into the treatment regimen at state facilities produced significant improvement in many patients.

The Evolution of Michigan's Public Mental Health System

Momentum Towards Change

- In Michigan, there was initially only a modest flow of patients out of state facilities (the year-to-year census in Michigan's state-operated hospitals declined 16 percent from 1955 to 1965). Over time, however, this slow trickle became a mass exodus.
- In 1963, in response to the Joint Commission on Mental Illness and Health, President John Kennedy formed and interagency task force on mental illness to determine priorities for action and proposals for implementation.
- That same year, Congress passed, and President Kennedy signed, the Community Mental Health Centers (CMHC) Act.

The Evolution of Michigan's Public Mental Health System

Momentum Towards Change

- In April 1963 (six months before the enactment of the federal CMHC Act), the Michigan Legislature passed Public Act 54. The intent of the legislation was to stimulate development of community mental health service throughout the state.
- Act 54 permitted counties—either singly or in combination—to form Community Mental Health Boards and to receive state matching funds for the operation of these agencies.

Momentum Towards Change

- Federal Community Mental Health Center grants and state support for community mental health boards spurred development of community programs and service capacity, consistent with the emerging perspective that serious mental illness was an enduring disorder with periodic exacerbation, reoccurrence, and residual impairments (like other chronic disease states), but that condition was amenable to ameliorative, restorative, and rehabilitative treatments and supports.

The Evolution of Michigan's Public Mental Health System

The Evolution of Michigan's Public Mental Health System

Momentum Towards Change

Some individuals with serious mental illness might require episodic state hospital care during acute phases of the illness, but these individuals could (and should) be released back into the community and local "aftercare" programs, as soon as their condition stabilized, and acute symptoms had receded.

The Evolution of Michigan's Public Mental Health System

The Shift to Community-Based Care

- To better address these issues and to provide a new framework for the organization and operation of Michigan's public mental health system, the legislature passed Public Act 258 in 1971. This statute—popularly known as the Mental Health Code—was a "tipping point" in the conversion from an institutional care system to a community-based treatment and support model.
- The statute modernized civil commitment standards and due process procedures, clarified the roles and responsibilities of the state department and county-sponsored community mental health services programs (CMHSPs), designated priority populations for service and ore program requirements, established the principle of "least restrictive setting" for care and treatment decisions, specified the rights of service recipients, and devised a monitoring and protection system.

The Evolution of Michigan's Public Mental Health System

The Shift to Community-Based Care

- The legislation also increased state match for approved county community mental health programs to 90 percent.
- To ensure more rapid transformation of the system, Governor Milliken established the Governor's Committee on Unification of the Public Mental Health System in 1979. In its final report, *Into the 80s,* the Committee recommended:
- Establishing a single point of responsibility for voluntary and involuntary entry into Michigan's public mental health system, for determination and oversight of the services it provides, for system exit, and for the resources that support service delivery. That single point of responsibility is to be located in the community. It is designated as a local mental health authority encompassing one or more counties.

The Evolution of Michigan's Public Mental Health System

The Shift to Community-Based Care

- Following publication of the report, the state assumed a more aggressive posture toward system restructuring and the pace of change accelerated. The Department of Mental Health devised a new arrangement—referred to as *"full management"*—to affect the shift of responsibility, authority, and fiscal resources for public mental health services from the department to the county-sponsored community mental health services programs.
- Under full management, the CMHSPs became the single entry/single exit point for the entire public mental health system.

The Evolution of Michigan's Public Mental Health System

The Shift to Community-Based Care

- By the end of the 1980s, the direction of Michigan's public mental health system (progressive deinstitutionalization, admission diversions, gradual state facility downsizing, development of community-based alternatives and investment in programmatic innovations) was broadly accepted and generally enjoyed bipartisan legislative support.
- The Department of Mental Health policy emphasized continued reduction in state facility utilization and the establishment of a "continuum of care" (comprehensive service array) within each CMHSP.

The Evolution of Michigan's Public Mental Health System

The Shift to Community-Based Care

- The "dollar follows the patient" concept ("trade-off") encouraged community placement and reductions in facility utilization, and the funds retained by the CMHSPs were used to expand local service capacity and options.
- At the same time, however, Michigan (like other states) began to rely increasingly on Medicaid coverages and federal reimbursement to support its community-based treatment services and rehabilitative programs
- The introduction and growth of Medicaid reimbursement also increased the complexity of funding arrangements and encouraged certain budgetary adjustments that slowly compromised state-county collaboration on mental health care.

The Evolution of Michigan's Public Mental Health System

Accelerating Change and New Directions: 1991 to 1996

- At the beginning of the 1990s, this transition of the public mental health system from institutional care to community-based service arrangements was significantly accelerated

- Although the tension between institutional care and community-based service is not an either/or contest, resource limitations and funding constraints often press states to make choices regarding where to spend the bulk of their mental health budget

The Evolution of Michigan's Public Mental Health System

Accelerating Change and New Directions:

1991 to 1996

- In Michigan, the recession of the early 1990s and ensuing shortfalls in state revenues precipitated and executive branch decision to close several state facilities, triggering a decisive shift in resources away from state hospitals and toward the community-based system.

The Evolution of Michigan's Public Mental Health System

Accelerating Change and New Directions:

1991 to 1996

- Between 1991 and 2003, the state closed seven state psychiatric hospitals for adults with serious mental illnesses, and five psychiatric hospitals for children with serious emotional disturbances.
- As the state withdrew from the provision of mental health care, county-sponsored CMHSPs assumed the lion's share of treatment and support obligations for persons with serious mental illnesses and children with serious emotional disturbances.

The Evolution of Michigan's Public Mental Health System

Accelerating Change and New Directions:

1991 to 1996

- While county-sponsored CMHSPs received some additional funding during these years, much of this growth was attributable to facility closures ("trade-off), the shift of responsibility from the state to the counties, and the assumption of new service obligations, rather than true economic increases or cost-related adjustments.

The Evolution of Michigan's Public Mental Health System

Accelerating Change and New Directions:

1991 to 1996

- The abolishment of the Michigan Department of Mental Health by Executive Order and creation of the Michigan Department of Community Health, reflected a changing state posture and presence in the public mental health system.
- The system was becoming increasingly decentralized as more authority and responsibility devolved to county-sponsored community mental health services programs.
- In a decentralized system, community programs were now executing many of the functions and activities previously performed within the state bureaucracy.

The Evolution of Michigan's Public Mental Health System

Accelerating Change and New Directions:

1991 to 1996

Michigan Mental Health Code

Section 3330.1116, Michigan Mental Health Code, Powers of the Michigan Department of Health and Human Services:

- Consistent with section 51 of article IV of the state constitution of 1963, which declares that the health of the people of the state is a matter of primary concern, and as required by section 8 of article VIII of the state constitution of 1963, which declares that service for the care, treatment, education, or rehabilitation of those who are seriously disabled shall always be fostered and supported, the department shall continually and diligently endeavor to ensure that adequate and appropriate mental health services ae available to all citizens throughout the state…

The Evolution of Michigan's Public Mental Health System

Accelerating Change and New Directions:

1991 to 1996

Michigan Mental Health Code

To this end, the department shall have the general powers and duties to do all the following;…

- (b) Administer the provision of chapter 2 so as to promote and maintain an adequate and appropriate system of community mental health services programs throughout the state. In the administration of chapter 2, it shall be the objective of the department to shift primary responsibility for the direct delivery of public mental health services from the state to a community mental health services program whenever the community mental health services program has demonstrated a willingness and capacity to provide an adequate and appropriate system of mental health services for the citizens of that service area.

The Evolution of Michigan's Public Mental Health System

Accelerating Change and New Directions: 1991 to 1996

- Responding to these changing circumstances, the legislature enacted major revisions to the state's Mental Health Code. Key provisions of the legislation included:
- The establishment of a new type of CMHSP entity—the "Authority" and "Regional Entity"—which have greater administrative independence and operational control than previous CMHSP organizational options.

The Evolution of Michigan's Public Mental Health System

Accelerating Change and New Directions:

1991 to 1996

- The Department of Health and Human Services (MDHHS) designation of a community mental health entity and its community mental health service program provider network to contract for and spend funds for the prevention of substance use disorder and for the counseling and treatment of individuals with substance use disorders.

The Evolution of Michigan's Public Mental Health System

Accelerating Change and New Directions:

1991 to 1996

- A requirement that CMHSPs be "certified" by the department, or achieve accreditation through a nationally recognized accreditation organization
- The inclusion of primary consumers and family members on CMHSP governing boards
- A new obligation for the CMHSPs to provide jail diversion services
- The requirement that the individual plan of service for all recipients of the public mental health system be developed through a "person-centered" planning process.

The Evolution of Michigan's Public Mental Health System

Implementation of Managed Public Mental Health Care in Michigan

- Shortly after its creation, the new Department of Community Health announced major changes in the operation of Medicaid, the state-federal entitlement program that covers a wide array of specialty services for beneficiaries with serious mental illnesses.
- Medicaid reimbursement, introduced into the funding framework of the public mental health system during the 1980s, played a major role in underwriting the cost of community services and programs.
- The MDCH indicated that it would move most Medicaid beneficiaries and Medicaid benefits into capitated, risk-based "managed care" arrangements, and that it was proceeding with the submission of federal waivers to effect these changes.

The Evolution of Michigan's Public Mental Health System

Implementation of Managed Public Mental Health Care in Michigan

- The state elected to "carve-out" Medicaid specialty mental health benefits and proposed that CMHSPs administer and deliver these benefits under a capitated, shared-risk, managed care program.
- The MDCH submitted a 1915(b) Medicaid managed specialty service waiver to the federal government in 1998, along with a request for an exemption from federal procurement requirements. The waiver and exemption were approved, and the program was launched in October 1998.
- Managing Medicaid specialty benefits under a federal waiver and on a shared-risk basis introduced additional complexities into the public mental health system.

The Evolution of Michigan's Public Mental Health System

Implementation of Managed Public Mental Health Care in Michigan

- The CMHSPs had evolved and historically operated under the "community model" of organization and service provision.
- This model was predicated on geographic catchment areas, grant funding, priority populations for service provision, relational contracting between governmental units, and a stable noncompetitive network of providers, responsive to governmental policies and priorities.
- Under Medicaid managed care, however, CMHSPs were forced to operate more like an insurance entity or health plan, with entitled beneficiaries, defined benefits and service obligations, medical necessity standards, stringent due process requirements, and increased administrative responsibilities.

The Evolution of Michigan's Public Mental Health System

Implementation of Managed Public Mental Health Care in Michigan

- These challenges were compounded by federal stipulations that the state develop a plan for moving to "open and full competition" for management of Medicaid specialty services. After tumultuous debate within the state, MDCH submitted a revised plan to the federal government that successfully argued the "impracticality" of competition for management of these Medicaid services.
- The federal government accepted this argument, and the state was allowed to continue sole-source contracting, albeit with some significant changes. CMHSPs in less populated areas of the state, with small numbers of Medicaid beneficiaries within the catchment areas, were required to affiliate as a condition of participation in the Medicaid managed specialty services program.

The Evolution of Michigan's Public Mental Health System

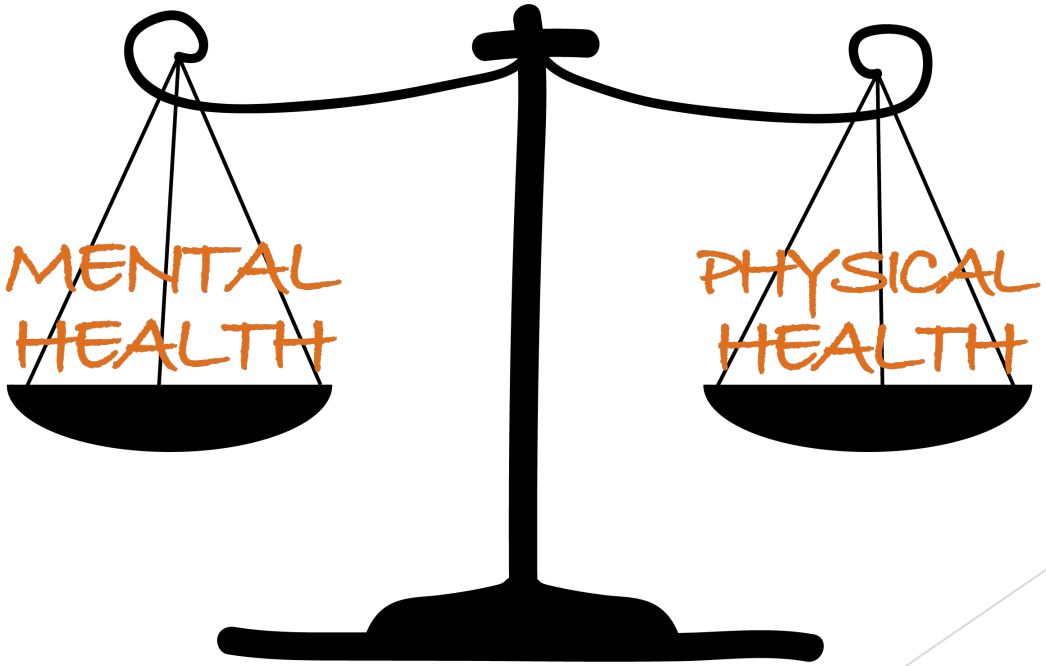
Additional Developments in the Late 1990s

- In July 1990, President George Bush programed the 1990s as the "decade of the brain." Neuroscientific research over the course of the decade expanded our understanding of the etiology of mental disorders and pharmacological research produced a number of new medications to treat major mental illness. By the later part of the decade, these new therapeutic agents (atypical antipsychotics) were being widely used within the public mental health system and were rapidly replacing older medication regimens used to treat serious mental illness.

The Evolution of Michigan's Public Mental Health System

Additional Developments in the Late 1990s

- In 1996, Congress passed the Mental Health Parity Act, which prohibited (with certain exceptions) insurers and group health plans from placing annual or lifetime dollar limits on mental health benefits that are lower than annual or lifetime dollar limits for medical and surgical benefits offered under the plan.



The Evolution of Michigan's Public Mental Health System

Additional Developments in the Late 1990s

- Promotion of mental health issues and concerns was bolstered in the late 1990s by the publication of *Mental Health: A Report of the Surgeon General* (1999). This landmark examination and study of mental illness established that mental disorders are pervasive, disabling, amenable to a range of effective treatments, and deserving of greater attention and consideration in national health policy.

The Evolution of Michigan's Public Mental Health System

Additional Developments in the Late 1990s

- Finally, during the late 1990s, the *recovery* concept of mental illness emerged as the guiding theme for mental health policy and practice. While defined in different ways by different parties, the recovery model emphasizes that persons with serious mental illnesses can regain control over significant aspects of their life and develop a sense of identity and purpose, despite experiencing exacerbations and/or the persistence of symptoms and impairments. The recovery vision emphasizes both positive individual expectations (hope, empowerment, and self-directedness) and organized interventions (treatment, rehabilitation, and environmental supports). The concept looks beyond symptom alleviation to the kind of life experiences and situation—including social, vocational, educational, relational, and residential—needed and desired by a person with a serious mental illness.

The Evolution of Michigan's Public Mental Health System

Public Mental Health Care Today and Beyond

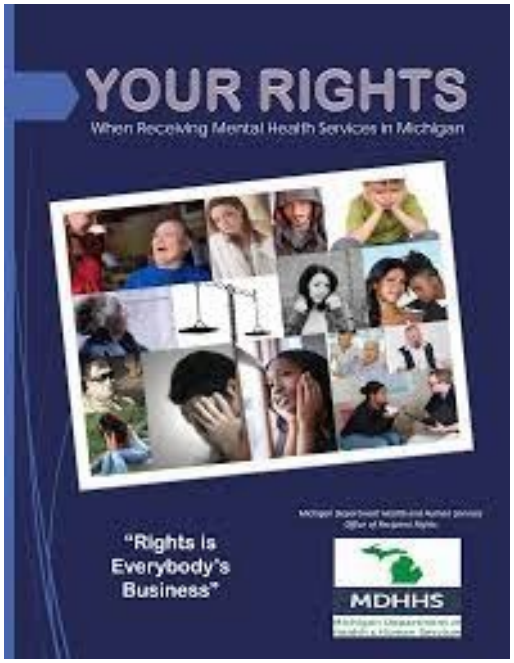
- The Surgeon General's 1999 Report indicated that roughly 20 percent of the U.S. adult population is affected by mental disorders during a given year. A subpopulation of 5.4 percent of adults is identified as having a serious mental illness (SMI), applying a definition of SMI established in federal regulation. Roughly half (2.6 percent) of those with SMI are considered even more seriously impaired and are described as having "severe and persistent" mental illness.
- There are high rates of comorbidity (individuals with co-occurring mental illness and a substance use disorder) among those with a mental illness. Individual with co-occurring disorders typically utilize more services than those with a single disorder, and they are more likely to experience a chronic course in their illness.

The Evolution of Michigan's Public Mental Health System

Public Mental Health Care Today and Beyond

- Annual prevalence rates of mental disorders for children and adolescents have not been as well established or documented as those for adults. Current estimates are that 20 percent of children and adolescents experience a mental disorder in a given year, and approximately 5 percent to 9 percent of children and adolescents between the ages of 9 and 17 have a "serious emotional disturbance" (SED), again applying a definition of SED established in federal regulation.

The Evolution of Michigan's Public Mental Health System



Public Mental Health Care Today and Beyond

- The Michigan Mental Health Code has a more circumscribed definition of serious mental illness (SMI) and serious emotional disturbance (SED) than those found in federal regulations. Using the more liberal federal regulations. Using the more liberal federal definition, however, the National Mental Health Information Center estimated that there were 403,930 adults with serious mental illness and 67,586 children and adolescents (aged 9-17) with serious emotional disturbance in Michigan in 2002.

The Evolution of Michigan's Public Mental Health System

Public Mental Health Care Today and Beyond

- Michigan has a relatively evolved public mental health system to address the needs of individuals with mental illness. However, by statutory intent and design, Michigan's public mental health system is configured to serve individuals with the most serious form of mental illness and emotional disturbance, and those experiencing an acute psychiatric crisis. The Michigan Mental Health Code explicitly directs that priority for service be given to individuals with the most severe conditions and those in crisis.

The Evolution of Michigan's Public Mental Health System

Public Mental Health Care Today and Beyond

The state maintains three regional state psychiatric hospitals for adults (In Westland, Caro, and Kalamazoo) and one psychiatric hospital for children and adolescents (Hawthorn Center in Northville). On any given day, there are roughly 679 adults in state regional hospitals, including the Center for Forensic Psychiatry in Ypsilanti, and 45 children and adolescents at the Hawthorn Center. The Center for Forensic Psychiatry in Ypsilanti, a 260-bed facility that provides both diagnostic services to the criminal justice system and psychiatric treatment for criminal defendants adjudicated incompetent to stand trial and/or acquitted by reason of insanity.

The Evolution of Michigan's Public Mental Health System

Public Mental Health Care Today and Beyond

- Community-based mental health services are organized, administered, provided, and arranged through 46 Community Mental Health Services Programs, which cover all 83 counties in the state. Thirty-eight have adopted the Authority form of CMHSP structure, seven remain agencies of county government, and one is formed under the Urban Cooperation Act as a CMHSP organization. CMHSPs are required by the Mental Health Code and through their participation in the Medicaid program to provide a comprehensive array of mental health services and supports, and they fulfill these requirements by providing these services directly, contracting with nonprofit providers, or through a combination of these two approaches. Each CMHSP is required to have a pre-screening unit to assess individuals being considered for psychiatric hospitalization, and to provide alternatives to hospitalization whenever appropriate.

The Evolution of Michigan's Public Mental Health System

Public Mental Health Care Today and Beyond

- Public community mental health services are funded through a complex mix of general fund allocations, local county match financial obligations, and capitated payments for the Medicaid Managed Mental Health Specialty Supports and Services program, Healthy Michigan Medicaid Expansion program, and Medicaid Autism Services.

Is the Mental Health System Broken?

No!

The Mental Health System has Unlimited Need with Limited Resources!

Mental Health Commissions "The Mental Health System is Broken"

The various Mental Health Commissions all speak about the need to transform the public mental health system, but never put forward any ideas for solving the problem of unlimited need and limited resources.

None of the Commissions recommended increased funding for the public mental health system.

Transformation

What Does Transformation Really Mean?

Transformation

What is the main focus and purpose of the county-sponsored Community Mental Health Services Programs (CMHSPs) in Michigan?

- CMHSPs are not simply providers of mental health services, they are also managers of public policy articulated in statutes, rules, decisions, directives, guidelines, statements, practice models, etc. But, more importantly, they are charged with implementing (and balancing) significant, sensitive and sometimes conflicting elements of public policy.

Transformation

What is the main focus and purpose of the county-sponsored Community Mental Health Services Programs (CMHSPs) in Michigan?

- ✓CMHSPs should be regarded as champions of freedom and justice.
- ✓The most significant public policy development of the past 40 years has been the effort to eliminate unjustified and unnecessary segregation, isolation and confinement of disabled individuals.
- ✓The affirmative obligation on publicly-funded programs to promote community integration and inclusion of disabled individuals has been accentuated over the last several years by the Supreme Court's Olmstead decision.

Transformation

What is the main focus and purpose of the county-sponsored Community Mental Health Services Programs (CMHSPs) in Michigan?

- CMHSPs in Michigan are charged with protecting basic rights, promoting effective freedom, facilitating inclusion and independence, applying person-centered planning, preserving health and safety, responding to diversity, ensuring stakeholder participation, engaging in collaborative efforts and pursuing community benefit activities.

Transformation

- The problem here is to not abandon or pursue improvements and transformations of the public community mental health system, but to give a clearer understanding of what is being proposed to be transformed, as well critique and identify any weaknesses in transformation efforts.
- Over the last 30 years or more, public officials and legislators have concentrated too heavily on transforming the institutions rather than recognizing and focusing mainly on the capabilities of people to recover from mental illnesses and for people with intellectual and developmental disabilities to live self-determined lives.
- Our collective thinking and beliefs about the person's capabilities to recover and right to achieve community inclusion and integration are what needs to be transformed; not the institutions. Once we discover that our fundamental relation to the person in recovery is the focal point, our need and desire to appropriate energy and resources towards identifying and perfecting institutions will diminish and transformation will begin it course.

Frontline Prescription for Meeting Unlimited Need with Limited Resources

- People that are served by the public community mental health system are flesh and blood human beings.
- They have hopes, dreams and desires for living healthy, happy and productive lives in their communities, despite their disabilities.
- The frontline prescription for meeting unlimited need with limited resources is to fully understand that the public mental health system is charged with much more than the delivery of specialty supports and services.

Frontline Prescription for Meeting Unlimited Need with Limited Resources

- The most fundamental question here is whether there is a political will to continue supporting people with mental disabilities in communities and have an honest and open conversation of what the State of Michigan can afford.
- Once we come to terms with this, we will have a much clearer understanding of how to address the frontline prescription for meeting unlimited need with limited resources.
- We will also have a much better understanding of what it really means when policy-makers repeat claims that the mental health system is broken and hold them accountable for addressing and fixing problems.

MDHHS

Michigan Department of Health & Human Services

March 7, 2023

Fiscal Year 2024 Budget Presentation to the Michigan Legislature

- 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.

MDHHS

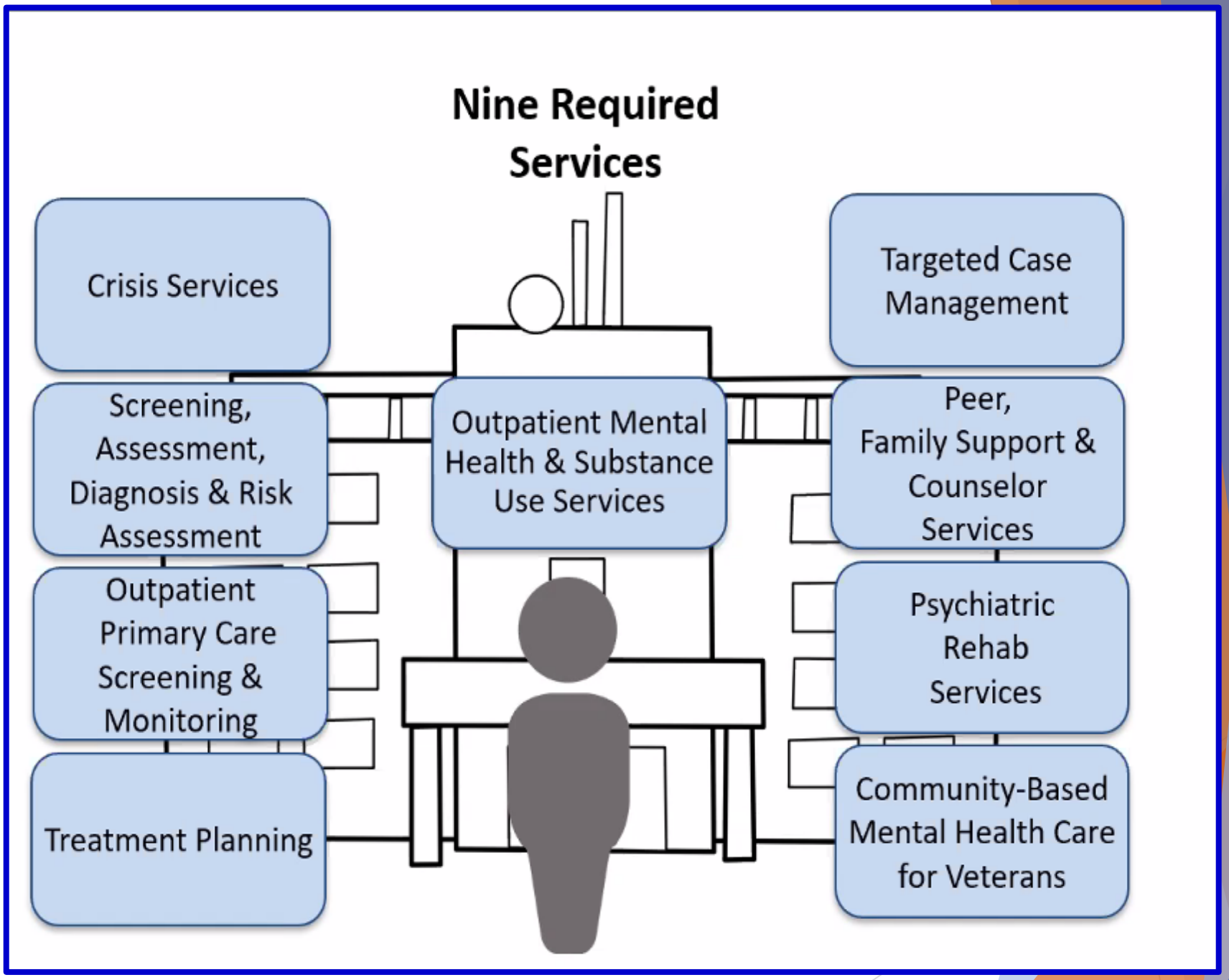
Michigan Department of Health & Human Services
March 7, 2023
Fiscal Year 2024 Budget Presentation to the Michigan Legislature

- Opioid Health Homes
- Substance Use Disorder Health Homes
- Behavioral Health Homes
- Certified Community Behavioral Health Clinics

Certified Community Behavioral Health Clinic Services for Persons with Any Mental Health Diagnosis

INTEGRATED
Services of Kalamazoo

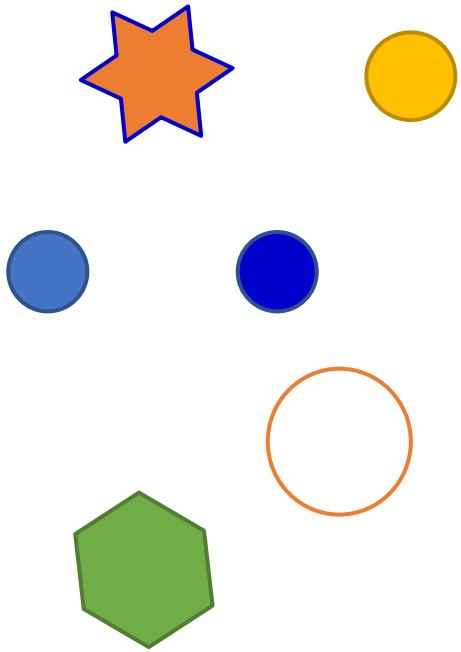
Community • Independence • Empowerment



SAMHSA
Substance Abuse and Mental Health Services Administration

Change in Funding

Capitated Payment/Medicaid Eligible in Kalamazoo County



PPS-1 Payment Per day of eligible CCBHC Service

13 Thirteen Certified Community Behavioral Health Clinics in Michigan

Community Mental health Authority of Clinton, Eaton, and Ingham Counties
Community Network Services
Easter Seals of Michigan, Inc.
Healthwest
Integrated Services of Kalamazoo
Macomb County Community Mental Health
Right Door for Hope, Wellness, and Recovery
Saginaw County Community Mental Health Authority
St. Clair County Community Mental Health
Community Mental Health Services of St. Joseph County
The Guidance Center
Washtenaw County Community Mental Health
West Michigan Community Mental Health

Frontline Prescription for Meeting Unlimited Need with Limited Resources

Questions