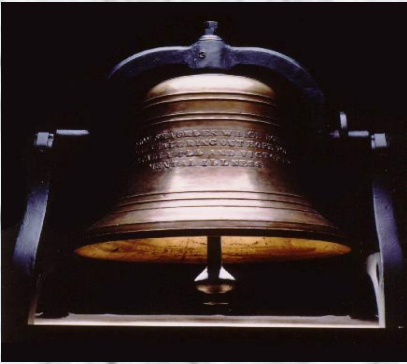


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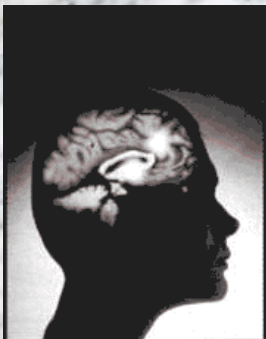
Recommendations of the Mental Health Commission..... & Why They Are Important to You

A Guide Prepared by the Mental Health Association in Michigan

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*A United Way Supported
Agency*

**State Government
Must Play A More
Aggressive
& Effective
Role**



BACKGROUND ON THE COMMISSION

In late 2003, Governor Granholm appointed a special citizens' Commission on Mental Health to examine and make recommendations about what she termed a 'broken' mental health system. With supportive grant funding from the Ethel and James Flinn Foundation (Detroit), the Commission's 29 voting members from various backgrounds and parts of the state met from February-October 2004 and presented the Governor with 71 recommendations for improving services to adults and minors experiencing mental illness or emotional disorder.

WHAT DID THE COMMISSION RECOMMEND?

Most of the report's recommendations can be distilled to seven areas, as follow:

THE NEED FOR GREATER UNIFORMITY OF SERVICE MANAGEMENT & PROVISION ACROSS THE STATE

The Michigan Department of Community Health (DCH) and state government must play a more aggressive and effective role in assuring that service eligibility, availability and access are guided across the state's Community Mental Health Services Programs (CMHSPs) by uniform standards, definitions and operating procedures. Among Commission recommendations here were calls for statewide Service Selection Guideline principles, and for certain serious diagnoses (e.g., schizophrenia) or specified levels of dysfunction to qualify an individual automatically for priority access to a statewide array of comprehensive services. The suggested array includes intensive, protected therapeutic care for persons whose clinical needs require a hospital or specialized residential stay of greater than short-term length. This is a service that the state has not always been willing to foster, but one which the Commission report characterized as an 'immediate attention area.' The Commission further recommended that by January 2006 DCH should have a plan for:

- Reducing the state's number of CMHSPs (currently 46) by at least seven
- Evaluating the different service models presently employed by various CMHSPs across the state
- Returning to a system where state contracts with all CMHSPs are for both Medicaid and non-Medicaid services. (Right now, the state contracts with all CMHSPs for non-Medicaid, but with only 18 for Medicaid service. Some of these 18 sub-contract to other CMHSPs local Medicaid service provision.)

MICHIGAN MUST DEVELOP WAYS TO BETTER ASSIST ADULTS WITH MENTAL ILLNESS AND MINORS EXPERIENCING EMOTIONAL DISORDERS IN THE EARLY STAGES OF THEIR DISEASE

While the state's publicly funded mental health system is required (and should continue) to prioritize cases that are severe and/or involve psychiatric crisis, Michigan must do more to connect with persons in the early stages of their illness, when treatment can be most cost-effective and future problems of severity and/or crisis can be prevented. This does not mean the publicly funded mental health system always has to provide these services; in some cases, individuals could be linked more effectively to other community resources.

MICHIGAN MUST JOIN THE (NOW 42) STATES WHICH HAVE ADOPTED MENTAL HEALTH INSURANCE PARITY (EQUALITY) LAW

It is still legal in Michigan for private insurers to discriminate against persons with mental disorders, forcing them for mental health care to pay considerably more out-of-pocket and accept significantly fewer benefits than is the case for their other medical coverage. The Commission concluded that mental health parity can be extremely helpful in reaching individuals earlier in their disease states; takes some pressure off the publicly funded mental health system; has minuscule direct cost implications for employers; and has the potential for major long-term cost savings to businesses and society.

THE RIGHTS OF PERSONS RECEIVING PUBLICLY FUNDED MENTAL HEALTH SERVICE IN MICHIGAN MUST BE BETTER PROMOTED AND PROTECTED

Prominent among several recommendations in this regard was the call for all CMHSP recipients and applicants to have the opportunity to appeal a local service decision to the state, with the state's hearing of the appeal to incorporate review by and input from an independent clinician. The report also called for state action to promote consumer use of Advance Psychiatric Directives, and for stronger authority of local and state Recipient Rights Offices in the investigation and determination of possible violation of consumer and family rights accorded by law. Included would be the authority for the state to shut down and take over temporarily a local Recipient Rights program whose non-compliance with state standards had passed a prescribed ceiling.

MICHIGAN MUST STOP THE EXCESSIVE FLOW OF PERSONS WITH MENTAL ILLNESS AND EMOTIONAL DISTURBANCE INTO THE ADULT AND JUVENILE JUSTICE SYSTEMS

There is some evidence to suggest that Michigan could have one of the nation's highest rates of adults with mental illness becoming incarcerated in local jails, often for minor offenses that may not have occurred if mental health treatment were more available and accessible. (The state's 1999 study of county jails in Wayne, Kent and Clinton found mental illness prevalence rates three times higher than the U.S. Justice Department's national average for that year.) Major problems have also been seen with respect to emotional disturbance in juvenile justice facilities and mental illness in state prisons. The Commission report included multiple recommendations for assuring that treatment rather than incarceration is the practical option for responding to mental disorders. Among the recommendations was the establishment of mental health courts that have proven promising in many communities across the country.

Discrimination Against Coverage of Mental Illness Exists in Michigan

THE STATE SHOULD FACILITATE AN ONGOING PUBLIC-PRIVATE CAMPAIGN FOR COMMUNITY EDUCATION ABOUT MENTAL DISORDERS

One of the biggest drawbacks to advances in mental health service is the stigmatizing, stereotypical view of mental disorders still held by too many people in our state. The public needs to know that mental illness and emotional disturbances are highly common, affecting all population groups within society and highly treatable, with success rates greater than for many other medical conditions. Recovery from a mental disorder is the rule rather than the exception if treatment is available and accessible, and we must always promote to consumers, families, policy-makers and the public the hope that is inherent in the process of recovery. In a related recommendation, the Commission endorsed creation of a state mental health institute to develop and disseminate evidentiary and practice-based guidelines and research, and to help forecast and plan for future trends, needs and environmental changes. An example of one area that will require newer and stronger planning consideration is the rapid increase expected in aged individuals, and the attendant problems that will accompany such an increase in terms of depressive conditions, Alzheimer's disease and other disorders. This will have huge implications for mental health services.

FUNDING OF PUBLIC TREATMENT AND SUPPORT SERVICES FOR MENTAL ILLNESS AND EMOTIONAL DISTURBANCE MUST BE IMPROVED

For some time, Michigan's public mental health system has not been armed with the resources needed to keep pace with service demand. This has been especially true regarding adults and minors with mental disorders, who make up the large majority of the system's clients. (Persons with developmental disabilities also are eligible for services through Michigan's CMHSPs.) Funding problems have been exacerbated by the state's push to place as much service provision as possible under the umbrella of Medicaid, which is a double-edged sword. It allows the state to receive federal matching dollars for many services, but also leaves relatively little unencumbered state General Fund money for mental illness services. This is important because half of the 160,000 annual CMHSP mental illness clients (adult and minor) are not enrolled in Medicaid. When Medicaid spending in the 'mental health' portion of the DCH budget is coupled with related Medicaid health expenditures in other portions of that budget (including prescriptions), there is no question that we have a two-tiered system of public response to the health needs of persons experiencing mental illness. Non-Medicaid individuals are on the sparse lower rung of the ladder. The Commission advanced a number of recommendations across multiple fronts for improving mental illness service funding. Included was a proposal for a dedicated state fund that would annually provide some of the support needed to improve services. In conjunction with this recommendation, the Commission identified for illustrative purposes thirteen tax loophole closures or use fees that collectively could double the current \$300 million in unencumbered state General Fund appropriations presently available to mental health.

WHAT HAS HAPPENED WITH THE COMMISSION'S RECOMMENDATIONS? Governor Granholm and her state departments have implemented few Commission recommendations of any substance. In the Legislature, eight Commission follow-up bills were introduced in the 2005-2006 session. Two of them were adopted:

1. A requirement that DCH's Recipient Rights Director report solely and directly to the overall DCH Director, who cannot delegate responsibility for this oversight to other staff.
2. A requirement that DCH's mental health and substance abuse division include a position for a psychiatrist to provide medical direction and consultation within the division.

As of October 2007, it is anticipated that several more Commission follow-up bills will be introduced for the 2007-2008 legislative session.

WHY ARE THE COMMISSION'S RECOMMENDATIONS IMPORTANT? The Commission represented the most broadly based, comprehensive citizen review of mental health policy that Michigan has seen in the last quarter-century. If the mental health system was 'broken' before the Commission, it still is today. Hundreds of state residents testified before the Commission, calling for desperately needed improvements in areas like access; accountability; consumer rights; and service equality, structure and funding. If the Commission's recommendations lie dormant on a shelf, it could be another 20 years before the next effort like this.

WHAT CAN YOU DO?

The Mental Health System is Still 'Broken.'

Let Governor Granholm and your legislators in Lansing (State Senator & Representative) know that you are counting on them to achieve meaningful implementation of Commission recommendations. Remind the Governor that this was her Commission. Tell the Governor and legislators that many Commission recommendations can be implemented with little or no cost, so you don't want to hear the bureaucratic excuse that 'we can't afford it'. *Ask our policy-makers when Michigan is going to stop considering individuals with mental illness as being less worthy than other people.*

How Can You Learn More?

You can access the full Commission report at:

www.publicsectorconsultants.com/documents/mentalhealthcomm/index.htm
Part I of the report contains the basic text. Part II has all report appendices. You may also contact the Mental Health Association in Michigan at 248/647-1711 or via e-mail at info@mha-mi.org.

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ABOUT THE MENTAL HEALTH ASSOCIATION

The Mental Health Association in Michigan (MHAM) is the state's oldest advocacy organization for persons experiencing mental illness, having been incorporated in 1937. MHAM's main focus has been and remains policy analysis and governmental advocacy for state regulatory action benefiting adults and minors experiencing mental illness. The Association believes it can achieve the greatest good for the greatest number through this approach, as there are 2 million Michiganders experiencing some manner of mental disorder annually, with over 500,000 of these representing serious cases. MHAM was the leading voice in Michigan throughout 2003 on the need for a gubernatorial commission on mental health issues. The Association's President & CEO was one of the 29 voting members of the Commission, which was co-chaired by a current member of the MHAM Board of Directors. The Mental Health Association is a 501(c)(3) non-profit corporation.

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