

Mental Health Association in Michigan (MHAM)

Policy Initiatives for 2015-16

A. Monitor, analyze and attempt to influence as necessary the state's Fiscal Year-16-and-17 budgets.

B. Maintain a broad, multi-interest coalition (*Michigan Partners in Crisis*) to collectively address and advocate about problems of adults and minors with mental illness inappropriately entering the justice system – prison, jail, juvenile.

C. Promote and protect open access to mental health medications in Medicaid and other health care environments.

D. Work with other interested organizations to seek recipient rights legislation that accomplishes the following:

(1) Make the State Office of Recipient Rights a Type I (semi-autonomous) agency within the Department of Community Health (DCH), and require that local recipient rights offices report to the State Office of Recipient Rights. (*Governor Snyder's Mental Health Commission recommended in 2014 that local Recipient Rights Offices report to an independent third party.*)

(2) Assure that the DCH Recipient Rights Office is the primary entity responsible for rights policy development and monitoring in state-operated psychiatric hospitals. (*DCH has ceded such responsibility to the department's hospital bureau.*)

With additional respect to recipient rights, MHAM would have major reservations about legislation that may be introduced in 2015, changing the Mental Health Code definition of a "recipient" so that some consumers receiving CMH service would no longer have the rights protections of the Mental Health Code.

E. Regarding eligibility and priority status for publicly funded mental health service:

(1) Stimulate a standard statewide definition of severity-of-condition;

(2) Maintain broad eligibility criteria for consideration of public mental health service provision as a safety net for indigent individuals experiencing mental disorders;

(3) Stimulate combined – rather than separate – consideration and analysis of new sub-populations recommended for priority status by Governor Snyder's Mental Health & Wellness Commission.

F. Monitor and react as appropriate to federal health care reform developments in Michigan – i.e., the state's new demonstration project to integrate coverage for persons

dually enrolled in Medicaid and Medicare; the Medicaid expansion that has taken place; operation of health insurance exchanges; and relatively new mental health parity requirements for the exchanges and Medicaid expansion. With further regard to parity, MHAM will survey 1,500 mental health consumers regarding their experiences with and reactions to mental health coverage they have under public and private insurers.

G. Revise Michigan traffic law so that persons taking prescription medication are not at risk of impaired driving charges for simply having any amount of such medication in their system.

H. Seek, and act upon if presented, opportunities to legislatively advance recommendations of the state's 2004 Mental Health Commission; the 2013 Mental Health & Wellness Commission; the executive branch task force on Assisted Outpatient Treatment; and the Governor's Mental Health Diversion Council.