Mental Health Association in Michigan

LETTER FROM LANSING

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Where Some Current Mental Health Advocacy Issues in Michigan Stand

Section 298
Will pilots actually begin October 1? Saginaw CMH has just withdrawn from its pilot. We don't know what that means for moving forward. Senate budget language for Fiscal Year-20 has several negative points designed to push the ultimate outcome of pilots in favor of Medicaid Health Plans (MHPs). For example, pilot CMHs would have to pass a readiness review, but pilot MHPs would not. (The Senate calls for 3-year pilots.) House budget language is not as bad, but in a separate section (974), the House

has language that CMH Medicaid clients with intellectual or developmental disability can select providers outside CMH networks if that can be arranged. (Length of time for 298 pilots in the House is two years.) MDHHS has given up on the idea of bidding out mental health management of pilot-area Medicaid beneficiaries who are not enrolled in MHPs. U-M evaluators say pilot results will be compared to the "rest of the state," but with Wayne, Oakland, Macomb and the U.P. excluded from the "rest of the state." Both Senate & House have language permitting a new demo project on integration in Oakland. There is confusion right now about whether and when the public has an opportunity to comment on the MDHHS 298 Medicaid waiver.

Parity
Federal parity law is the responsibility of states to monitor, enforce and report on. The mental health community in Mich. has drafted 4 bills to require that this be adequately done in our state. We are presently looking for sponsors, and have suggested to the Governor's office that she endorse this.

Independent Mediation of Consumer Complaints re Service/Support Planning/Delivery

We have been working with several entities, including MDHHS, to create this option for CMHSP consumers. The mediation, in which both parties must participate, would be non-binding. If it doesn't resolve the situation, the complainant retains all other grievance/appeal/rights mechanisms under law. Progress has been made, and we're closer to having a bill introduced.

Caro
The state was proceeding with plans to replace "old" Caro with "new" Caro. The executive branch put this on hold, claiming water supply and geographic problems. The executive branch is using a consultant to advise where a replacement for "old" Caro should be. Five mental health groups e-mailed MDHHS director Robert Gordon, asking to be involved. No response has been received. The Senate and House FY-20 budget bills to date call for the replacement facility to remain in Caro. This is just the tip of the iceberg re lack of state-operated psychiatric beds in Mich. We are one of the worst states in the country when it comes to availability and accessibility of such beds. Relying oin private and community hospital beds for stays of 3-6 days is a cruel hoax.

Medication Access
Since 2004, we have had open access to Medicaid prescriptions for mental health and some other high-vulnerability conditions. This protection has three foundations: a 2004 state law; annual budget bill language; and MDHHS policy. The needed budget bill language is in both the House & Senate versions for FY-20. We will also have introduced a statutory bill that expands on the 2004 law so that everything required for protecting access is put in one law. Doing so has been endorsed by a special psychotropic workgroup established by the Legislature.

CMH Pre-Admission Screening "Crisis Centers"
Several CMHSPs, led by Network 180, plan to introduce legislation that

would allow CMH preadmission screening units to become "crisis centers." Drafts we have seen fall short of being an effective bill. We will reserve final judgment till something is actually introduced. With further regard to preadmission screening, too many CMHSPs use only the criterion of immediate harm to determine whether someone requires hospitalization. (There are other criteria that courts have to consider.) We are working on legislation to correct this.

System Funding
Virtually everyone would agree the public mental health system has too little funding for non-Medicaid clients. Many also think the system is falling short in Medicaid appropriations. Yet MDHHS told us in April that it has begun an analysis of why Mich. is spending "so much" on mental health. The House & Senate FY-20 budgets to date have over a 2.5% increase for Medicaid mental health (consistent with what the Governor proposed). That would be helpful and appreciated, but will not solve all of the system's funding problems.

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