Within Our Reach

CONCRETE APPROACHES TO BUILDING A WORLD CLASS PUBLIC MENTAL HEALTH SYSTEM IN MICHIGAN

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1 Build upon the strengths of Michigan's nationally recognized county-based public mental health system

- Longstanding **strong performance** against the state-established and nationally recognized performance standards
- Nation-leading **de-institutionalization success** - moving care to the community
- **High rankings against national standards** of behavioral health prevalence and access to services
- Proven ability to **control costs** over decades
- Designed and implemented hundreds of **healthcare integration** initiatives
- Use of a large number of **evidence-based and promising practices**

2 CMHA Priorities

Area where system advancement is needed	Concrete approach to system advancement
ACCESS TO CARE	**SUPPORT** fully funding the permanent implementation of Michigan's State Demonstration Certified Community Behavioral Health Clinics (CCBHC) pilot, and Behavioral Health Homes and Opioid Health Home initiatives as features of Michigan's Medicaid mental health landscape. **SUPPORT** the passage of Mental Health Parity legislation which leads to true parity for those with commercial insurance plans for mental health and substance use disorder services. **SUPPORT AND EXPAND** first episode psychosis (FEP) treatment approach – already piloted in Michigan communities. **RESTORE STATE GENERAL FUND DOLLARS** cut from the CMH funding reserved to serve persons not enrolled in Medicaid **SUPPORT** initiatives on improving access to and quality of care for children. **SUPPORT & PRIORITZE** collaborative local partnerships as a way to solve community issues. **SUPPORT** the establishment of a recipient rights appeal process at the MDHHS level – outside of the CMH, hospital, or provider who conducted the initial recipient rights investigation.

CMHA
Community Mental Health Association of Michigan

2 CMHA Priorities Continued

Area where system advancement is needed	Concrete approach to system advancement

WORKFORCE	**SUPPORT** an $18/hour floor funding rate for direct care workers in the public mental health system to allow for competitive wages for frontline staff workers , including paid time off, overtime, and supervision, and also SUPPORT additional funds for other staff to avoid wage compression issues.
	
	INCREASE the Medicaid funding for the public mental health system to reflect the increased wages and provider rates needed to recruit and retain clinicians from a wide variety of clinical disciplines.
	
	BETTER ALIGN educational and supervisorial requirements and billing codes to allow for better flexibility of workforce that allows willing and able staff to perform necessary work functions and working to the top of their scope of practice.
	
	ELIMINATE / REDUCE a number of administrative burden on the public mental health system.
	
	• Reduce clinical and contractual paperwork demands: The paperwork demands required of clinicians within Michigan's public mental health system are far greater than mental health practitioners in schools and those in private practices.
	
	• Reverse the recent explosion in the number of procedure codes required of the community-based system: Two developments on this front are in immediate attention:
	
	  • MDHHS and Milliman-led move to 15-minute codes for community living supports (CLS) vs 1 report per day.
	
	  • MDHHS and Milliman-led dramatic increase in service code combinations – the complexity and burden on the clinicians and other service delivery staff, finance, and information technology staff of the community-based system have grown exponentially, 7,169 combinations of unit costs that must reported by the community-based system.
	
	• Overhaul the large number of site visits and reporting requirements on Michigan's public mental health system: Michigan's public mental health system is burdened by a large number of reporting requirements, many with little or no value. MDHHS has the power, internally, or via recommended changes to the budget boilerplate language that requires many of these reports (Section 904 being the most obvious), to dramatically reduce this burden.
	
	• Streamline training and credentialing requirements for clinicians: The training requirements on the system's clinical staff and clinical supervisors draw them away from providing services and supports to Michigander.
	
	SUPPORT / FOSTER more coordination of efforts for school based mental health services, where the local school district purchases services from local CMH rather than hiring their own staff.

INPATIENT CARE	**SUPPORT** the further development and expansion of psychiatric residential treatment facilities (PRTF) and crisis stabilization units (CSU) which will help add to the continuum of care for crisis services. **SUPPORT** inpatient psychiatric hospitals and wards with physical plant and staffing changes, helping hospitals better serve persons with complex mental health needs. **SUPPORT** legislative changes that would allow children's residential group homes to use restraint in emergency situations to better protect residents of the group home and staff. **CLEARLY** define eligibility criteria for state psychiatric hospitals. **SUPPORT** policy changes to psychiatric hospitals that would mirror the federal Emergency Medical Treatment & Labor Act (EMTALA) to prevent individuals from being denied access to emergency services regardless of ability to pay.