## Changes must be made to the current mental health (behavioral health) system in Michigan. For the disability community, these elements are essential:

- A publicly managed system that is accountable to the community must be open to the community and follow the Open Meetings and Freedom of Information Acts.
  - ➤ There is no evidence financial integration improves service coordination at the person level.



- The Michigan Department of Health and Human Services (MDHHS) must ensure community (Community Mental Health and others) and hospital contracts are followed for quality, compliance with state regulations, and protection of recipient well-being. This means enforcement, consequences, and/or sanctions.
  - ➤ The board structure of the Pre-Paid Inpatient Health Plans (PIHPs) needs to be revised so that the majority of the boards are not CMH board members to prevent conflicts of interest.





- Direct Care Workers are paid a competitive wage with benefits.
  - While we appreciate the Governor including a \$1.50 an hour increase in her budget, a \$4/hour increase for Michigan's 50,000 Direct Care Workers is needed now.



- Our expectation:
  - ➤ A public system that uses person-centered and family-driven, youth-guided planning to determine needs and guide supports, committed to self-determination and self-directed services.
  - An independent statewide system resolves complaints, grievances, appeals, and rights issues.
  - ➤ To prevent conflicts of interest, independent supports coordination/case management services are provided by those who are not paid by a service provider, including Community Mental Health.







## Endorsed by the following organizations:



















