Michigan Advocates' Vision for our Behavioral Health System

- **We believe Michigan must have a publicly funded and publicly managed behavioral health system.** With privatization, profit margins take over from service and support outcomes, and we lose transparency and accountability measures such as FOIA and Open Meetings, as well as required service recipient, family member and community involvement in programming. We also believe Michigan must have a coordinated, overarching umbrella serving interconnected populations within the publicly funded behavioral health system. Without such coordination, there will be greater administrative burdens and costs that will negatively impact available resources for services and supports.
- **We believe changes are essential in the current behavioral public health system.** We recommend an official government analysis to see how much money could be transferred from administration to services and supports – and whether efficiency and improved outcomes would result – if Michigan reduced the number of Community Mental Health Services Programs (CMHSPs), presently at 46. We also believe that having 10 Prepaid Inpatient Health Plans (PIHPs) as a Medicaid layer between MDHHS and the CMHSPs is inefficient, duplicative, and a barrier to more money for services and supports. MDHHS should be the Medicaid administrative agent for CMHSPs; if not, there should be only one statewide PIHP contracted by MDHHS.
- **We believe behavioral health and physical health service integration must be improved at the point of service delivery.** The Executive branch has proposed that an effective way to integrate care is to shift funding to private entities through "financial integration". To date, there has been no evidence to demonstrate this is effective, nor does it enhance the quality of behavioral and physical health services.
- **We believe MDHHS capability to monitor and enforce contract provisions with CMHSPs and PIHPs must be improved.** Far too often across Michigan, things that should not be occurring under these contracts are allowed to happen and continue. Some mechanisms to improve oversight and enforcement include: independent facilitation and dispute resolution, including independent handling of appeals, recipient rights, and remediation of substantiated complaints; a private right of action and/or complaint process available to recipients; rates and rate incentives tied to particular activities and outcomes; third-party beneficiary status for recipients under MDHHS contracts; intermediate state enforcement mechanisms short of contract cancellation; and adequate state resources for enforcement.
- **We believe a state-funded behavioral health system must eliminate statewide discrepancies in the availability of those services and supports to promote much needed improvements in service and support access.** Where you live cannot determine the quality or scope of services and supports. Significant inequalities across the state are found in person-centered and family-driven/youth-guided planning, self-directed services and supports, and criteria for priority service and CMHSP pre-admission screening determinations. Existing discrepancies must be eradicated for statewide equity and quality.
- **We believe publicly funded mental health services should be accessible to everyone regardless of Medicaid status.** State law requires CMHSPs to be the safety net for persons who have nowhere else to turn and those who have no insurance. The public system is not intended to serve only those who have Medicaid. Disabilities, substance use disorders and mental health crises occur independently from Medicaid status. The current system leaves many non-Medicaid individuals with unmet needs, they are not given the proper consideration for eligibility, are placed on waiting lists, and left without services or assistance from anyone.
- **We believe case management services must be independent of service provision, which includes CMHSPs.** Federal regulation requires that providers of Home and Community-Based Services for an individual must not be the entity providing case management activities or developing the person-centered service plan. We ask that MDHHS restart a work group that includes people with disabilities, family members, and advocates to address this issue.

Developed and endorsed by: