

Disability Organization Requirements for Behavioral Health Structure

The Arc Michigan
Association for Children's Mental Health
Epilepsy Foundation of Michigan
Mental Health Association in Michigan
Michigan Developmental Disabilities Council
Michigan Developmental Disabilities Institute
Michigan Disability Rights Coalition
MI-United Cerebral Palsy
National Alliance on Mental Illness – Michigan

Our expectation is 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. The system must have an independent rights system and conflict-free case management/supports coordination with uniform policies and services available no matter where you live.

1. Publicly Managed Behavioral Health System.

We want a publicly managed system accountable to the community, open to the community, that follows the Open Meetings and Freedom of Information Acts.

Financial integration, sometimes referred to as full integration, of Medicaid health care as a way to assure coordination of both behavioral and non-behavioral services and supports continues to be proposed. There is no evidence to support this concept, either for general health care or behavioral services and supports specifically.

Although the existing Community Mental Health (CMH) system is far from perfect, privatization would put profits ahead of what is in the best interest of the more than 300,000 Michiganders with mental health and/or developmental disabilities who rely on the critical supports and services the current system provides. Privatization would mean less person-centeredness, less choice, and greatly reduced financial transparency.

Current efforts to integrate those with dual eligibility do not take into consideration the considerable number of people who opt out of its services. Nor does it take into consideration the reduction in funds from Community Mental Health (estimated at 40%) organizations that would result. As of this writing the state plans to move forward with Highly Integrated Dual Eligible Special Needs Plan (HIDE) with a carve out of behavioral health services. We will continue to monitor the activity around this plan, as it could lead to them in the future carving in behavioral health services as has been done in other states.

Local delivery, control, and coordination of seamless services (medical and mental health) based on individual needs, no matter the payer (including people without Medicaid) is needed. Financial integration does not improve service coordination at the person level.

2. Behavioral Health Workforce

Our entire system of support for people with disabilities relies on the availability of Direct Care Workers (DCWs) to help provide services. While previous increases helped, the reality is most DCWs earn on average a starting wage of \$14.35 per hour, according to recent survey findings. This level of compensation is just too low to keep DCWs on the job, leading to a 45 percent turnover rate in the field.

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. Direct supervisors also must receive wage increases that are commensurate with the compensation of the individuals that report to them. DCWs should receive health care benefits and paid time off, as well as a supportive work environment. Annual cost-of-living increases are required to stabilize the DCW job sector. An allocation of American Rescue Plan dollars to provide retention bonuses for DCWs and supervisors is also needed.

Training and retention strategies are needed for other behavioral health professionals like psychiatrists, social workers, and others. The lack of workers has contributed to the crisis in mental health services for children and adults.

Mental health services must be available for children and adults at the intensity needed.

3. Contract Enforcement & Elimination of Conflict of Interest

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 ten Prepaid Inpatient Health Plans (PIHPs), the managed care entities responsible for distributing Medicaid to the 46 Community Mental Health (CMH) organizations, have boards of directors made up of community mental health services providers. This constitutes a conflict of interest in light of the role of the PIHP. The board structure of the PIHPs needs to be revised in the regional entity status so that the majority of the boards are not CMH board members.