ADVOCACY POSITIONS FOR 2023-2024

MHA Mental Health Association in Michigan

1. State Budget. Advocate for sufficient State resources for an accessible continuum of mental health services for adults and children statewide. Areas of emphasis include:

- Monitor General Fund/General Purpose (GF/GP) revenue to fund crisis residential care and specialized residential services for youth severe behavioral and mental health needs.
- Ensure adequate funding to implement crisis stabilization units as authorized by Public Act (PA) 402 of 2020.
- Verify status of remaining Federal COVID funds. Direct their use to mental health priorities including mental health workforce expansion and development.
- Seek funding for implementation of Assisted Outpatient Treatment statewide.
- Seek increased wages for mental health direct care workers described in PA 87 of 2021, Article 6, Sec. 231. Participate with the Direct Care Worker Coalition.
- Monitor the state budget for boilerplate items or language that impacts mental health at the state level.
- Follow the state budget impact of the KB v Lyon lawsuit regarding mental health care for children.
- Expand mental health courts and provide for periodic independent evaluation.
- Continue funding for the Legislative Corrections Ombudsman.
- Maintain corrections anti-segregation language in the state budget regarding adults and children with mental illness/emotional disorder.
- Provide for sufficient staff at Michigan Department of Health and Human Services (MDHHS) to monitor performance. contracts between Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Service Providers (CMHSPs).

2. Monitor, Evaluate and Contribute to Proposals on the Community Mental Health System.

Provide analysis, testimony, and leadership as appropriate on legislative efforts to make changes to the funding and operations of the public mental health system.

3. Workforce. Encourage development of the mental health workforce.

- Support proposals and legislation that increases recruitment, retention, and training for mental health staff, including peer support staff, working throughout the continuum of care due to the near emergency difficulties in staffing critical mental health services.
- Expand access to telemedicine.
- Remove limitations on practice authority for advanced practice nurses and nurse practitioners as in Senate Bill 680 and Senate Bill 191, both from the 2021/2022 legislative session.
- Require mental health workers receive training to counteract the negative impact of implicit bias and stigmatizing attitudes towards individuals with mental illness and substance abuse disorder. This training can be required for license renewals.

4. Children, Youth, and Families. Seek coordinated solutions that meet the needs of families including:

- Advocate for greater access to quality mental health care, services, and supports. System constraints, especially funding issues caused by lack of general fund for the CMHSPs, can prohibit people from qualifying for services. Unless a family with private (non-Medicaid) insurance qualifies under Certified Community Behavioral Health Clinic (CCBHC) or a Medicaid waiver, a child may be prevented from being served by a CMHSP. Families with private insurance can be wait-listed for CMHSP services.
- Monitor the process and the resolution of the KB vs. Lyon lawsuit that has been filed against the state of Michigan regarding children's services and continuum of care.
- Increase access to home-based services for families with significant needs.
- Schools need to offer counseling and connect students to needed mental health services.
- Increase inpatient beds for youth. Hospital admission appears to be particularly problematic for Medicaid patients and high acuity youth.
- Advocate for required mental health education for students.
- Seek appropriate emergency services and continuum of care, including the availability of specialized residential care, for children and youth. Seek $20.0 million in GF/GP funding for crisis residential care for children and youth.
- Seek clarification regarding the state policy that does not allow Medicaid to be used to pay for child caring institutions (CCIs) that use restraint and seclusion in specialized residential settings.
- Coordinate care of youth with mental health conditions in all youth services, such as foster care and delinquency cases.

5. Crisis Services. Advocate for services that improve access and outcomes in mental health crises.

- **988 Implementation**. Monitor 988 implementation including call handling and care coordination. Ensure adequate funding, staffing, and training to serve adults and youth.
- **Mobile Crisis Units.** Expand access to mobile crisis units that can assess and resolve crisis situations with adults or children in home, school, or community settings.
- **Crisis Stabilization Units.** Establish operational and certification requirements and seek funding to implement crisis stabilization units for adults and youth. As defined by Michigan law, a crisis stabilization unit provides "...unscheduled clinical services designed to prevent or ameliorate a behavioral health crisis or reduce acute symptoms on an immediate, intensive, and time-limited basis in response to a crisis situation."[1]
- **Post Crisis Discharge Planning and Crisis Respite.** Expand access to crisis respite services that provide short-term residential services for people in mental health crisis and other services needed to resolve crisis situations and facilitate recovery.

[1] Michigan Compiled Law (MCL) 330.1100a. See also Act 258 of 1974, the Mental Health Code, Chapter 9A, MCL 330.1971 - 330. 1979.

6. Psychiatric Hospital Beds.

- Monitor state psychiatric hospital capacity which was reduced in 2022 due to staff shortages.
- Monitor implementation of State psychiatric hospital expansion and replacement included in PA 166 of 2022.
- Follow implementation of state funds grants by PA 166 of 2022 to private organizations for expansion of hospital beds.
- Seek support for additional inpatient psychiatric beds for children, youth, and adults and specialty psychiatric hospital beds for youth and adults with high acuity, and youth and adults with multiple needs such as mental illness and intellectual or developmental disability or mental illness and other medical conditions.
- Request a waiver from the Center for Medicaid Services to the Institution for Mental Diseases (IMD) exclusion. The IMD exclusion was enacted in 1965 to encourage the deinstitutionalization people with mental illness. It prohibits Medicaid from paying for inpatient care in a treatment facility with more than 16 beds unless the facility is part of a general hospital. This policy limits the types of psychiatric hospitals that can accept Medicaid patients and can delay needed inpatient care.[2]

7. Psychiatric Residential Licensing.

Psychiatric residential licensure is needed to fill a gap in the continuum of care for people with significant mental health needs to allow intensive residential psychiatric treatment outside of a hospital. Required services would include daily treatment to address symptoms, frequent evaluations, onsite or on call nurses and mental health providers, and other care. This medical service would become eligible for insurance reimbursement if it is a covered service. Currently, an adult foster care (AFC) home can obtain certification for specialized residential care for persons with mental illness, which can be billed to Medicaid if the provider is contracted with a community mental health agency; however, the care provided under AFC specialized residential is less comprehensive than that under a psychiatric residential license and is focused on assistance with activities of daily living, passing prescribed medication to patients, and coordinating care through outside providers.

8. Accountability and Oversight.

Revise PIHP board membership to ensure adequate independence of the PIHP and remove conflicts of interest between PIHP and CMHSP boards. Support appropriate quality measures that assess patient experience, satisfaction, and outcomes; the accessibility of a continuum of services; and implementation of effective system practices.

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[2] Mental Health America Regional Policy Council, "IMD Exclusion: Its History, Effects, and Future Policy Implications," November 10, 2015, https://www.mhanational.org/sites/default/files/IMD%20Exclusion%20webinar.pdf, retrieved February 8, 2022.

[3] Association for Healthcare Research and Quality, "What Is Integrated Behavioral Health Care (IBHC)?," https://integrationacademy.ahrq.gov/products/behavioral-health-measures-atlas/what-is-ibhc, retrieved February 7, 2022.

9. Integrated Behavioral Health Care.

Define integrated behavioral health care in Michigan law. Promote integration of primary care and behavioral health care at the level of the person served with the understanding that integrated behavioral health care as defined by the Association for Healthcare Research and Quality (AHRQ) means:

> The care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressor and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.[3]

Integrated behavioral health care is a whole-person approach with the goal of better care and health for the whole person through routine and systematic communication among medical and behavioral health care providers. It is patient-centered approach that supports the ability of people to participate in their care.[4] The level of care provided must be appropriate for the needs of the patient and will vary with the severity of the illness.

10. Recipient Rights and Due Process.

- Establish a Behavioral Health Ombudsman to provide an independent review of concerns raised by persons served, family members and staff.
- Establish the Office of Recipient Rights as an independent agency within the Michigan Department of Health and Human Services that would oversee local offices of recipient rights and ensure the rights of mental health patients.
- Ensure notice of appeal right, depending on the type of funding, is provided by Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services provider (CMHSPs) to persons served as required by the Master Contract, the Mental Health code and the 42 CFR438 managed care. This must be done when a service is denied, reduced suspended, or terminated.[5]
- Insofar as complaints do not include rights as defined by law, depending on their severity, alternative dispute resolution procedures should be available.

11. Continuity of Care for Youth and Adults.

- Seek statewide standard assessment tools to determine patient condition and functioning as well as severity of illness.
- Allow patients to transfer among CMHSPs with preservation of eligibility and continuity of treatment.

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[4] AHRQ, "What is Integrated Behavioral Health?" https://integrationacademy.ahrq.gov/about/integratedbehavioral-health, retrieved February 8, 2022.

[5] Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration, "Appeal and Grievance Resolution Processes Technical Requirement," July 29, 2020, https://www.michigan.gov/documents/mdhhs/Appeal-and-Grievance-Resolution-Processes-Technical-Requirement_704451_7.pdf, retrieved February 8, 2022.

[6] National Alliance on Mental Illness (NAMI), "What Is Mental Health Parity?", https://www.nami.org/Your- Journey/Individuals-with-Mental-Illness/Understanding-Health-Insurance/What-is-Mental-Health-Parity, retrieved February 8, 2022.

- Facilitate patient transfer among service sectors including justice, mental health, education, foster care, and community services to ensure continuity of treatment.
- Allow access for people with a mild-to-moderate mental illness and insurance through a Medicaid Health Plan to receive services at CMHSPs.
- Ensure that there are medically necessary services available through all levels of care including inpatient, partial hospitalization, and step down residential and respite care. For example, ensure that children and youth have access to intermediate services that can support them longer term including children's crisis stabilization units and specialized residential.
- Facilitate patient service transitions related to Assisted Outpatient Treatment (AOT) and other civil court-ordered treatment processes.

12. Mental Health Parity.

The National Alliance on Mental Illness (NAMI) defines mental health parity as "...the equal treatment of mental health conditions and substance use disorders in insurance plans.[6]" Equitable access to mental and physical health care is a civil rights matter.

- Support Senate Bill 27 - in concept and with amendments - which would require that "An insurer that delivers, issues for delivery, or renews in this state a health insurance policy shall provide coverage for mental health and substance use disorder services, including behavioral health treatment, at a level of benefits that is no less favorable than the level provided for physical illness."
- Eliminate opt-out that allow some employer or government sponsored plans to be exempt from federal parity requirements.
- Establish procedures for enforcement of the Federal parity law in Michigan.
- Support bills recommended by Michigan Psychiatric Society to require health insurers to submit to the Department of Insurance and Financial Services (DIFS) a copy of a report that must be prepared by certain insurance companies under recent amendments to the Mental Health Parity and Addiction Equity Act (MHPAEA). The MHPAEA requires a comparative analysis of the design and application of nonquantitative treatment limitations (NQTL), such as prior authorization requirements for inpatient services and formulary design, to verify that NQTL apply equally to medical/surgical and mental health substance use disorder benefits. Preparation of the report is required for health insurers subject to MHPAEA that provide coverage for both medical/surgical and mental health/substance abuse disorders; however, the federal government will only receive a sample of the reports.[7]

13. Assisted Outpatient Treatment (AOT).

- Support expanded access to AOT by allowing additional medical professionals to testify regarding petitions and providing for the use of AOT for misdemeanor diversion as in HB 6399 and HB 5593 from the 2021/2022 legislative session.

[7] Center for Medicare & Medicaid Services (CMS), "Health Insurance Issuers & MHPAEA Comparative Analysis Reviews", https://www.cms.gov/files/document/mhpaea-nqtl-presentation-health-insurance-issuers.pdf, retrieved February 8, 2022.

- Advocate for clarifications and improvement to the AOT statutes including:

    - **Expand Mediation to AOT.** Permit treatment providers and petitioners for AOT for a recipient to request mediation for dispute resolution with recipients of AOT. (MCL 330.1206a)
    - **Hospital Evaluations for AOT.** Develop a mechanism to allow people to be recommended for AOT from a hospital or emergency department. (MCL 330.1429)
    - **Privacy of AOT Treatment Plans**. Require that an AOT treatment provider certify to the court that the AOT treatment plan is on file with the provider. This resolves current privacy concerns due to having treatment plans on file with the courts. (MCL 330.1468(3))
    - **Expand Access to AOT.** For second petitions or continuing AOT orders, allow additional types of mental health providers (instead of just psychiatrists) to provide clinical certificates stating the need for AOT Allow anyone to petition for extension of AOT instead of just hospital directors and mental health providers supervising AOT. (MCL 330.1473)
    - **Evaluation.** Improve data collection and implement quality measures for AOT programs.

- Related Mental Health Code Changes

    - **Clarify Document Requirements.** Specify that the clinical opinions that support an already approved petition would need to be provided at trial and not upon initial hospitalization. This would correct a misunderstanding that can delay treatment. (MCL 330.1401(1)(c))
    - **Length of Second Treatment Order.** Restore the length of a second order for involuntary treatment from 90 to the previous 180 days. (MCL 330.1472a(2))

14. Diversion from the Criminal Justice System, Incarceration and Discharge.

- Support programs to divert and deflect people with mental illness or substance abuse disorder from the criminal justice system whenever treatment is a reasonable alternative.
- Ensure that Medicaid is suspended, rather than terminated, for those incarcerated or residing in a public institution. Add this provision to the Medicaid state plan as required by MCL 400.106b (added by PA 452 of 2014).
- Improve discharge planning and implementation, including links to community services and medication, for state corrections inmates slated for release.

15. Early Intervention and Trauma-Informed Care.

Incorporate early intervention and traumainformed mental health treatment across all behavioral health service and substance use disorder treatment delivery systems including public and private behavioral health systems and criminal justice systems for adults and juveniles.

- **Screening and Early Intervention to Treat Mental Health Conditions.** MHAM supports Mental Health America's (MHA) position on screening and treating youth withbehavioral health concerns which states in part.

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[8] Mental Health America, "Position Statement 41: Early Identification of Mental Health Issues In Young People," https://www.mhanational.org/issues/position-statement-41-early-identification-mental-health-issues-youngpeople, retrieved February 8, 2022.

> Early identification, accurate diagnosis and effective treatment of mental health and substance use conditions...can alleviate enormous suffering for young people and their families dealingwith behavioral health challenges. Providing early care can help young people to more quickly recover and benefit from their education, to develop positive relationships, to gain access to employment, and ultimately to lead more meaningful and productive lives.[8]

- **Early Treatment for First Episode Psychosis.**
  Advocate for statewide availability of early treatment of early or first episode psychosis. As recently as 2010-2012, the duration of untreated psychosis in the United States averaged 74 weeks.[9] This delay in treatment is devasting to individuals and their families, and also reduces the likelihood of good treatment outcomes. Currently the specialized services needed to treat early psychosis that result in for the best outcomes are only available in four communities in Michigan.[10] NAMI summarizes the importance of expanding these efforts:

  > Early treatment of psychosis, especially during the first episode, leads to the best outcomes Research has shown significant success using a treatment approach called Coordinated Specialty Care (CSC). CSC uses a team of health professionals and specialists who work with a person to create a personal treatment plan based on life goals while involving family members as much as possible. CSC has the following key components: case management, family support and education, psychotherapy, medication management, supported education and employment, and peer support.[11]

- **Trauma-Informed Care.**
  The Substance Abuse and Mental Health Services Administration (SAMHS) describes trauma and its impact on health as follows:

  > Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.[12]

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[9] National Institute of Mental Health, RA1SE: Recovery After an Initial Schizophrenia Episode, "What Is Raise?," https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-raise, retrieved February 8, 2022.

[10] Substance Abuse and Mental Health Services Administration (SAMHSA), Early Serious Mental Illness Treatment Locator, https://www.samhsa.gov/esmi-treatment-locator, retrieved February 8, 2022.

[11] NAMI, "About Mental Illness: Psychosis," https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis, retrieved February 8, 2022.

[12] SAMHSA Trauma and Justice Strategic Initiative, "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach," July 2014, https:ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf, retrieved February 8, 2022.

[13] Center for Health Care Strategies, Trauma-Informed Care Implementation Resource Center, "What Is Trauma-Informed Care?," https://www.traumainformedcare.chcs.org, retrieved February 8, 2022.