Michigan Policy Summit
Emerging Trends in Mental Health

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Executive Order 2003 -24

Transformation of Michigan’s policies and programs for services for adults & children with serious mental illness or emotional disturbances.
Governor’s Charge to Commission

Fix a “Broken System” of essential services for children & adults experiencing serious mental illness / emotional disturbances, and their families.
Commission Challenge:

Reach consensus re long range optimum and specific mental health reforms (10 to 15 year horizon) and to provide the Governor with specific strategies that build toward systemic reform and are achievable in the current economic climate.
Build upon strengths

• *Constitutional Mandate*
• *Person centered care*
• *Enhanced consumerism*
• *Cadre of effective service providers* – caught in a troubled system
• *Advances in science /practice*
Michigan Mental Heath Commission

Values to Guide the Future:

• *Shaped by the individuals who use mental health services and their families.*

• *Promotes recovery, resiliency and advancing good mental health.*

• *Provision of effective and quality clinical services.*

• *Equitable accessible & available services care for all Michigan citizens.*

• *Provision of timely and easy access to a full array of services, with “no wrong door”.*

• *Services that are accountable & integrated into the other parts of MI’s system of opportunities and care for state residents.*
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Findings:

• Public stigma about mental illness impedes timely diagnosis and appropriate treatment.

• Michigan’s public mental health system is neither structured nor funded to deliver effective care in a timely fashion.
Findings:

• Too often, people must be in crisis to receive public mental health care in Michigan.

• Too many people with mental illness and emotional disturbance are not receiving the care they need and too much of the care provided is not of acceptable quality or appropriate to the need.
Findings:

• Inappropriate use of the juvenile and criminal justice systems for people with mental illness and emotional disturbance.

• Inadequate access to integrated mental health & physical health care and housing, education & employment impede recovery and resilience for people with mental illness.
Findings:

- The needs of consumers with mental illness and their families do not drive the care and services provided to the degree they could and should.
Michigan Mental Heath Commission

VISION

Michigan’s children and adults enjoy good mental health and are served by a mental health system that responds effectively to the needs of individuals with mental illness and emotional disturbance while promoting resiliency and recovery.
Commission Recommendations

Goal 1: The public knows that mental illness is treatable, recovery is possible, and people with mental illness lead productive lives.

• Public Private Partnership – Intensive public education to combat stigma.

• MH Promotion Strategies:
  – Suicide Prevention.
  – Single Repository of MH Information.
Goal 2. *Clear definition of priority service populations & emphasis on early intervention.*

- Assure Access and Early intervention.
- Uniform Assessment & Eligibility Standards.
- Equal Services for Medicaid & Non Medicaid Eligible Consumers.
- Hierarchy of Care
  - Advanced Psychiatric Directive
  - Streamlined court process
  - Enhanced role of guardian
Goal 3. A full array of quality & appropriate mental health treatment & services accessible to improve the quality of life for individuals with mental illness or emotional disturbance.

- Increased / Uniform Access
- Evidence Based Services
- Strengthen Quality Management - & role of MDCH Medical Director
- Outpatient > Residential > Inpatient
- Interagency Programs & Services for Children
Goal 4. No one enters the juvenile & criminal justice systems because of inadequate mental health care.

- Impact of Full Array of Quality Services & Early Intervention.
- Extend Legal Responsibility for Jail Diversion.
- Enhanced Training & Better Screening Tools for 1st Responders.
- Pre-release Planning Include Access to Community Mental Health Services.
Goal 5. Michigan’s mental health system is structured and funded to deliver high-quality care effectively and efficiently by accountable providers.

- Enhanced State Leadership.
- Increased State Local Accountability
- Strengthened Recipient Rights Protection.
- Flexible & Sufficient Funding Strategy.
Goal 6. Recovery and resilience is supported by access to integrated mental and physical health care and housing, education, and employment services:

• Integrated Physical & Mental Health Services.
• Blended Services for Children with SED.
• Enhanced Housing Opportunities.
• Supported Education & Employment.
Goal 7. Consumers and families are actively involved in service planning, delivery, and monitoring at all levels of the public mental health system:

- Enhanced Consumer Representation on CMHSP Governing Boards.
- Improved Service Recipient & Family Satisfaction Measures.
- Promotion of Advanced Psychiatric Directives.
2008 Mental Health Priorities

• Legislation - Key Commission Recommendations
• Parity
• Mental Health Corrections
  – Partners in Crisis
  – Mental Health Court Pilots
  – Clinical Assessment of Incarcerated
    • Adults
    • Youth
Action Agenda
Partners in Crises

1. Inform the public and policymakers about existing problems
2. Stimulate independent analysis of the prevalence, treatment needs and treatment levels for mental disorders in Michigan prisons, jails and juvenile justice facilities.
3. Governmental action to improve diversion service and systems coordination
Action Agenda
Partners in Crises

4. Governmental action to suspend (rather than terminate) existing Medicaid status of an individual who becomes incarcerated or detained

5. Ending administrative segregation (solitary confinement) as punishment for “misconduct” by inmates with serious mental illness in state prisons

6. Increased authority for the Department of Community Health in the management, provision and application of appropriate care standards for mental health diagnostic and treatment services in state prisons