# **Key Objectives for**

# **Transformation of the Michigan Mental Health System**

Fred A. Cummins (fred.a.cummins@gmail.com)

Below are seven key objectives for transformation of the Michigan public mental health system. These objectives will help establish a context in which the system is more efficient, quality of care is improved, and the system is driven to achieve quality of life of Michigan citizens. This document provides brief discussions of each of the points outlined in the summary document.

1. **Effective legislative governance**

Legislators must function as the board of directors of the mental health system. Unfortunately, there is much to understand and oversee about the mental health system and legislators do not have the time and expertise to learn and make decisions about the system on their own. In addition, with term limits, when a legislator does learn about mental health care, most likely they are replaced by somebody else who does not understand.

* Represent the interests and concerns of Michigan citizens

Michigan citizens are the stakeholders of the mental health system, and legislators, as a board of directors, must represent the interests of the citizens in the funding and oversight of a mental health system.

* Legislators must ensure that the system is doing the right thing and doing it well

This means having meaningful and objective measures and indicators of the quality and availability of services and ensuring that corrective and remedial action is taken for problems.

* Ensure that persons with disabilities have opportunity to be the best they can be

The legislature must have a clear vision for the mental health system that persons with disabilities deserve opportunities for quality of life within the limits of their disability.

* Independent oversight agency to support legislative governance

The legislature must be supported by an agency with the clear purpose of supporting legislative oversight and assessment of needs independent of other government organizations and priorities.

1. **Budget based on need.**

The mental health budget is currently determined based on historical levels and political pressures. The budget must be based on the need for mental health services, reflecting quality of life of Michigan citizens.

* Objective state-wide assessment of needs and unmet needs

An objective, professional assessment of need is required to determine the state-wide needs for mental health services and the scope of needs that are not being met. Need must include early intervention to mitigate the immediate and long term effects of disabilities.

* Defined levels of disability covered by the budget

If the budget does not fully address the need, then it must define specifically what services and recipients will be covered, and this must be clarified by a declaration of the services and needs that will not be included to establish accountability for the budget decision.

* Support for sustained individual improvement

Budgets must include sustained services for persons who improve so that they achieve and continue to achieve the best they can be. Over the past couple years, across Michigan 10,000 persons with mental illness were discharged regardless of their continuing need for services due to reductions in general funds in the mental health budget.

1. **Objective legislative and public oversight**

A legislative oversight agency must ensure that legislators are objectively informed about performance of the mental health system to meet community needs and to ensure that each qualified citizen receives adequate and appropriate services.

* Ensure adequate and appropriate services within the scope defined by the budget

Operation of the system must be independently assessed to ensure that the system is meeting the needs that are defined by the budget, and to ensure that over and under utilization are appropriately managed.

* Independent rights protection and assurance of true services entitlements

Recipient rights should be separated from the organizations responsible for management of services so that misconduct as well as systemic problems are independently identified and resolved.

* Require provider compliance with FOIA and Open Meetings

All providers of public mental health systems must be subject to the Freedom of Information Act and Open Meetings to support accountability to the public.

* Objective evaluations of providers and recipient opportunities for improvement

Audits, inspections and corrective actions must be performed and corrective actions and remedies enforced to ensure that services to individuals are adequate and appropriate.

1. **State-level consolidation—public system**

There is extensive duplication of effort throughout the mental health system with multiple levels of delegation to contractors and multiple contractors at each level resulting in inefficiencies, inconsistencies and delayed improvements. .

* Administrative activities and provider contracts

Duplication includes accounting, personnel, contract management, information systems and improvements in technology and practices.

* Advanced and efficient information systems

Information systems continue to provide improvements in the delivery of services and operating efficiencies. These improvements are implemented over and over again as each organization implements their own solutions.

* One mental health system (state-wide consistency and accessibility)

Recipients are tied to their county of residence and their particular provider(s). They are not free to travel or relocate across the state. When a recipient receives services outside their county of residence, payment must be negotiated between the involved counties. The quality of services depends on the performance of small providers and individuals, not a Michigan, integrated system. The public mental health system standard of care must extend to disabled persons in jails and prisons, particularly to those persons awaiting trial or appeal and those adjudicated Not Guilty by Reason of Insanity.

* Leadership in clinical practices and technology advances

There are continuing improvements in clinical practices and supporting technologies that should be evaluated and deployed by the state organization in collaboration with local organizations to set appropriate priorities and achieve timely implementation.

1. **Community collaboration.**

Local CMH organizations must work closely with the community to address local mental health needs and identify persons in need of treatment before they injure themselves or others.

* Collaboration with community agencies and regional advisory boards

This includes integration of services with schools, law enforcement, courts, hospitals, churches, other organizations and families to improve community quality of life.

* Early intervention

Local mental health services must reach out and, respond to family and community concerns, reduce the severity and adverse consequences of un-treated disabilities, and provide timely treatment and services for early symptoms

* Access to housing, transportation, employment and fulfilling community involvement

Persons with disabilities need basic supports for successful lives in the community. Public supports must be developed in collaboration and cooperation with other community agencies.

1. **Fee for service, no delegation of risk**

Managed care is great to eliminate risk for financial managers, but it places all the risk (and denial of care) on the persons to be served. PIHP organizations were established to meet Medicaid requirements for adequate risk pools. However, PIHPs have effectively delegated risk to Community Mental Health Services Programs (CMHSP) in violation of the risk pool requirement. The risk that the budget is exceeded belongs with the state. There is no state-level accountability for inadequate funding.

* Remove conflicts of interest—no denial of appropriate care

Core agencies or Community Mental Health Services Programs (CMHSP) are stuck with inadequate budgets such that professionals have a conflict of interest in defining adequate services for recipients—particularly case managers. This creates an attitude that mental health services are charity and thus available at the discretion of providers. The Michigan Mental Health Code, Section 1116, requires “…the department shall continually and diligently endeavor to ensure that adequate and appropriate mental health services are available to all citizens throughout the state….”.

* Eliminate cost shifting

Tight budgets and delegation of risk drive cost shifting to other budgets including criminal justice, nursing homes, schools and families.

* All providers bill state payer

The state administration must contract with and pay service providers directly for services delivered to qualified recipients across the state. This places funding responsibility clearly on the state and ensures that services are consistent and accessible across the state. The risk is squarely with the organization responsible for the budget. In addition to accountability, costs of contract administration and payment processing will be reduced, and services will be seamlessly accessible across the state.

* Do it right and save money

Timely and appropriate care reduces the severity of initial and long-term cost of care, not only for the mental health system, but for organizations subject to cost shifting. It also improves the quality of life of recipients, their families and others who may be involved with persons in need of services.

1. **Quality care**

Implementation of the mental health system should focus on quality of care not on cost cutting and denial of services and responsibility.

* People first culture, person-centered treatment planning

Treatment plans and the cultural attitudes should give first priority to recipients of services and quality of life. Employees at all levels must be committed to improving the lives of disabled people and their families.

* Certification of care employees

Minimum wage direct care workers are not prepared with skills or aptitude to provide quality care. These are difficult and demanding jobs and recipients deserve better. Certification should set and enforce appropriate standards.

* Competitive wages and benefits

Good caregivers cannot be acquired or retained on wages and benefits that cannot support their quality of life. The system currently suffers from wages and work demands that are not even competitive with fast-food employees. In the long term, quality care will reduce costs.

* Direct care oversight, professional judgement and accountability

Direct care workers require oversight by professionals who are qualified to evaluate the delivery of services and needs for guidance or treatment plan adjustments. Over the past several years of budget reductions, case managers have been cut back resulting in reductions in oversight and support.

* Support for sustained improvement

Service goals must be to improve and sustain recipients to be the best they can be. These are life-long afflictions. Oversight and occasional assistance must continue when a recipient improves, even though direct care workers may no longer be needed.