



Improving Quality of Life by Supporting Independence and Self-Determination

STATE OF MICHIGAN
MENTAL HEALTH AND WELLNESS COMMISSION
2013 REPORT

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STATE OF MICHIGAN
MENTAL HEALTH AND WELLNESS COMMISSION
LANSING

December 2013

Governor Snyder,

Pursuant to Executive Order 2013-6, the members of the Mental Health and Wellness Commission have assembled this report to detail the findings and recommendations we believe are necessary to improve both the lives of and the outcomes for individuals and families living with mental illnesses, developmental disabilities and substance use disorders in our state.

The charge to the Commission:

“...to address any gaps in the delivery of mental health services and propose new service models to strengthen the entire delivery spectrum of mental health services throughout the state of Michigan¹.”

We held planning and organizational meetings in April 2013 where the Commission developed goals and deliberated the process by which it would arrive at recommendations. We reviewed and evaluated reports submitted by past commissions with similar purposes and also had an opportunity to learn from each state department about programs and services they currently provide to persons this Commission is charged to help.

Five workgroups were created, each chaired by a member of the Commission and included wide participation and input from stakeholders. The topics of the workgroups were:

- 1.) Education, employment, and veterans
- 2.) Housing and independent living
- 3.) Physical and mental health integration
- 4.) Public safety and recipient rights
- 5.) Data collection and stigma reduction

¹ Executive Order, 2013-6

Reoccurring themes identified during the workgroup process included significant barriers to accessing appropriate care; a shortage of trained and qualified providers; a lack of coordination of services and information across local, state and federal agencies; and, limited or nonexistent user-friendly guides for families to navigate appropriate and available services.

Workgroups met over the summer and early fall and developed recommendations to remedy deficiencies in services and policies regarding each of the subject areas. These recommendations are the first steps toward addressing the broad barriers to mental health care in the state of Michigan, but will require a consistent long-term strategy to properly implement.

Throughout the year, the full Commission held a number of public hearings in both rural and urban areas that varied widely in socio-economic levels, needs and access to services. The hearings were held in Lansing, Grand Rapids, Traverse City, Marquette, Detroit and Sanilac. Testimony heard provided valuable insight to the Commission and helped to shape the recommendations developed for this report. The public hearings were well attended in each area and proved to be essential to our work. We are grateful for the wonderful individuals, families and service providers who shared their stories with us.

In September, the Commission began reviewing the workgroup recommendations and evaluating them for inclusion in this report. Commission members agreed from the beginning that only those recommendations that had unanimous support would be incorporated into this final report.

Recommendations are constructed around three overarching goals:

- 1.) **Advancing more opportunities for independence and self-determination** for persons living with a mental illness, substance use disorder or developmental disability.
- 2.) **Better access to high quality, coordinated and consistent service and care** between agencies, service providers and across geographical boundaries.
- 3.) **Measuring outcomes and establishing meaningful metrics** to evaluate the effectiveness of services provided and to assess the progress of goals set by the individual, state, locals and service providers.

These goals guided the development of this report. Each Commission member is dedicated to ensuring that every person with a mental illness, developmental disability, or substance use disorder is treated with respect and integrity.

We believe this report provides first steps in a long-term road map of actionable recommendations to policy makers and stakeholders that if executed will increase independence, promote self-determination and ultimately improve the quality of life for those Michiganders affected by mental illness.

Each of us know someone affected by the challenges of a mental illness, substance use disorder or developmental disability. It remains a private matter for many and as a result, too often, we fail to recognize deficiencies in a system that is imperative to the health and well-being of our friends and our families. Now is the time to renew our commitment to the mental health and wellness of all of Michigan's residents.

Thank you for your foresight to convene this Commission and your ongoing commitment to this critical issue. We look forward to working together in the coming years to improve Michigan's mental health and wellness system.



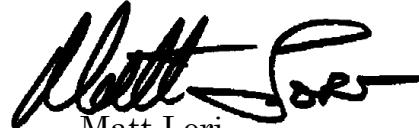
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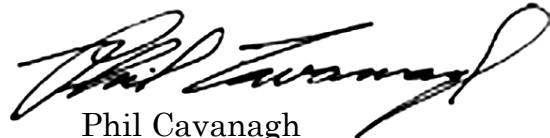
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MENTAL HEALTH AND WELLNESS COMMISSION REPORT

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Commission Membership

In February 2013, Governor Snyder issued Executive Order 2013-06, creating the Mental Health and Wellness Commission. The Commission is comprised of six members: Lieutenant Governor Brian Calley, Department of Community Health Director James Haveman, and one member of each legislative caucus. The members selected to participate on the Commission were Senator Bruce Caswell (R-Hillsdale), Senator Rebekah Warren (D-Ann Arbor), Representative Matt Lori (R-Constantine), Representative Phil Cavanagh (D-Redford).

Guiding Principles

As the Commission reviewed the various recommendations, several issues were discussed that members consider *guiding principles*. These areas reflect the vision the Commission members have for this report and the mental health system as a whole. The guiding principles should be considered when reviewing each of the recommendations within this report.

Value for Investment and Impact

Many of the recommendations of this report require financial or other resource support from various entities. When making any resource investment, it is important to not only consider the short-term cost but also the long-term impacts including the effectiveness of the programs and the services provided.

The Commission is committed to establishing accountability and a culture of continuous improvement in services offered. Historically, program design has not included elements for evaluation to deliver that accountability. We must be more efficient and provide better quality simultaneously and also have objective ways to ensure that the goals of each policy or service are being achieved.

The recommendations in this report are actionable and measurable items which will improve the quality of life for Michigan residents affected by mental illness, developmental disabilities, and substance use disorders. Financial investments must support these principles and policies must reinforce them. In addition, these recommendations should result in a

positive impact on the state as a whole, by potentially reducing long-term costs of corrections, social service dependence and inefficient use of the health care system.

System of Support and Coordination of Care

Mental health is part of overall health and the delivery of mental health services should be fully integrated and coordinated with our healthcare system.

Additionally, key support systems for children, such as schools, should recognize and coordinate (potentially integrate) goals, practices and objectives with clinical service providers. Families should have a customer friendly system that is uncomplicated to enter, easy to navigate and adapts to their needs. This report focuses on opportunities for partnership and individual plans for children and their families.

Integration of services is increasingly important, as is their coordination. The Michigan Department of Community Health should have clear responsibility to ensure the effective and efficient operation of the public mental health system. This will provide greater efficiency, coordination and service to individuals, families and service providers.

Service Providers Integration

We should consider the critical need to integrate and coordinate the healthcare workforce itself. Not only are traditional mental health professionals essential to Michigan's mental health and wellness, but so are our physical health care professionals. We know, for example, that lack of adherence to medication can have significant and adverse effects. Chronic or serious physical health problems can contribute to mental illnesses. All traditional health care professionals should be part of the mental health care model.

I. ASSESSMENT, TREATMENT, AND CARE COORDINATION

Coordination of care is critical to wellness, recovery and management of chronic illnesses. It becomes more complex and imperative to health and wellbeing for people with needs related to a mental illness, developmental disability or substance use disorder. Michigan is a leader in managed care systems. Even so, persons across our state experience significant disparity in accessing services through the Community Mental Health system and other state and local agencies. The Commission is recommending action to standardize rules, assessments, processes and the exchange of confidential information to facilitate expedient and coordinated care across the public service system.

Standard Assessment and Treatment

Because the public mental health system is community focused, each Community Mental Health Service Program has created programs specifically to meet the needs of their respective community. While this works well for persons who reside in one community for most of their life, many people find themselves relocating multiple times throughout their lives. Particularly, persons who do not have steady employment or housing may find themselves moving often, either following jobs or shelter. When moving between counties, this population may find it difficult to maintain consistent treatment, since the types of treatment provided can vary from county to county. As a customer moves from county to county, there must be continuity.

RECOMMENDATIONS

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| ✓ Enact legislation that requires all state departments to use the same substance use disorder provider credentialing standards in forms, processes and contracts, while meeting the needs of the populations served by each department. |
| ✓ Direct the Department of Community Health to develop a definition for a trauma informed system, program, and staff. The definition should be determined after review of the literature and other relevant resources by a committee with representation from stakeholders across the system. |

✓ Direct the Department of Community Health to incorporate common policies and guidelines, which should include a consistent definition for trauma, into contracts with Community Mental Health Service Programs, and local Public Health Departments. The Department of Human Services should also include these common policies and guidelines in contracts. These standards should require implementation of evidence-based, trauma informed care and health promotion.

✓ Direct the Department of Community Health to work with appropriate agencies and providers to implement statewide screening criteria for youth that assess possible emotional disturbances.

✓ Require the Community Mental Health system to employ standard, functional assessment tools, with reasonable reliability and validity ratings for youth and adults. These tools should be included in contracts and policies by the Department of Community Health.

✓ Review technology guidelines and reimbursement barriers to promote telemedicine services, ensuring citizens have better access to appropriate treatments and early interventions regardless of location.

✓ Update the Michigan Mental Health Code to match the federal Health Insurance Portability and Accountability Act and Family Educational Rights and Privacy Act to allow medical information sharing "in case of an emergency or in the best interests of the patient." Making this statutory change would give a family member or primary caretaker access to medical information of a person with mental illness who may be over the age of 18, in case of an emergency. This would allow for more timely access to mental health services when a person is in a crisis situation.

II. PHYSICAL AND BEHAVIORAL HEALTHCARE

The importance of maintaining contacts and sharing records between providers cannot be overstated. Access to services and cross-system care coordination are vital for persons who may be moving between counties or receiving services from more than one location. Care coordination, information sharing and efficiency of provider billing processes are also important in tracking services among physical and mental health providers, and others, including the foster care system and the justice system. It is essential that all steps to better coordinate care and share information are taken in a manner that protects the privacy of the individual.

Ensure consistent access to integrated physical and behavioral health services.

The integration of physical and behavioral health services is critical to the overall success and wellbeing of an individual with a mental illness or developmental disability.

RECOMMENDATIONS

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| ✓ Encourage the Department of Community Health, in collaboration with appropriate agencies and stakeholders, to develop a unifying plan that transcends boundaries in funding streams and develops appropriate cross contract incentives to harmonize the efforts of the Medicaid Health Plans, Pre-Paid Inpatient Health Plans, and Community Mental Health Service Programs. Consideration should be given to implementation of a bundled payment model that compensates providers for services based on outcomes that improve overall population health and reduce adverse outcomes. |
| ✓ Facilitate better access to necessary care and medications, while ensuring providers have adequate education and training to provide those services. |
| ✓ Take actions necessary to begin implementation of Section 2703 Medicaid Health Home in order to provide integrated physical and behavioral health care for priority populations. |
| ✓ Direct the Department of Community Health to present budget implications to the legislature for their consideration once the deaf and hard-of-hearing workgroup report is complete and submitted. The aforementioned workgroup is a product of Public Act 59 of 2013, Section 499. |

Remove barriers to billing comprehensive services in integrated settings.

Two components of ensuring that physical and mental health services are fully integrated include the identification of gaps and removal of barriers that providers experience as part of the billing and coding process.

RECOMMENDATION

- ✓ Identify gaps in coding that prevent integrated behavioral and physical health care for citizens and reimburse providers appropriately. Specifically, the Department of Community Health should consider activation of Current Procedural Terminology codes, recommended by the federal Substance Abuse and Mental Health Services Administration and by the Health Resources and Services Administration, to provide for payment of behavioral health in primary care settings, and enable Medicaid billing for evaluation and management codes. Barriers should be removed for billing of integrated services in both fee-for-service and Medicaid managed care plans.

Improve consistency and comprehensiveness of services.

By having consistent services across the state, and providing cross-system care coordination, an individual will have access to the same services and treatments regardless of their location.

RECOMMENDATIONS

- ✓ Establish a consistent and minimum formulary requirement that crosses all fee-for-service and Medicaid managed care plans. This formulary should comply with current law that respects physician prescribed psychotic and psychotropic medicine choices.
- ✓ Develop a “Medicaid Crosswalk” that shows Michigan Medicaid state plan amendments and waiver services. The Crosswalk will identify any gaps that exist for supports and treatments that are medically and chronically necessary.

✓ Endorse the Michigan Health Information Network efforts to support care-coordination across the boundaries of physical and behavioral health settings. The Department of Community Health should require the public safety-net providers to enhance their abilities for sharing healthcare information between providers and developing Health Information Technology to support care coordination.

✓ Ensure the Department of Community Health works with an independent entity to assess the short- and long-term effects across the state, the department, and our citizens of current and future programmatic decisions, utilizing current literature and relevant department data, which should be made available to the public.

✓ Explore options to address gaps in coverage for women postpartum who lose Medicaid coverage 60 days after birth.

III. ADDRESSING THE NEEDS OF CHILDREN

Detecting and treating mental illnesses and developmental disabilities early in life are essential to maximizing the benefits of available treatments.

According to the National Institute for Mental Health, 1 in 5 children experience a serious debilitating mental disorder at some point in their life². Many of these children touch more than one government service. The Department of Education, Department of Human Services (foster care), family courts, and the Department of Community Health (local service providers), all work with at-risk children. Appropriate services are needed to assure a fulfilling, independent adulthood, which can help control long-term public costs and improve quality of life.

Michigan needs to coordinate efforts among agencies, establish higher expectations for programs and achieve better outcomes for children. The following recommendations seek to accomplish those goals.

RECOMMENDATIONS

✓ Enact legislation that amends the Mental Health Code so that children placed by the Department of Human Services into long-term residential foster care are classified as a priority population for mental health services, even if their condition is mild.

✓ Work with local agencies to pilot innovative initiatives that address issues, such as children aging out of the public system, pediatrician involvement in care coordination, delivery of children services across government agencies, and statewide case management and treatment systems that follow high-risk children and their families whether they are in a residential facility, state hospital or non-residential setting in the community. This case management system should include an individual service plan accessible by all agencies serving that individual.

✓ Require standardization of information sharing practices and record access across agencies dealing with behaviorally challenged youth at risk of or experiencing detention/incarceration.

² National Institute for Mental Health

✓ Develop best practice guidelines for use by service providers and agencies coordinating care around the following topics: (a) community diversion of youth with serious emotional disturbance, developmental disability, and/or substance use disorder; (b) integration of behavioral and physical health care for youth; (c) standard care responses for youth who have experienced trauma; and (d) family-to-family support for foster children and adoptive parents.

✓ Appropriate resources for a common case management structure across Community Mental Health systems, the Department of Human Services, and Juvenile Justice for children involved in multiple systems and for those classified as high-risk. This should include a common data portal for parents and families and incorporate best practices for trauma treatment.

IV. RECIPIENT RIGHTS AND PERCEPTIONS

To accomplish long-term positive change, we must address discrimination, stereotypes and negative perceptions directly. We cannot afford inaction or reluctance to openly discuss the societal problems that accompany untreated mental illness.

Recent high-profile tragedies have ignited higher awareness of mental health and the need to be proactive. These tragedies should serve as a strong motivation to do better.

Recipient Rights

Michigan should soundly support the rights of individuals receiving services from their providers. The purpose of the Office of Recipient Rights is to ensure that citizens receive the services they need. Each Community Mental Health Service Program has a recipient rights officer. However, those recipient rights officers report to the director of the Community Mental Health Service Program, the very agency with which a consumer may be experiencing problems.

RECOMMENDATIONS

✓ Require local Community Mental Health recipients' rights officers to report to a third party.

✓ Require the mediation process to be the first step for complaints or concerns relating to publicly funded behavioral healthcare.
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Stigma

Stigma associated with mental illness can be a primary deterrent from seeking care. It can also have negative effects on how an individual is perceived in the workplace, social surroundings and other life settings. Mental illness can affect anyone. An ongoing determination to reduce the stigma of mental illness is critical and to truly eradicate stigma, we need all Michigan citizens to take part in the effort to encourage family, friends and neighbors who need support.

RECOMMENDATIONS

- ✓ Eradicate the phrase “Mental Retardation” in Michigan law by revising all Michigan statutes that use “mentally retarded” (or variations thereof) and replace it with “developmental disability” (and variations thereof).
- ✓ Partner with advocacy organizations across the state and Community Mental Health Service Programs to implement stigma reduction campaigns that will be promoted in various traditional and social media outlets across the state. These stigma campaigns should have a focus on personal stories and peer-to-peer support with an outreach toward their respective community.
- ✓ Conduct a survey of what action steps various Community Mental Health Service Programs are taking to reduce stigma and evaluate their results. Upon completion of the survey, action should be taken to promote the programs that have proven effectiveness.
- ✓ Collaborate with the Michigan Economic Development Corporation and the Department of Community Health to develop a Pure Michigan marketing strategy to highlight opportunities for families living with disabilities. It is important that we highlight the beauty of Michigan, along with the state’s commitment to ensuring everyone can enjoy it.
- ✓ Encourage the Attorney General’s office to review their duty and non-duty processes related to how a state employee with a mental health or developmental disability case is handled. Incorporating programs to reduce stigma should be considered in this review.

V. EDUCATION

Our education system is an important partner in the successful provision of mental health services. Coordination between local and intermediate school districts and healthcare providers in the education system can help ensure our children have access to the services and treatments they need at the earliest point possible.

RECOMMENDATIONS

- ✓ Direct the Department of Education and the Department of Community Health to create and implement recommendations for best practices in mental health services for students. This model could include Mental Health First Aid, recommended ratios of school based mental health care providers (school social workers, school counselors, and school psychologists), and other recommendations. The Department of Education and the Department of Community Health should collaborate with representatives of school districts, as well as with representatives from these professions, and legislative appropriations committees to develop a model for districts to consider in their efforts to meet the educational and mental health needs of students throughout Michigan.
- ✓ Expand Child and Adolescent Health Centers by first evaluating and identifying the number of areas that may also be considered both Primary Care Health Professional Shortage Areas and Medically Underserved Areas that do not currently have a Child and Adolescent Health Center. Upon completion of this evaluation, a process would begin to expand the clinics in those identified Medically Underserved Areas that don't currently have an adequate Child and Adolescent Health Center Program.
- ✓ Ensure that public school “educational services and supports” are a priority in the next phase of implementation of the Autism Spectrum Disorder State Plan by working with the leadership of the Autism Council, the Department of Community Health and the Department of Education. The goal of this partnership is to develop work plans (including objectives, activities, and deliverables) gather information, conduct needs assessments, trainings, and develop resources.
- ✓ Allow flexibility in the State’s portion of special education and at-risk funding to school-based mental health programs in each district through legislative action in both statute and appropriations process.

- ✓ Encourage schools to support programs that help children with developmental disabilities to be accepted by their peers, such as Special Olympics' Michigan Project UNIFY®. More than 60 percent of students with developmental disabilities report being bullied. As such, programs that help all children feel included and give them the respect they deserve are vital in encouraging more inclusive school environments and battling stigma.

VI. EMPLOYMENT

Many individuals with mental illness or developmental disabilities can work and have the desire to work. However, one of the greatest challenges can be finding appropriate employment opportunities. Individuals with mental illness or developmental disabilities can offer a lot to the economy by being afforded the opportunity to work and having a job can add to an individual's quality of life. Michigan should strive to provide those with mental illness and developmental disabilities job opportunities across all sectors.

RECOMMENDATIONS

✓ Review definitions and criteria for eligibility to participate in Community Ventures and other potential public-private-partnership programs that encourage secure access to employment and also provide onsite wrap-around services. The review should include both administrative protocol and statute, to ensure that persons with a mental illness or developmental disability are included in a meaningful way.

✓ Revise administrative policy instructing all personnel who assist in the development of individual person-centered plans to include employment objectives for clients who wish to be employed.

✓ Increase the number of Project Search sites across Michigan. Project Search places young adults with a variety of developmental disabilities as interns in local businesses during their last year of school eligibility. Students spend a minimum of six hours per day on-site at the local business for the entire academic year. Project Search sets a goal for all program sites to strive for 60 percent to 100 percent employment outcomes within their respective program's school calendar year. Increasing the number of Project Search sites across Michigan will provide a greater number of individuals with employment opportunities which can lead to more financial and personal independence, less reliance on safety net programs, and a higher quality of life for our citizens.

✓ Adopt a statewide policy, either through legislation and/or executive order, on employment that honors the choices and goals of the individual and includes a variety of appropriate options to achieve those goals. It is also recommended that the State of Michigan be a leader in adopting these employment practices within state government.

- ✓ Expand the number of sites incorporating the Pathways to Potential model and ensure that each site includes access to employment and training services for students with a mental illness, substance use disorder or developmental disability. The Pathways to Potential program places the Department of Human Services caseworkers in schools to help families overcome barriers to academic success. Additional partners in the school include health clinics, mental health organizations, employment agencies that offer training in job skills, resume writing and entrepreneurship; and educational organizations that offer classes or programs such as GED, literacy, English as a second language, financial planning, tutoring, and mentoring.

VII. HOUSING

According to the Homelessness Management Information System supported by the Michigan State Housing Development Authority, more than 86,000 people in Michigan are homeless and thousands of them have a mental illness, developmental disability, and/or substance use disorder. Addressing the needs of this population can be challenging, since consistent housing is an essential element for stability and healthcare maintenance. The importance of safe shelter is a vital part of assuring adequate service provision.

RECOMMENDATIONS

- ✓ Direct the Department of Community Health and the Michigan State Housing Development Authority to work together to develop projects and initiatives to provide 500 new housing units over the next three years. These units will be developed incorporating recommendations from the Michigan Interagency Council on Homelessness Ten Year Plan to End Homelessness and targeted to those areas with the highest need, as identified by the Department of Community Health and the Michigan State Housing Development Authority. The Michigan State Housing Development Agency should work to direct resources to accomplish this recommendation.
- ✓ Enact legislation adding persons that are chronically homeless and/or frequently involved with law enforcement and have substance use disorders and/or mental illness as a priority population for Community Mental Health Service Programs.
- ✓ The Department of Community Health should work with the Michigan State Housing Development Authority to identify current permanent supportive service models that have been successful so that local Community Mental Health Service Programs across the state can help facilitate and provide independent living services for housing developments in their area.
- ✓ Integrate specific elements of the Housing Management Information System into a new “Web Based Data Integration Tool” being developed in the Medical Services Administration. This Medical Services Administration tool provides integration information to care managers on all sides of the system of care. When shelter use and homeless statistics are available along with pharmacy data, emergency room use, and other utilization data, better planning at the individual case and population level can be done by clinicians and agencies.

✓ Establish a data-mapping system to allow for identification of areas with high levels of chronic homelessness so that program funding may be targeted to specifically encourage investment in housing development and service delivery where the need exists.

✓ Formalize and elevate the Interagency Council on Homelessness, either in statute or through executive action.

VIII. RESIDENTIAL CARE

During the 1960s, the mental health system began the transition from an institutional-based model to a community focused network. This transition has moved at different paces throughout the nation, but Michigan was at the forefront of this campaign, and now maintains only four state-funded psychiatric facilities and one forensic center. Michigan has sixty private psychiatric hospitals with more than 2,200 beds. Approximately 200 of those are for children. When possible, the state and its providers strive to keep people in their communities and in residential settings that support independence and personal freedom.

Small residential facilities provide options for persons who may not be stable enough to secure individual housing and require intensive supports and services. These residential facilities are privately operated and licensed by the state of Michigan. These licensing requirements are focused on safety and appropriate care provisions, and not on targeting the populations who may benefit most from spending time in such an environment. Residential service providers may turn consumers away who they deem difficult. The state must revisit our relationship with residential service providers to ensure that consumers have every option available to them to build a life of independence and dignity.

RECOMMENDATIONS

✓ Authorize intermediate care beds for both juveniles and adults with a mental illness. Care beds should be made available on a regional basis for stay periods from 48 hours to 30 days and incorporate substance and alcohol use disorder as well as mental health issues.

✓ Ensure licensing rules “keep pace” with community-based treatment for children and adults who have complex needs/challenging behaviors. The Department of Human Services should add a special licensing rule section for these high-risk, high need children and adults in residential placements. Current rules for all residential settings do not incent providers to take high-risk children or adults. Policies and rules should be revised to focus on greater capability to provide secure residential treatment.

✓ Develop and adopt performance criteria for adult foster care homes.

✓ Ensure that keeping families together is a priority for placement. The Department of Community Health should develop a plan to provide incentives for adult foster care homes to hold empty beds so that if siblings need placement, they can be together whenever possible.

✓ Revise the adult foster care policies and rules to focus them toward greater capability to provide secure residential treatment. The need for secure centers is paramount.

✓ Enhance coordination of care between Community Mental Health Service Programs and nursing homes.

IX. VETERANS

Michigan is home to nearly 700,000 veterans. In the recent wars, more than 45,000 Michigan residents served abroad, returning home with many injuries, seen and unseen. Too often today, our service members, veterans and their families, face a system of services that can be difficult to navigate and may not respond in a timely manner to their needs. While continuing to urge the United States Veterans Affairs Administration to meet its responsibility to our veterans and their families, Michigan will ensure that they receive the quality and timely care they deserve.

Michigan made a commitment to its veterans in 1946 by creating the Michigan Veterans Trust Fund, which provides temporary assistance to eligible Michigan wartime veterans and their families experiencing economic hardships. To be eligible for a grant from the Veterans Trust Fund, a veteran or his or her dependent must be a legal resident of Michigan and meet several service requirements, including having been honorably discharged with at least 180 days of active wartime service or appropriately separated based on physical or mental disabilities.

RECOMMENDATIONS

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| <p>✓ Enact legislation that amends the Mental Health Code to include veterans as a priority population for service provision from the Community Mental Health Services Providers. The definition for veterans pertaining to this section should be as broad as possible.</p> |
| <p>✓ Explicitly enumerate mental health care as an allowable expense under the Michigan Veteran Trust Fund. Assistance is available for veterans and their families to prevent "undue hardship." Examples of situations in which help may be given include hospitalization, medical services which cannot be secured from another source, food, fuel, clothing, or shelter. It is important to clearly state that mental health care services are an essential need and are an acceptable "undue hardship" for application grant assistance.</p> |

✓ Ensure consistent access to quality support services for veterans by directing the Michigan Military and Veterans Affairs Agency to certify that there is sufficient county, regional and statewide assistance, as determined by the veteran population and need. Furthermore, performance metrics should be instituted that will ensure consistent quality of assistance statewide. Regardless of where a veteran lives, he/she should be afforded the same level of quality assistance in applying for federal, state and local benefits.

✓ Direct county veteran counselors, veteran service officers and other service providers to incorporate mental health care referral services in daily operations. This will assist veterans in understanding what mental health care support they are eligible to receive and where to find care closest to them.

✓ Create and implement a “no wrong door” policy for veterans seeking mental health services. This should be done through the collaboration of the appropriate departments, service providers, non-profit organizations and other community-based resources to enable veterans to easily seek out and gain access to mental health care.

X. SAFETY

A top priority for the Commission members is the safety of all Michigan citizens. Specifically related to mental health, it is imperative that those suffering with a mental illness feel protected and that local law enforcement is provided with the training, education and resources to know how to effectively respond to emergency mental health situations.

Emergency Response

Persons with mental illness or substance use disorders can pose a threat to themselves or others if they are not receiving appropriate care. When this happens, our law enforcement agencies are usually the first government contact these persons may encounter. We cannot expect our law enforcement agencies to be experts in mental health, nor can we expect that they have the time or skills to provide the services this population might need. We should, however, make sure that they have the tools to appropriately identify when an individual is better served through the mental health system than the court system and we should ensure that the system is in place to handle those persons they may refer.

RECOMMENDATION

- ✓ Implement and install the use of Smart 911 across the state. The more emergency respondents know about a crisis situation and the people involved, the better they will be able to help those in that emergent situation. Smart 911 is a system that allows the individuals(s) to voluntarily provide relevant data regarding their home, family and circumstances. Responding officers would have confidential access to the individual's information that would provide them with accurate, detailed caller data prior to arrival on scene.

Diversion Council Support

In February of 2013, Governor Snyder issued Executive Order 2013-7 creating the Mental Health Diversion Council. The goal of this Council is to reduce the number of people with mental illness or developmental disabilities entering the corrections system, while maintaining public safety; improve behavioral health screening, assessment, and treatment of individuals involved in the criminal justice system to improve identification, reduce risk,

and provide adequate care for complex behavioral health conditions; and, coordinate the use of state and local resources to provide necessary improvements throughout the system, including stakeholders in law enforcement, behavioral health services and other human services agencies³. All of this is being accomplished by the adoption and implementation of the Mental Health Diversion Council Action Plan⁴.

Many topics and issues overlap between the work of the Commission and the Council. The Commission discussed the following recommendations and yields its support to the Council as they currently work to address these areas:

- ✓ Creating a training program for local Community Mental Health Service Programs, courts and local law enforcement in assisted outpatient treatment that would be available in current law and remove barriers to broad usage statewide.
- ✓ Evaluating the Mental Health Code Chapter 4 and incorporating additional changes (beyond Assisted Outpatient Treatment) to reach persons in distress who are resistant to treatment. Any such effort must include involvement and collaboration with advocacy groups.
- ✓ Providing one criteria and process for involuntary treatment law.
- ✓ Evaluating the impact of Attorney General Opinion No. 7231 of 2009, and developing solutions to any problems that have resulted from that Opinion.
- ✓ Reviewing state statute regarding the right to refuse medication.
- ✓ Financially supporting in-jail mental health services.
- ✓ Seamlessly transitioning individuals from incarceration back into the community.

The Commission appreciates the work of the Diversion Council and stands ready to partner with them to assist with the implementation of its recommendations.

³ Executive Order 2013-7: http://michigan.gov/documents/mentalhealth/EO_2013-7_421440_7.pdf

⁴ Diversion Council Action Plan: http://michigan.gov/documents/mentalhealth/diversion_430011_7.pdf

Juvenile Justice

While the Diversion Council has made significant strides in their effort to help divert individuals with mental illness or substance abuse problems out of the criminal justice system and into appropriate treatment, it is solely focused on the adult population. In an effort to have an overall comprehensive diversion program, the juvenile justice system must be reviewed and coordinated with the action of the Mental Health Diversion Council.

RECOMMENDATION

- ✓ Establish a Juvenile Justice Diversion Council modeled after the current Mental Health Diversion Council that focuses on adults. The Juvenile Justice Diversion Council will rest within the current Mental Health Diversion Council in an effort to ensure there is coordination between the two systems. The membership of the Mental Health Diversion Council will be expanded to include representatives that have experience in juvenile justice

The Commission urges the Governor to establish the Juvenile Justice Diversion Council within the current Mental Health Diversion Council with goals that would include, but not be limited to:

- ✓ Ensuring a universal statewide tool is utilized across the state for courts to administer and properly evaluate and assess youth as they enter the juvenile justice system.
- ✓ Providing support and assistance to existing juvenile mental health courts and foster further expansion of such courts.
- ✓ Monitoring and follow-up of Michigan juvenile competency legislation enacted in 2012.
- ✓ Following-up on the results of the Department of Human Services juvenile justice behavioral health study (expected to be completed in late 2014).
- ✓ Seeking ways in which the state can assist communities in developing and implementing mobile crisis response for youth psychiatric emergencies.
- ✓ Standardizing and centralizing records, as well as improving information-sharing, among agencies dealing with behaviorally challenged youth at risk of or experiencing detention/incarceration.
- ✓ Improving training for Youth Crisis Intervention for law enforcement.

- ✓ Clarifying statutory/contractual relationship between law enforcement and the Centers for Medicare and Medicaid Services regarding juvenile diversion.
- ✓ Developing best practice re-entry strategies for youth leaving juvenile justice facilities.

XI. OTHER

Continuing Work of the Mental Health and Wellness Commission

While the Commission has spent the last year working to identify gaps in our current mental health system and provided recommendations to address those gaps, the Commission has more work to do.

RECOMMENDATION

- ✓ Revise Executive Order 2013-6 to extend the life of the Mental Health and Wellness Commission through 2015 in an effort to monitor and aid the implementation of recommendations contained within this report and to thoroughly review additional mental health areas that were not adequately addressed in this report.

The areas would include but are not limited to:

- ✓ Overcoming transportation challenges for those with developmental disabilities, mental illnesses and substance use disorders
- ✓ Juvenile Justice Diversion Council follow-through
- ✓ Transition planning for parents and children
- ✓ Evaluating the policies, programs and services outlined in this report