



2023 Advocacy Priorities

Conflict-Free Case Management

BPHASA (Behavioral, Physical Health, and Aging Services Administration) has been convening a work group called Conflict-free Access and Planning. The Arc Michigan is participating in this group.

Direct Care Workers (DCWs)

Continuing to address the **direct care work force crisis** is imperative. We must prioritize increasing the compensation for this most important and critical component of supports and services to persons with developmental disabilities.

The Arc Michigan facilitates a coalition of state-wide disability advocacy, disability rights and disability service provider organizations focused on increasing Medicaid funding to increase the wages of direct care workers who provide supports to people who receive services via Michigan's Community Mental Health system. The current efforts of the coalition include:

- Advocating for one-time retention bonuses to DCWs using federal American Rescue Plan Act (ARPA) funding, which includes funds specifically for Home and Community Based Services (HCBS), to incentivize DCWs in this constantly evolving workforce. This was included in the Governor's Supplemental Request 2022-23 but never adopted by the Legislature.
- Our second advocacy item focuses on increasing DCW wages in addition to the \$2.35/hour that was made permanent. Our aim is to get DCW starting wages to \$18/hour statewide in the FY24 budget. It is also paramount to include supervisors as a part of this increase as they often are engaging directly with the individuals that they serve, and they were not included in the prior \$2.35 wage pass through. Additional ways to support and value DCWs is to ensure they are receiving benefits, paid time off, and annual cost of living increases to stabilize the DCW workforce.

The Arc Michigan also actively participates in the State of Michigan's Direct Care Workforce Advisory Committee, Care Can't Wait Michigan and the Olmstead Coalition to advocate for and support DCWs in the behavioral health setting.

Education

It is important that The Arc Michigan Education Committee is aware of and provides input when changes to Michigan Administrative Rules for Special Education (MARSE) or education legislation is proposed that impacts students with disabilities.

- The Education Committee discusses relevant education topics, including reviewing and studying Michigan Department of Education, Office of Special Education guidance, proposed rules changes to the Michigan Administrative Rules for Special Education (MARSE), and proposed education legislation. The committee provides public comment as appropriate. The committee develops and updates The Arc Michigan Position Statements related to education. Committee members share the above information with their organizations to further advocacy efforts. <https://arcmi.org/public-policy/education-committee/>
- Special Education Advocacy for Students Experiencing Foster Care

The Arc Michigan received a grant from the Michigan Department of Health and Human Services (MDHHS) to coordinate and support the efforts of special education advocates for students experiencing foster care across the state of Michigan. For more information click [here](#).

- ✓ We are working on finding long-term sustainable solutions in order to offer this level of support to youth who experience the intersection of being in both Michigan's Special Education system and Foster Care system.
- ✓ To that point, we are engaged in the newly formed Education and Foster Care Workgroup that the Michigan Department of Education and Department of Health and Human Services co-lead together to impact sustainable and positive changes for this population.

Person-Centered Planning, Self-Determination, Independent Facilitation

Inconsistency in access to, and implementation of, Person and Family-Centered Planning, Self-Directed Service Arrangements and Independent Facilitation must be addressed by MDHHS. The Arc supports a statewide effort aimed at improving current systems, as well as improving individual/family experiences for those served within the Public Behavioral Health System.

- The Arc Michigan interviews people with disabilities and family members about their experience with person-centered planning during the MDHHS site reviews to improve services at CMHSPs.
- We facilitate Partners Advancing Self-Determination.
- Arc Michigan staff also maintain the Person-Centered Planning & Self-Determination Help Desk which answers questions people may have about self-directed services and person-centered planning.
- Additionally, the Arc Michigan helps to plan MDHHS' annual Self-Determination Conference.

Regional Entity Status Change

The ten Prepaid Inpatient Health Plans (PIHPS), the managed care entities responsible for distributing Medicaid to the forty-six community mental health services providers (CMHSPS) and enforcement of state and federal rules, regulations, statutes, and contract provisions were formed under the regional entity statute section of the Mental Health Code, 330.1204(b).

- The boards of directors of the PIHPs are populated with board members from the community mental health services providers who comprise the PIHP. This constitutes a conflict of interest in light of the role of the PIHP. The board structure of the PIHPS needs to be revised so that the majority of board members are not CMHSP board members.
- The Arc Michigan and partner organizations are working to make this change in the PIHP Boards of Directors.

Statewide Service Discrepancies

The state-funded behavioral health system **must eliminate statewide discrepancies in the availability of services and supports**. Where you live cannot determine the quality or scope of services and supports. Significant inequalities across the state are found in person-centered and family-driven/youth-guided planning, self-directed services and supports, and criteria for priority service and CMHSP pre-admission screening determinations. Existing discrepancies must be eradicated for statewide equity and quality.

- The Arc Michigan participates in a Statewide Advocacy Group that is focused on this issue, and data will continue to be collected during site reviews.
- The Arc Michigan is monitoring developments at MDHHS (Michigan Department of Health and Human Services) and its Executive Director meets monthly with staff from BPHASA.

Supported Decision-Making

Far too often guardianship is granted in the courts of our state as a matter of course when no evidence of a need for guardianship has been presented or argued.

- The Arc Michigan will actively support legislation requiring a finding on the record of the necessity of guardianship before a guardian can be appointed and that the record shows the court has considered whether the individual's needs may be met without the appointment of a guardian through other supports, services, and alternatives.
- We will work with Guardianship Diversion Committee of the Elder Abuse Task Force to develop a process that will provide information and support, when a petition for guardianship is filed with the court, to assist with putting in place needed supports, services, and/or any other alternatives available to the individual, that would eliminate the necessity for guardianship.
- To implement actions, and engage services, which are consistent with a person's wants and needs, a Guardian must meet regularly with their ward to ask, see for themselves, and establish what those wants and needs are.
 - ✓ The Arc Michigan will actively support legislation requiring mandated regular meetings between guardians and their wards.
- People with Developmental Disabilities deserve equal treatment under the law. The current laws of the Mental Health Code, under which most guardianships for people with developmental disabilities fall, does not provide the same protections that people receive under Estates and Protected Individuals Code (EPIC).
 - ✓ We will advocate for parity between the laws of guardians EPIC and under the Mental Health Code.

Issues We Monitor

Adult Home Help

Adult Home Help is the Medicaid State Plan Personal Care Program that provides in home services to those who qualify for assistance with Activities of Daily Living (ADLs), which include: eating or feeding, using the bathroom, bathing, grooming, dressing, transferring, and mobility. If the individual qualifies for assistance with ADLs, then they may also get assistance with Instrumental Activities of Daily Living (IADLs), which are: taking medication, meal preparation, laundry, housework, and shopping.

- We will continue to advocate for closing wage disparities between individual direct care workers (DCW) in Home Help and those providing supports and services in other Medicaid funded programs.
- We will continue to monitor the roll out of the Electronic Visit Verification process to advocate for ease of use, accuracy, flexibility, and accessibility.

Behavioral Health Integration

Although the existing 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. In particular, we will be monitoring the plan for dual eligibles to transition to a Highly Integrated Plan. This currently does not include folks in the Behavioral Health system.

- The Arc Michigan continues to monitor efforts to turn the mental health system over to the Medicaid Health Plans in an effort to integrate services.

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs are demonstrations that aim to improve behavioral health services. Thirteen behavioral health service providers are participating in the demonstration program. These sites, comprised of both rural and urban locations, include 10 Community Mental Health Services Programs (CMHSPs) and three non-profit behavioral health entities, together serving 16 Michigan counties.

- Because CCBHCs appear to be based on a medical model, we are monitoring their development and expansion.

Funding

Our public mental health system is underfunded. Additionally, state law requires CMHSPs to be the safety net for persons who have nowhere else to turn and those who have no insurance. The current system leaves many non-Medicaid individuals with unmet needs, they are not given the proper consideration for eligibility, are placed on waiting lists, and left without services or assistance from anyone. An increase in general fund dollars and working to **ensure sufficient funding** for our public mental health system must be a priority.

- The Arc Michigan supports various efforts to alleviate **spend-down issues**, whether using a 1915(i) Waiver, additional mental health funding, or a change in the protected income level.

HCBS Transition

The deadline for compliance with the Home and Community-Based Services (HCBS) is 3/17/23. The state filed a Corrective Action Plan asking for, amongst other things, six months following the CMS response to their heightened scrutiny submission in which to help people move to HCBS compliant settings.

- The Arc Michigan will closely monitor what happens to the settings in heightened scrutiny and how the state assists individuals who need to move. The list is currently being reviewed by CMS.

Supplemental Security Income (SSI)

Currently individual SSI recipients may not have more than \$2,000 in assets. An SSI eligible couple may have no more than \$3,000 in assets. Asset limits have not been raised since 1989, and that increase only partially offset the effects of inflation up to that point. These asset limits do not allow people to save for the kinds of emergencies we all face, like having to move, or a furnace that needs to be replaced, or even some auto repairs.

- We will continue to support the advocacy work of the Arc of the US to get the **SSI Savings Penalty Elimination Act**, which did not pass in the last legislative cycle, re-introduced and passed.

Waiver Renewals

Michigan's Waivers are up for renewal in 2024.

- The Arc Michigan will follow the progress, offer to assist, and provide comments for any drafts provided. If we are not allowed to participate in the process, The Arc Michigan will provide comments during the public comment period.

COMMUNITY MENTAL HEALTH MEDICAID FUNDING

FEDERAL GOVERNMENT



CENTER FOR MEDICARE & MEDICAID SERVICES

Medicaid - Federal dollars that pay for healthcare for qualified persons

CMS



MDHHS

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

State agency that contracts with the 10 Prepaid Inpatient Health Plans

PREPAID INPATIENT HEALTH PLAN (PIHP)

There are 10 PIHPs, a federally designated managed care organization that gives Medicaid to CMHSPs

**10
PIHPs**



**46
CMHSPs**

COMMUNITY MENTAL HEALTH SERVICE PROVIDER

There are 46 community mental health service providers serving 83 counties in Michigan



10 PIHPs & 46 CMHSPs



1 NorthCare Network

- Pathways CMH
- Copper Country CMH
- Hiawatha Behavioral Health
- Gogebic County CMH
- Northpointe Behavioral Systems



- AuSable CMH
- Centra Wellness Network
- North Country CMH
- Northern Lakes CMH
- Northeast MI CMH

2 Northern Michigan Regional Entity

3 Lakeshore Regional Entity

- OnPoint | Allegan County
- HealthWest | Muskegon
- Network180
- CMH Ottawa County
- West MI CMH



- Barry CMH Authority
- Riverwood Center
- Pines Behavioral Health
- CMH of St. Joseph County
- Summit Pointe
- Van Buren County CMH
- Integrated Services of Kalamazoo (ISK)
- Woodlands Behavioral Healthcare Network

4 Southwest Michigan Behavioral Health

5 Mid-State Health Network

- Bay-Arenac BHA
- CEI CMH
- Gratiot CMH
- Huron CMH
- LifeWays CMH
- Montcalm Care Network
- Shiawassee Health & Wellness
- Right Door for Hope, Recover, & Wellness
- Newaygo CMH
- Saginaw CMH
- Tuscola CMH
- CMH for Central MI



- Washtenaw County CMH
- Lenawee CMH Authority
- CMH Services of Livingston County
- Monroe CMH Authority

6 CMH Partnership of Southeast Michigan

7 Detroit Wayne Integrated Health Network

Detroit Wayne Integrated Health Network (DWIHN)



Oakland Community Health Network (OCHN)

8 Oakland Community Health Network

9 Macomb County CMH

Macomb County CMH (MCCMH)



- Genesee Health System
- Lapeer County CMH
- Sanilac County CMH
- St. Clair County CMH

10 Region 10

2022 MENTAL HEALTH SCREENING DATA RESULTS



33,554

Michigan citizens accessed the mental health screenings available through the MHAM website.

Michigan ranks

17th

in the nation overall for both the incidence of mental health disorders among adults and children and for access to care.*

Michigan ranks

35th

in the nation for the incidence of mental health disorders among children and teens and for access to mental health services.*

Top 5 Most Prevalent Conditions:

ADHD
9%

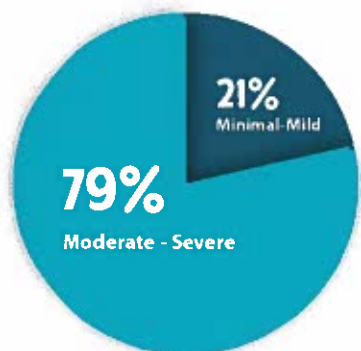
ANXIETY
17%

BIPOLAR
17%

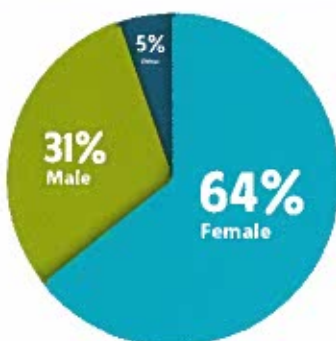
DEPRESSION
30%

EATING DISORDER
7%

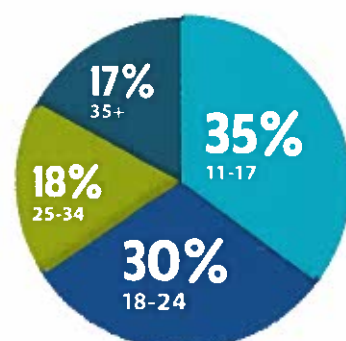
SEVERITY OF CONDITION:



GENDER:



AGE:



TOP 3 CONTRIBUTORS TO MENTAL HEALTH PROBLEMS

1. Loneliness

2. Relationships

3. Body Image

46%

have previously been diagnosed with a mental health condition.

*Statistics for Michigan's ranking are from the 2023 State of Mental Health in America report by Mental Health America.

An anonymous online mental health screening is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition.



**SCAN THE QR CODE TO TAKE
AN ANONYMOUS SCREENING.**



If you are in need of immediate assistance, you can:

- **Call or text 988**
- **Call the National Suicide Prevention Hotline at 1-800-273-TALK**
- **Text MHA to 741-741 to talk to a trained counselor from the Crisis Text Line**

CUSTOMIZED MENTAL HEALTH TRAININGS



The Mental Health Association in Michigan (MHAM) has advocated for Michiganders since 1936. We provide education and promote productive conversations around mental health and substance abuse disorders in the legislature. With policymakers, mental health professionals and the general public, we facilitate important discussions that yield deeper understanding about mental health conditions like depression, anxiety, bipolar as well as substance abuse disorders, which have increased significantly across the state in the last four years. Now, we're extending the dialogue to Michigan's workforce.

In response to overwhelming demand, MHAM provides customized mental health and substance abuse education to employers in all industries. Customized virtual and in-person services include:

- Leadership training to handle mental health and substance abuse issues according to health insurance policies.
- Custom, tangible toolkits for leadership.
- Leadership sessions to critically examine and address your organization's pain points.
- Individualized training for leadership, members and volunteers.
- Contracts tailored to the individual needs of your organization.

Partner Testimonials

"The Michigan Association of Broadcasters is a proud partner with the Mental Health Association in Michigan which has consistently provided support and resources, particularly for journalists who are covering some incredibly challenging stories. MHAM President & CEO Marianne Huff and her team bring a strategic, thoughtful approach to training and education initiatives that benefit people who need support connect and identify ways to seek help. The commitment of MHAM to move the conversation of mental health in Michigan forward and back it up with action is an invaluable resource not only for the broadcast community we represent, but the entire state."

— Sam Klemet, President & CEO
Michigan Association of Broadcasters

"Grateful for the custom education MHAM has provided to our leadership and apprentices. We appreciate and value our members and sometimes we're required to have tough conversations. MHAM was able to give us specific mental health resources and how to facilitate necessary interaction with role playing and possible scenarios. Their ongoing training enables our apprentices to be better prepared for mental health and substance use issues that may come in life."

— Price Dobernack, Business Manager
United Association of Plumbers and Pipefitters
Local Union 333

Membership Form

Advocacy | Support | Education



Application Date: _____

MEMBERSHIP LEVEL

- Individual Member | \$50
- Organizational Member | \$300
- Discounted Individual Member | \$25
(Students, retirees, military, persons with lived experience or financial hardship)

INDIVIDUAL MEMBER CONTACT INFORMATION:

First Name: Last Name: Credentials:

Title: Org/Comp:

Address: City:

Zip: Phone: E-Mail:

ORGANIZATIONAL MEMBER CONTACT INFORMATION:

Organization Name:

(Main Contact) First Name: Last Name: Credentials:

Title: Website:

Address: City:

Zip: Phone: E-Mail:

(2nd Contact) First Name: Last Name: Credentials:

Title: Phone: E-Mail:

(3rd Contact) First Name: Last Name: Credentials:

Title: Phone: E-Mail:

Other Notes:

VALUES THAT GUIDE MHAM'S WORK

Access to Quality Care

It is essential that people with mental health conditions have access to the appropriate level of quality care with adequate supports based on individual needs and provided without delay or arbitrary barriers.

Treatment and Continuum of Care

"Continuum of care" is a concept involving an integrated system of care that guides patients over time through a comprehensive array of mental and physical health services spanning all levels of intensity of care. Improved outcomes will result from the use of evidence-based treatments, coordination among providers, and prevention of interruptions in care. Continuous quality improvement with appropriate evaluation and oversight will maintain high standards of care.

Children's Mental Health

The unique mental health needs of children, youth, and their families require a team approach of mental and physical health providers, educators, behavioral specialists, and the family broadly defined. The continuum of care for children and youth includes home services, community-based services, crisis services, and the availability of higher intensity services to improve safety and treatment outcomes. Treatment should be family-driven and youth-guided.

Parity of Mental and Physical Health Care

Coverage and availability of mental health treatment must be comparable to that provided for physical health needs.

Independence in Recipient Rights

Recipients of mental health services need an independent system to evaluate complaints, ensure rights are protected, and allow for appeal when services are denied. Alternative dispute resolution procedures should be available where appropriate. Currently, a complaint is often evaluated and decided by the same entity that delivers care.

Substance Use Disorder Treatment

MHAM supports complete integration of the treatment of substance use and mental health disorders and an end to discrimination against people in recovery from substance use disorders. Treatment for substance use disorders should follow harm reduction guidelines whenever possible.

Criminal Justice and Mental Health

MHAM supports the use of outreach and prevention initiatives to involve adults and youth with mental health conditions in treatment before a crisis occurs. For persons with mental illness accused of crimes, we support the use of treatment alternatives to the criminal justice system whenever mental health or substance use treatment is a reasonable alternative to confinement or other criminal sanctions. When criminal justice dispositions are required, persons with mental illness should receive evidence-based treatments.

Eliminate Disparities and Discrimination in Care

The mental health system must provide culturally sensitive, trauma-informed, and appropriate care to all populations while working to understand, acknowledge and resolve the impact of historical and current racial and social inequities.

Health Care System Improvements

MHAM supports an integrated care model that allows the primary care physician and the behavioral health specialist to work collaboratively as part of the individual's treatment team. Mental health and physical health are interwoven and must be regarded as equally important. This applies to privately and publicly funded health care systems. Integration of behavioral and physical health care services for patients is an issue distinct from financial integration at the system level.

