



Michigan

In 2006, Michigan's mental health care system received a grade of C. Three years later, it has dropped to a D. As a result of the foundering economy, the need for mental health services is increasing, but the community mental health system is greatly challenged.

Michigan has a Medicaid program that provides an array of evidence-based practices (EBPs) and reflects a person-centered, recovery-focused approach to care. But for those who are not eligible for Medicaid, mental health services are often very limited, difficult to access, and crisis-driven.

The Mental Health and Substance Abuse Administration in the Michigan Department of Community Health (MDCH) contracts with 18 regional prepaid inpatient health plans (PIHPs) that deliver Medicaid mental health services through community mental health service programs (CMHSPs). The state contracts directly with 46 CMHSPs to provide non-Medicaid community mental health services in 83 counties.

Consumers and families note that MDCH is open, accessible, and committed to providing EBPs and to expanding the state's groundbreaking work in person-centered planning. The state has close to 400 peer support specialists who work in a variety of settings. Every CMHSP has at least one consumer-run drop-in center or clubhouse.

Michigan has steadily implemented EBPs, which include 88 Assertive Community Treatment (ACT) teams, statewide family psychoeducation, and both cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT). Significant efforts have been made to provide integrated dual diagnosis treatment (IDDT) for co-occurring mental health and substance use disorders in every region, with an important focus on building capacity through training and technical assistance. As acute psychiatric inpatient beds dwindle, the state plans to increase intensive crisis stabilization and crisis residential services to provide needed alternatives to hospitalization.

Despite the state's economic turmoil, Governor Jennifer Granholm, state lawmakers, and MDCH have worked hard to mitigate impacts by maximizing federal reimbursements available through Medicaid. Unfortunately, limited non-Medicaid community mental health funding leaves too many individuals who are not eligible for Medicaid without the services they need to manage their mental illnesses successfully. Nowhere is the impact felt more keenly than in Michigan's jails and prisons, where many individuals with mental illness end up incarcerated.

Michigan's shame is the heartbreaking case of Timothy Souders, who died of thirst while pleading, chained in his

Innovations

- Evidence-based practices
- Person-centered planning and recovery focus
- IDDT for co-occurring mental health and substance use disorders

Urgent Needs

- Non-Medicaid mental health services
- Mental health courts and jail diversion programs
- Comprehensive insurance parity

Consumer and Family Comments

- *"Michigan is WAY ahead of other states with regards to the recovery movement. Folks come into our public mental health services automatically hearing that recovery is possible."*
- *"Emergency services said [my son] was not suicidal or threatening, so they released him in slippers, scrub pants, and a hospital gown. I found my very psychotic, delusional son wandering around in the parking lot in below-zero temperature. . . No person with ANY OTHER ILLNESS would be treated so poorly!"*
- *"In Michigan, jails and prisons are becoming the de facto institutions of care. And they don't care about mental health in jail or prison. We are punishing the victims of untreated mental illness for not having treatment. That is a damned shame."*

prison cell, for water. This neglect and abuse of a person with serious mental illness, as well as previous cases, sparked extensive media exposés and multimillion dollar lawsuits. To its credit, the Michigan Prisoner Reentry Initiative, a cooperative effort led by the Department of Corrections, is now making inroads in providing care in custody and connecting individuals to appropriate treatment and supports upon release. However, greater efforts are needed, particularly in local communities, where consumers frequently languish in jails that fail to provide critical care.

Given the high costs of maintaining jails and prisons, the current fiscal environment is an opportune time for the state to move to treatment in lieu of incarceration. Expansion of mental health courts and jail diversion programs for persons with mental illnesses and co-occurring disorders are crucial.

The legislature also needs to enact long-delayed mental health and substance abuse insurance parity and increase funding for non-Medicaid mental health services—both of which are needed to help provide timely access to care.

The state's citizens deserve better than a D.