

Community Mental Health Landscape Analysis

State and Federal Legislative History

Michigan's publicly funded mental health system has its origins in Public Act 54, signed in April 1963. This state law permitted counties to form Community Mental Health (CMH) boards to support and treat people with severe mental illness and developmental disabilities outside of psychiatric hospitals and institutions. Under this law, counties could create CMH agencies in conjunction with other counties or on their own. The funding for these agencies was 60 percent local and 40 percent state.ⁱ

At the federal level, President Kennedy signed the Community Mental Health Act (CMHA) in October 1963. The act appropriated funds for the construction of community mental health agencies on the basis of population health need and the financial need of states.ⁱⁱ The act was intended to help states "provide for adequate community mental health centers to furnish needed services for persons unable to pay."ⁱⁱⁱ The Community Mental Health Act started the trend toward deinstitutionalizing mental health patients and focusing on care delivery at the community level.

In 1974, Michigan repealed Public Act 54 and replaced it with the Mental Health Code (Public Act 258), which is the basis for Michigan's publicly funded mental health system today.^{iv} The Mental Health Code allowed the creation of CMH agencies in single counties and CMH organizations in two or more counties. The code further defined the role of CMHs and increased state matching funds to 90 percent.^v

Public Act 368 of 1978 amended the Public Health Code to create Substance Abuse Coordinating Agencies in the state.^{vi} While these agencies did not deliver care directly, they planned for and oversaw public services for substance use disorders in the counties they served.

In 1995, four of the Mental Health Code's original 26 sections were repealed by Public Act 290.^{vii} Notably, PA 290 created an alternative designation for CMHs to exist as government entities—Community Mental Health Authorities--independent from the county or counties that founded them. These authorities were afforded powers that were not available to agencies, such as owning and maintaining property, and constructing and operating facilities. Furthermore, employees of any CMH authority would be employees of the CMH authority itself, and

Timeline of Community Mental Health Legislative History: Michigan and Federal

- **Spring 1963.** Michigan permits counties to establish independent or regional Community Mental Health (CMH) agencies funded by local (60 percent) and state (40 percent) resources.
- **Fall 1963.** President Kennedy signs Community Mental Health Act to provide federal support for these agencies.
- **1974.** Michigan increases state matching funds to 90 percent for CMHs.
- **1978.** Michigan permits counties to create coordinating agencies that will plan for and oversee county-level services for individuals with substance use disorders.
- **1995.** Michigan permits CMHs to operate as standalone authorities, separate from the counties that found them. Authorities are responsible to 12-person boards appointed by county commissioners.
- **Mid-90s.** Through carve-outs, Michigan's Medicaid-eligible patients with more serious MHSUD concerns are transitioned to managed care. In 1998, these carve-outs in Michigan and 19 other states become known as Prepaid Inpatient Health Plans (PIHPs).
- **2000.** Michigan expands the CMH definition to allow counties to establish CMHs with institutions of higher education that have medical schools. Washtenaw Community Health Organization is founded--the only Michigan CMH to take advantage of the opportunity.
- **2012.** Michigan requires all CMH substance abuse disorder coordinating agencies to merge with PIHPs.
- **2015.** Washtenaw Community Health Organization is dissolved and Washtenaw County Community Mental Health is formed as an agency of county government.

not of the county that created it. As such, authorities could operate independently from county government, reporting to 12-member boards appointed by county commissioners.

In the mid-1990s, Michigan began to transition Medicaid recipients to managed care. At that time, the state elected to create a “carve-out” for behavioral health services under federally approved waivers 1915(b) and 1915(c) under the Home and Community Based Services Waiver to the Social Security Act. The carve-out was for Medicaid eligible patients with serious mental illness, serious emotional disturbance, substance abuse disorder, or intellectual and developmental disabilities. The remaining Medicaid population continued having their mild to moderate behavioral health needs managed by Medicaid HMOs. By 1998, these carve-outs became known as Prepaid Inpatient Health Plans (PIHPs).^{viii} The PIHP model is a federal designation that exists in 20 states, including Michigan.

In 2000, Public Act 130 amended PA 258 to expand the definition of a CMH organization known as a “CMHSP Organization” under the Urban Cooperation Act. CMH organizations could now be formed between one or more counties and an institute of higher education with a medical school. The organization would still be a governmental entity separate from the bodies that formed it. This amendment was put in place specifically to enable the formation of the Washtenaw Community Health Organization. In 2015, the Washtenaw Community Health Organization was dissolved and Washtenaw County Community Mental Health was formed as an agency of county government. Today, most CMHSPs in the state are authorities, a few are agencies, and only one is an organization. Appendix A provides more detail on the distinction between authorities, agencies, and organizations.

In 2012, Public Acts 500 and 501 amended PA 258 to require that by October 1, 2014, all coordinating agencies would merge with PIHPs to reduce the number of coordinating agencies to ten.

Recent Changes to the Mental Health Code

There are a few recent changes to the Mental Health Code that may have a positive impact on those seeking public mental health services.

Revisions to Kevin’s Law – 2016 and 2018^{ix}

Kevin’s law was originally passed in 2004 to allow judges to order outpatient treatment for unstable individuals with SMI.^x Revisions in 2016 and 2018 included:

- Allows families and others to petition for assisted outpatient treatment (AOT) while a patient is hospitalized.
- Allows parties to petition for AOT if the individual’s judgment is so impaired by mental illness that they don’t understand the need for treatment (previously had to be a danger to themselves or others)
- Broadens the definition of a person requiring treatment and eliminates the requirement of two testimonies/written depositions for an assisted outpatient treatment petition

Additional changes to the Mental Health Code – 2018

- Allows legal guardians to provide consent for mental health treatment on behalf of their legally incapacitated wards (HB 5818-5819)^{xi}
- Authorizes juvenile mental health courts (House Bill 5806-5808)^{xii}
- Authorizes MDHHS to create a psychiatric bed registry^{xiii}

Current Structure of Michigan's Public Mental Health System

Psychiatric hospitals and centers

Mental health care delivery in Michigan has changed forms many times since the early 1960s. In 1965, the state of Michigan operated 41 psychiatric hospitals and centers for persons with developmental disabilities, serving approximately 29,000 residents. By 1991, as a result of deinstitutionalization, 29 state hospitals and centers served 3,054 residents. And today, only five state-operated psychiatric hospitals and centers were operating in Michigan.^{xiv} The planned rebuilding of the facility in Caro, Michigan is currently stalled due to questions about adequate staffing, proximity to patients and families in treatment, and environmental concerns.^{xv}

Prepaid Inpatient Health Plans and Community Mental Health Services Programs

Two basic types of organizations manage and administer Michigan's publicly funded mental health system today: Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHs). Appendix B lists Michigan's current CMH service providers and Appendix C lists the state's PIHP areas.

PIHPs are behavioral health managed care organizations in Michigan that administer capitated funds, bear risk for Medicaid patients, and ensure management of Medicaid patients' behavioral health care. Medicaid funds are allocated to PIHPs based on the number of Medicaid beneficiaries in the PIHP service area, and PIHPs pay providers directly. Providers include CMHs themselves, as well as community-based providers under contract with a CMH. PIHPs receive monthly, capitated payments from MDHHS. In addition to issuing Medicaid payments to doctors, hospitals, other community providers and CMHs, PIHPs may perform gate keeping and authorization services and monitor health outcomes and standards of care. PIHPs also manage substance use disorder treatment benefits. They provide comprehensive planning for substance abuse treatment, rehabilitation (recovery) and prevention services, but do not directly provide services. Instead, they contract with community providers for service delivery.

CMHs provide direct mental health care or contract with community providers to do so. Although each CMH is affiliated with a PIHP, the structure of each CMH varies throughout the state. Wayne, Macomb, and Oakland counties each have single-county CMHs and single-county PIHPs. Washtenaw is a single-county CMH but is part of a four-county PIHP.^{xvi} Currently there are ten PIHPs throughout Michigan, and each PIHP is affiliated with at least one CMH. The ten PIHPs oversee the 46 CMHs that serve all 83 counties in the state. Each PIHP is responsible for an area with at least 20,000 Medicaid beneficiaries.

Prevalence of Severe Mental Illness and Use of Services

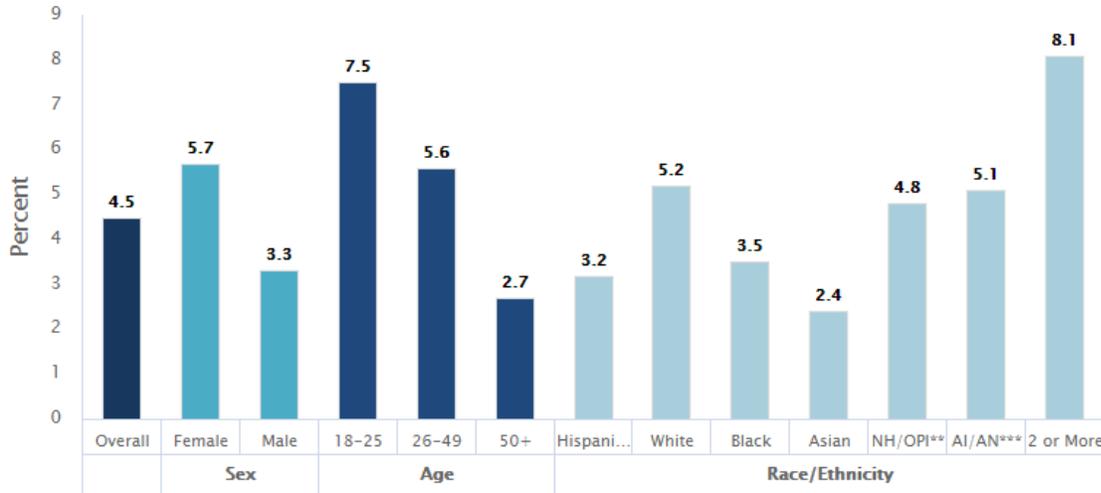
In 2017, 4.5 percent of adults in the U.S. were reported to have serious mental illness. The prevalence of serious mental illness is higher in females, for those aged 18-25, and for those reporting two or more races (Figure 1). However, among adults with serious mental illness in 2017, only two-thirds received mental health treatment in the previous year. Women, whites, and those over age 50 with serious mental illness were more likely to receive mental health treatment (Figure 2).^{xvii} Approximately 21 percent of children aged 13 – 18, and 13 percent of children aged 8 – 15 experience a severe mental disorder at some point during their life.^{xviii}

Figure 1

Past Year Prevalence of Serious Mental Illness Among U.S. Adults (2017)



Data Courtesy of SAMHSA



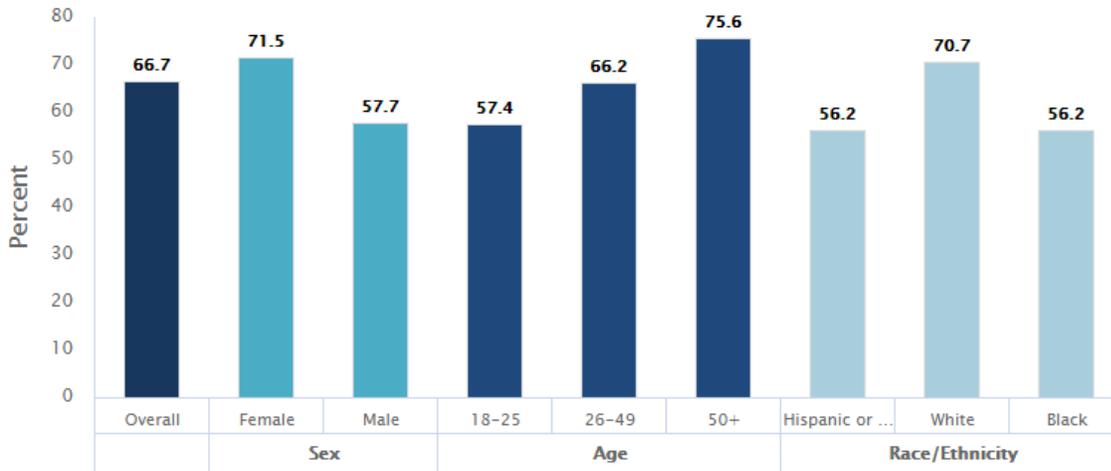
*All other groups are non-Hispanic or Latino | **NH/OPI = Native Hawaiian / Other Pacific Islander
 ***AI/AN = American Indian / Alaskan Native

Figure 2

Mental Health Services Received in Past Year Among U.S. Adults with Serious Mental Illness (2017)



Data Courtesy of SAMHSA



*All other groups are non-Hispanic or Latino

Population served by Michigan’s public mental health system

Michigan’s public mental health system serves more than 300,000 people: Approximately 155,000 adults with serious mental illness (SMI), 51,000 children with serious emotional disturbance (SED), 50,000 people with developmental/intellectual disabilities (I/DD), and 73,000 people with substance use disorder (SUD).^{xix} See Appendix D and E for detail.

Services offered by Michigan’s public mental health system

The array of Medicaid mental health specialty services and supports provided includes:

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|--|--|
| Applied Behavioral Analysis | Occupational Therapy |
| Assertive Community Treatment | Personal Care in Specialized Settings |
| Assessments | Physical Therapy |
| Child Therapy | Speech |
| Clubhouse Psychosocial Rehabilitation Programs | Hearing and Language |
| Crisis Interventions | Substance Abuse (including outpatient, approved pharmacological supports, residential and sub-acute detoxification services) |
| Crisis Residential Services | Targeted Case Management |
| Family Therapy | Telemedicine |
| Health Services | Transportation |
| Home-Based Services | Treatment Planning |
| Individual/Group Therapy | Partial Hospitalization |
| Intensive Crisis Stabilization Services | Inpatient Psychiatric Hospitalization ^{xx} |
| Medication Administration | |
| Medication Review | |
| Nursing Facility Mental Health Monitoring | |

Additional specialty services and supports include:

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|---|--|
| Assistive Technology | Respite Care Services |
| Community Living Supports | Skill-Building Assistance |
| Enhanced Pharmacy | Support and Service Coordination |
| Environmental Modifications | Supported/Integrated Employment Services |
| Family Support and Training | Children’s Serious Emotional Disturbance Home and Community-Based Services |
| Housing Assistance | Fiscal Intermediary Services ^{xxi} |
| Peer-Delivered or Operated Support Services | |
| Prevention-Direct Service Models | |

The recovery-oriented services for individuals with substance use disorder that the PIHPs fund include:

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|--|---|
| Outpatient Services (including intensive outpatient) | Early Intervention |
| Residential Services | Peer Recovery and Recovery Support |
| Sub-Acute Detoxification | Prevention |
| Medication-Assisted Treatment | Integrated Treatment (for co-occurring mental health and substance use disorders) ^{xxii} |
| Case Management | |

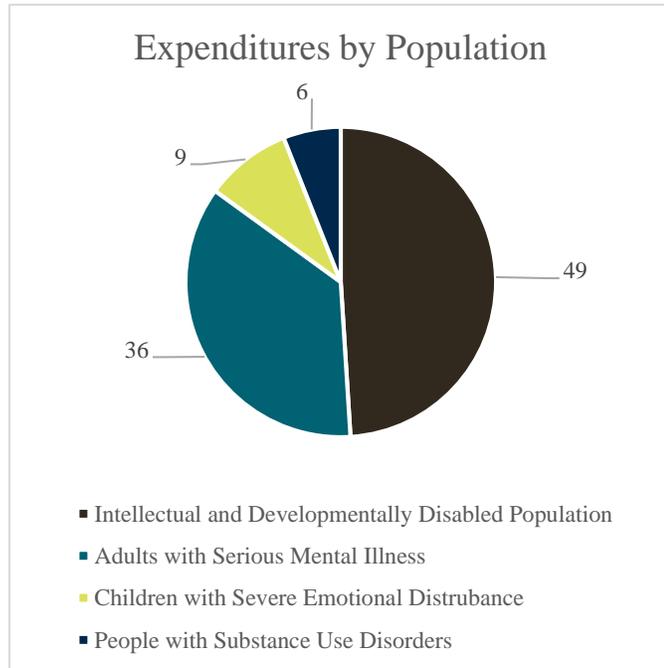
Projected workforce shortages

Today, the public mental health system in Michigan employs more than 50,000 people.^{xxiii} According to the Public Health Institute, the state will need 30,000 more direct care workers to care for the population by 2020.^{xxiv} According to the Health Resources and Services Administration, by 2030 Michigan is projected to have a shortage of over 700 full-time equivalent (FTE) psychiatrists; 1,220 clinical, counseling, and school psychologists; 1,790 addiction counselors; and 2,780 mental health counselors if demand continues to outgrow supply.^{xxv} The Community Mental Health Association of Michigan has expressed considerable concerns about current and projected labor shortages in the public mental health system.^{xxvi}

Funding for Public Mental Health System Services

Michigan’s CMH services are funded by Medicaid, state general fund, block grants, and local funds.

Approximately half (49 percent) of all spending in the state’s public mental health system is for the Intellectually and Developmentally Disabled population, which makes up approximately 15 percent of the service population. The other half of the spending is for adults with Serious Mental Illness (36 percent), children with Severe Emotional Disturbance (9 percent) and people with Substance Use Disorders (6 percent).^{xxvii}



Medicaid is the major source of funding for Michigan’s publicly funded mental health system as care through CMHs is an entitled benefit under Medicaid. As such, individuals with Medicaid coverage are more likely to receive care through CMHs than uninsured and insured individuals. CMHs providing care for individuals who do not qualify for Medicaid coverage must use limited state general fund dollars to cover their care.

Medicaid funds are allocated to each CMH through PIHPs, according to the number of Medicaid beneficiaries in the PIHP’s service area. State general fund dollars are allocated to each CMH based on historical funding formulas that are modified at the state’s discretion. Beginning in 2014, general fund dollars to CMHs were reduced substantially as a result of the state’s decision to expand Medicaid (the Healthy Michigan Plan) under the Patient Protection and Affordable Care Act.^{xxviii}

Prior to the Medicaid expansion, state and local funds paid for many services for the SMI/SED and SUD populations. In Medicaid expansion states, most funding shifted to the federal government, providing both advantages and disadvantages: more people in need received insurance coverage; but that coverage was less flexible for SMI/SED populations than prior funding mechanisms. The CMHs have stated that decreases in general funds have threatened their ability to deliver care to many of those in need. Because of the reduction in general funds, only non-Medicaid patients with the most severe mental illness or developmental disabilities (“priority populations” under the Michigan Mental Health Code) receive care through CMHs.

Today, the over \$3 billion in annual spending for Michigan public mental health services comes from Medicaid (\$2.319 billion), the Healthy Michigan Plan (\$299 million), Substance Use Disorder funds (\$175 million), Autism service funds (\$192 million), and state general funds (\$125 million).^{xxix}

Major Recent Policy Issues and Initiatives

In recent years, a number of pilot projects have been proposed and/or implemented to explore ways to improve the public mental health system in Michigan.

Jail diversion pilots

In 2015 the Governor’s Diversion Council approved pilot programs in eight counties to reduce the number of CMH-engaged clients in the jails and to better coordinate CMH assessments and services delivered in the jails. In an evaluation, seven of the eight programs showed that jail-involved individuals were more likely to have received mental health services in the year after the intervention than in the year before, with CMH clients being 2.5 times more likely to receive care than those not involved with CMHs. Some counties saw reductions in jail time and in recidivism after the pilot programs. One county was specifically focused on involving law enforcement officers in Crisis Intervention Training (CIT), and saw a 22 percent increase in transports to the county crisis center. In addition, CIT-trained deputies were three times more likely than untrained deputies to transport individuals to the crisis center.^{xxx}

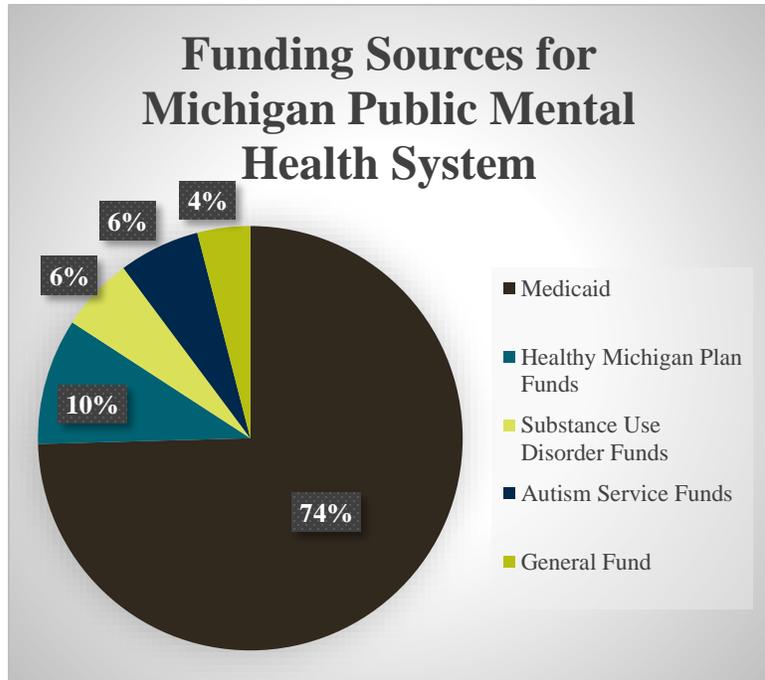
Certified community-based behavioral health clinics

In October of 2015 the Michigan Department of Health and Human Services was awarded \$980,000 as a planning grant by the U.S. Substance Abuse and Mental Health Services Administration to develop criteria for certified community-based behavioral health clinics (CCBHCs) in communities across the state.^{xxxi} CCBHCs were created in 2014 as a way for states and communities to improve behavioral health services by providing nine services:

- 24-hour crisis mental health services
- Screening, assessment, and diagnosis
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Outpatient clinic primary care screening and monitoring

- Targeted case management
- Psychiatric rehabilitation services
- Peer support and counselor services and family supports
- Intensive, community-based mental health care for members of the armed forces and veterans

CCBHCs are designed to serve everyone, regardless of Medicaid eligibility.^{xxxii}



Data from CMHA: Michigan’s Public Mental Health System: Did You Know?

In 2016, Michigan applied to be part of the CCBHC pilot program, but was not selected as one of the eight states to receive additional funding. In 2018, the U.S. Substance Abuse and Mental Health Services Administration opened up CCBHC expansion grants and, to date, nine centers in Michigan have received expansion grants, totaling \$34,523,352.^{xxxiii} Washtenaw County Community Mental Health was granted CCHBC funding in 2019. In March of 2019, U.S. Senator Debbie Stabenow introduced the Excellence in Mental Health and Addiction Treatment Expansion Act, which would continue funding for states selected as pilot sites and would expand the pilot program to include more states.^{xxxiv}

Section 298 initiative

In the FY 2017 budget, Governor Snyder proposed the Michigan “Section 298 Initiative.” This initiative first called for the full transition of Medicaid behavioral health benefits from the existing PIHP system to Medicaid Health Plans. This concept was supported by the Michigan Association of Health Plans, and opposed by mental health advocacy groups.^{xxxv} Since then, Section 298 moved to a limited pilot initiative and even that initiative has taken a complicated set of turns which have delayed the pilot implementation substantially.

In March 2018 the pilot sites for the initiative were selected:

- Muskegon County CMH (HealthWest) and West Michigan County Community Mental Health
- Genesee Health System
- Saginaw County Community Mental Health Authority
- Kent County was selected as a separately authorized demonstration project.

A major complication to the design of the pilot was how to integrate the 25 percent of Medicaid recipients who are not enrolled in managed care.^{xxxvi} In May 2018 the department announced that pilot project implementation will be delayed until October 2019.^{xxxvii} In August 2018 a financing plan for pilot sites was approved in which Medicaid HMOs would contract with regional CMHs for administrative services and would pay providers a mix of capitation and fee-for-service.^{xxxviii}

Throughout 2019, there was much speculation about whether the Section 298 pilot would continue. In May 2019, Saginaw County Community Mental Health Authority withdrew from the pilot. Also as of May 2019, the Michigan Department of Health and Human Services continued to list the Kent County demonstration as in progress, but the reported status of the demonstration had not changed in many months, and the current status is unclear. In June 2019, MDHHS announced that the pilots would not start until October of 2020.^{xxxix} The CMH community continues to raise questions and concerns about this initiative.^{xl}

The Detroit Wayne Mental Health Authority (DWMHA) is not one of the 298 pilot sites, but is actively pursuing ways to better integrate physical and behavioral health care. In May 2019 they issued an RFP to work with a Medicaid Health Plan to design an integration pilot. In addition to integrating services, their goals are to:

- Realize savings in both behavioral and physical health services
- Enhance information systems
- Create a network of physical health satellite offices co-located with their largest providers
- Enhance referral processes
- Implement a medical records exchange system
- Create a credentialing process

Medicaid enrollment funding challenges

Over the 2018 and 2019 fiscal years, the community mental health leadership and state of Michigan Department of Health and Human Services leadership have been debating reimbursement levels, particularly for the disabled, aging, and blind (DAB) population. Community mental health leadership contend that the DAB population has been improperly enrolled in Healthy Michigan or Temporary Assistance for Needy Families, both of which pay a much lower monthly rate to PIHPs for management of patients' needs than traditional Medicaid. The state disagrees with the amount CMH leadership claims has been lost due to these enrollment changes (\$100 million), and is contending that the issue is not improper enrollment of the DAB population, but rather the fact that more than 70,000 people dropped out of the DABs program between October 2015 and February 2017.^{xli}

In addition to this DAB enrollment challenge, the Community Mental Health Association of Michigan contends that the Healthy Michigan Plan (HMP) is insufficiently funded and that people who are high cost are enrolled in HMP without the appropriate revenue to fund services.^{xliii}

Prepaid Inpatient Health Plan financial challenges

The Michigan Association of Health Plans reported in December 2018 that nine of the state's ten PIHPs were in challenging financial circumstances.^{xliiii} In 2019, Lakeshore Regional Entity, the PIHP for seven counties on the west side of the state,^{xliv} lost its Medicaid contract because of years of poor financial performance and a \$16 million structural deficit. Lakeshore will be replaced temporarily by Beacon Health Options until another managed care organization is permanently in place.^{xlv}

Appendix A

Structure of community mental health agencies, authorities, and organizations

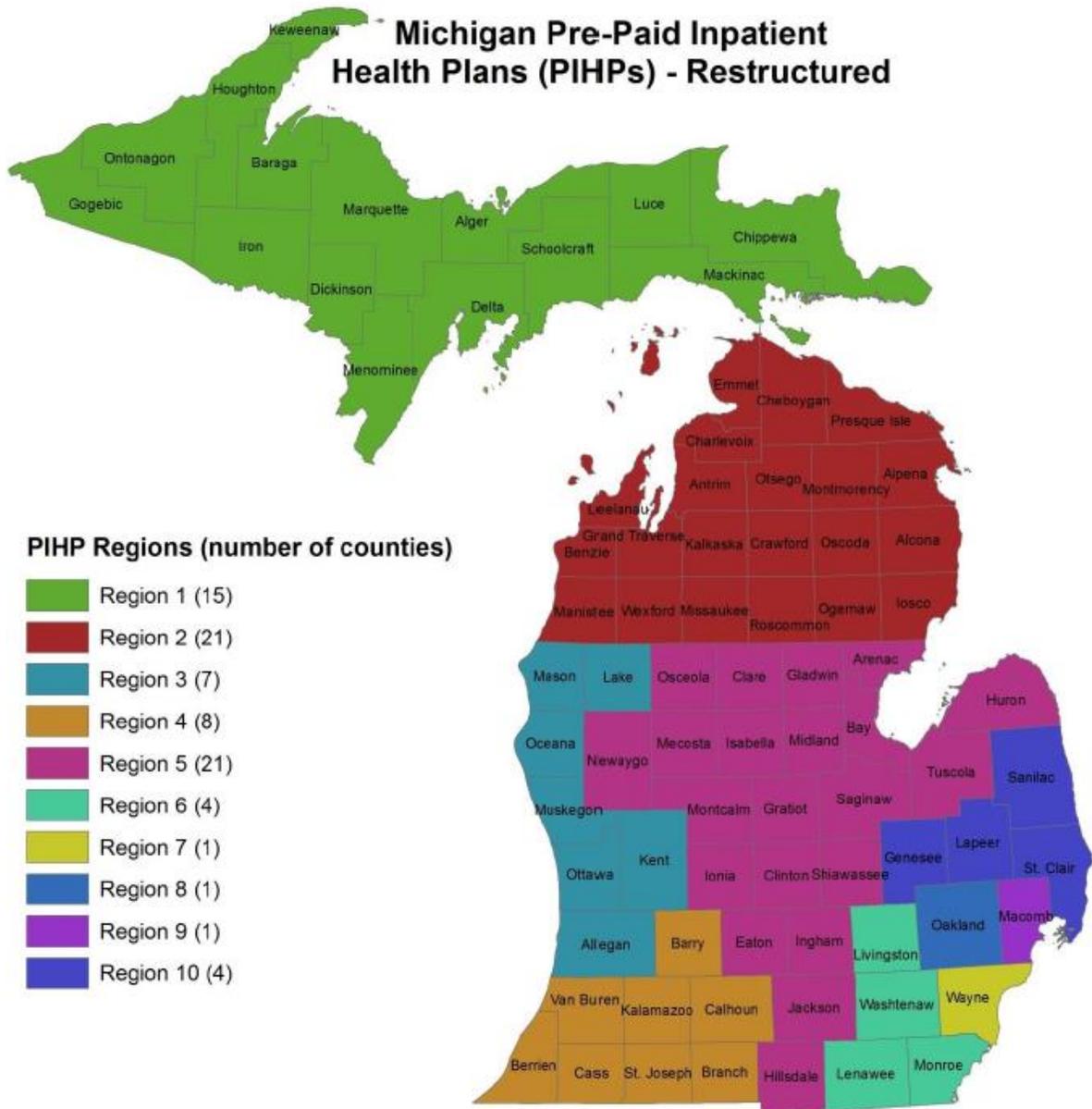
	CMH Agency	CMH Authority	CMH Organization
Legal	Formed by one or more counties and is an entity of the county. Agency employees are county employees.	Formed by one or more counties as a non-profit, and is legally separate from the county or counties that formed it. Authorities may own property and enter into contracts. Authority employees work for the Authority itself, not the counties.	Formed by two or more counties or at least one county and an institute of higher education. Legally separate from the bodies that formed it. Organizations may own property and enter into contracts. Employees work directly for Organizations, not for counties.
Governance	12-member board, appointed by county commissioners or county CEO in charter counties.	12-member board, appointed by county commissioners or county CEO in charter counties.	12-member board, with equal representation from each governing body.
Financial Reporting	Reported as a special revenue fund of the county and included as a portion of county financial statements.	Reported as separate entity from counties and has its own financial statements. May be considered as a component unit of a county and included on county financial statements.	
Funding Sources	State contracts and external grantors, general taxes or special taxes appropriated for CMHs, general obligation or revenue bonds subject to municipal finance act, fundraising and donations.	State contracts and external grantors, county appropriations, installment purchase agreements and revenue anticipations (cannot issue bonds), fundraising and donations. Unlike agencies, counties with authorities and organizations cannot levy taxes to directly support CMH. Authorities have a limit on county matching funds that is not imposed on Organizations	

Center for Health and Research Transformation

Appendix C

PIHP and coordinating agency coverage in Michigan

The map below shows the new PIHP and CA coverage areas in Michigan, beginning January 1, 2014. Currently there are 10 PIHPs that are responsible for 46 CMHs covering all 83 Michigan counties.



Center for Health and Research Transformation (Data source: Michigan Department of Community Health Behavioral Health Developmental Disabilities Administration)

Appendix D

Serious Mental Illness and Serious Emotional Disorder Population and Cost Data (Section 904)

Statistic	2013	2014	2015	2016	2017
SMI Total Population	169,695	155,623	151,057	158,064	153,168
% change		-8.29%	-2.93%	4.64%	-3.10%
SMI Total Cost	\$893,862,615	\$824,500,381	\$867,228,280	\$815,785,079	\$875,426,130
% change		-7.76%	5.18%	-5.93%	7.31%
SED Total Population	46,253	45,683	47,475	49,260	51,422
% change		-1.23%	3.92%	3.76%	4.39%
SED Total Cost	\$211,719,639	\$205,716,996	\$226,306,947	\$230,468,327	\$252,528,518
% change		-2.84%	10.01%	1.84%	9.57%
I/DD Total Population	43,579	46,981	46,431	48,864	49,513
% change		7.81%	-1.17%	5.24%	1.33%
I/DD Total Cost	\$1,210,295,902	\$1,207,558,805	\$1,302,629,081	\$1,354,399,690	\$1,443,514,380
% change		-0.23%	7.87%	3.97%	6.58%
Total Served	259,527	248,287	244,963	256,188	254,103
% change		-4.33%	-1.34%	4.58%	-0.81%
Total Cost	\$2,315,878,156	\$2,237,776,182	\$2,396,164,308	\$2,400,653,096	\$2,571,469,028
% change		-3.37%	7.08%	0.19%	7.12%

Michigan Department of Health and Human Services

Appendix E

Substance Use Disorder Spending by Payer, for Four CMHs (Section 908)

Statistic	2015	2016	2017
Total	\$180,165,361	\$180,165,361	\$238,850,150
Medicaid	\$41,900,746	\$41,900,746	\$58,211,937
HMP	\$53,728,675	\$53,728,675	\$80,397,398
MiChild	\$41,525	\$41,525	\$1,510,201
DWMHA	\$44,445,272	\$44,445,272	\$65,170,759
OCCMHA	\$11,150,253	\$11,150,253	\$15,462,829
MCCMH	\$12,490,253	\$12,490,253	\$15,249,425
CMHPSM	\$7,814,567	\$7,814,567	\$11,098,320

Michigan Department of Health and Human Services

Endnotes

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- i Community Mental Health Services Program (Public Act 54 of 1963). Michigan Legislature. <http://legislature.mi.gov/doc.aspx?mcl-act-54-of-1963>
- ii Mental Retardation Facilities and Community Mental Health Centers Construction Act (Public Law 88 – 164 of 1963: Section 202). <http://history.nih.gov/research/downloads/PL88-164.pdf>
- iii Mental Retardation Facilities and Community Mental Health Centers Construction Act (Public Law 88 – 164 of 1963: Section 203). <http://history.nih.gov/research/downloads/PL88-164.pdf>
- iv Mental Health Code (Public Act 258 of 1973). Michigan Legislature. <http://legislature.mi.gov/doc.aspx?mcl-Act-258-of-1974>
- v Mental Health Code (Public Act 258 of 1973: Chapter 3, Section 302). Michigan Legislature. <http://legislature.mi.gov/doc.aspx?mcl-Act-258-of-1974>
- vi Public Health Code (Public Act 368 of 1978: Article 6). Michigan Legislature. <http://legislature.mi.gov/doc.aspx?mcl-368-1978-6-62>
- vii Amendment to the Mental Health Act. (Public Act 290 of 1995). Michigan Legislature. <http://legislature.mi.gov/doc.aspx?1995-SB-0525>
- viii Medicaid and CHIP Payment and Access Commission. Behavioral Health Services Covered Under HCBS Waivers and 1915(i) SPAs. <https://www.macpac.gov/subtopic/behavioral-health-services-covered-under-hcbs-waivers-and-spas/>
- ix Cook, J. “State officials praise new laws to help people with mental health issues.” December 29, 2018. Macomb Daily. Retrieved May 13, 2019 from https://www.macombdaily.com/news/state/state-officials-praise-new-laws-to-help-people-with-mental/article_af10cc56-0b95-11e9-ab55-5b363ef92904.htm
- x Michigan’s Former Governors. Governor Granholm Signs Kevin’s Law, Creates New Treatment Options for Mentally Ill. https://www.michigan.gov/formergovernors/0,4584,7-212-57648_21974-107105--,00.html
- xi “Guerra bill helps families serve as caregivers for loved ones in need.” May 22, 2018. Michigan House Democrats. <https://housedems.com/article/guerra-bill-helps-families-serve-caregivers-loved-ones-need>
- xii Michigan Legislature. Senate Fiscal Agency Bill Analysis. December 2018. <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/Senate/pdf/2017-SFA-5806-L.pdf>
- xiii Mental Health Facilities Psychiatric Bed Registry Act (Public Act 658 of 2018). Michigan Legislature. [http://www.legislature.mi.gov/\(S\(nzmdlamwv04d5qaobefhhfvi\)\)/mileg.aspx?page=GetObject&objectname=2018-HB-5439](http://www.legislature.mi.gov/(S(nzmdlamwv04d5qaobefhhfvi))/mileg.aspx?page=GetObject&objectname=2018-HB-5439)
- xiv Haveman, J., Zeller, L, and Becker, T. “Michigan Behavioral Health Developmental Disabilities Administration: Fiscal Year 2015 Presentation to the House Appropriations Subcommittee on Community Health.” March 5, 2014. <https://cmham.org/wp-content/uploads/2018/12/CMHA-DidYouKnow-Infographic.pdf>
- xv Gray, K. “Michigan officials to re-evaluate new \$115M psychiatric hospital in Caro.” May 13, 2019. Detroit Free Press. Retrieved July 25, 2019 from <https://www.freep.com/story/news/politics/2019/03/13/michigan-caro-psychiatric-hospital/3155753002/>

xvi Wayne County is served by the Detroit Wayne Mental Health Authority and PIHP Region 7; Washtenaw is served by Washtenaw County Community Mental Health and PIHP Region 6; Macomb is served by Macomb County CMH Services and PIHP Region 9; and Oakland is served by Oakland Community Health Network and PIHP Region 10.

xvii “2017 National Survey on Drug Use and Health.” U.S. Substance Abuse and Mental Health Services Administration: National Institute for Mental Health. https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154785

xviii “Mental Health by the Numbers: Prevalence of Mental Illness.” National Alliance on Mental Illness reporting NIMH data. <https://www.nami.org/learn-more/mental-health-by-the-numbers>

xix Behavioral Health and Developmental Disabilities Administration. “Fiscal year 2020 presentation to Appropriations Subcommittee on Health and Human Services.” 2019. https://www.michigan.gov/documents/mdhhs/FY20_BHDDA_Budget_Presentation_3-20-2019_650062_7.pdf

xx Center for Substance Abuse Prevention: Division of State Programs, Center for Substance Abuse Treatment: Division of State and Community Assistance, and Center for Mental Health Services Division of State and Community Systems Development. “Michigan uniform application FY 2018/2019 state behavioral health assessment and plan, substance abuse prevention and treatment, and community mental health services block grant.” June 12, 2018. https://www.michigan.gov/documents/mdhhs/FY18-19_Block_Grant_Application_Final_Revised_Submission_003_636282_7.pdf

xxi *ibid.*

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