

Testimony of the Mental Health Assn. in Mich. on HBs 5043-44  
House Ways & Means Committee, October 22, 2019

Mr. Chairman & Members of the Committee,

Thank you for this opportunity. I'm Mark Reinstein, President of the Mental Health Association in Michigan, the state's oldest advocacy organization for persons experiencing mental illness. We begin our 84<sup>th</sup> year of service next month.

We support and urge adoption of House Bills 5043 and 5044. We were pleased to be part of a broad workgroup that helped put them together.

The bills accomplish something critically needed: i.e., they give Community Mental Health consumers the opportunity to have someone independent involved in attempting to resolve service complaints. At the local CMH level, persons working for the CMH program are the judge and jury of consumer complaints. That is a major conflict-of-interest that is stacked against the consumer. Governor Granholm's Mental Health Commission, Governor Snyder's Mental Health & Wellness Commission, and the MDHHS Section 298 Workgroup have all commented on this.

Some think recipient rights offices are independent firewalls, but those offices belong and report to the CMH programs. The Mental Health & Wellness Commission, chaired by Lt. Gov. Calley, recognized this was clearly a conflict-of-interest.

The concept of these bills is that a consumer unhappy with how his/her services or supports have been planned or implemented would have the **option** of placing the complaint before a trained independent mediator for possible resolution between the parties. If the consumer chooses to try mediation, the process is non-binding, and if it doesn't achieve resolution, the consumer hasn't given up any of his/her other grievance rights.

Thus, in one simple step that everyone can understand, someone not previously involved in the case, who is trained in mediation, brings the parties together toward possible resolution. This is successfully used extensively in special education cases in Michigan, and in North Carolina with Medicaid complaints.

This will cost the state a minuscule amount of money in terms of the overall MDHHS budget. It could ultimately save money by reducing use of other grievance, appeal, and rights complaint mechanisms.

More importantly, it tells consumers that their concerns are valued; gives the option of avoiding multiple hoops to jump through regarding complaints; and ultimately enhances access to appropriate services.

These bills are a "win-win" for everyone involved. We thank the Health Policy for reporting these bills, and hope you will advance them to the House floor.