



Listening, then delivering

Series of improvements to Michigan’s mental health system envisioned in bills that came from work of House task force

by Michigan Rep. Klint Kesto (KlintKesto@house.mi.gov)

When Tom Leonard, our speaker of the House in Michigan, announced last year the formation of a bipartisan task force to improve mental health treatment and services in our state, I jumped at the opportunity to help lead the group as its co-chair.

The C.A.R.E.S. Task Force got its name because of the five key elements that were the focus of our work from the beginning: community, access, resources, education and safety.

Made up of 14 legislators, the panel held more than a dozen public meetings and site visits across Michigan between July and October of last year.

We listened to diverse perspectives and brainstormed for solutions so Michigan could address mental health services in a more effective manner. Along with hearing from people impacted by mental health services, we toured health care and criminal justice facilities, and launched an online initiative that allowed the people of Michigan to share with the task force their concerns about mental health care.

We went into this process determined to come up with real reforms, not just rhetoric, and I’m extremely pleased with the results. We’ve developed some cutting-edge ideas that will allow our state to be smarter on crime without increasing the burden on taxpayers. We also can help the growing number of our fellow residents touched by mental health and substance abuse issues.

By January, our site visits, meetings with stakeholders, and discussions among committee members had led to the release of a final report and recommendations for concrete action through new legislation. Here are some of the proposals now making their way through the Legislature:

- **Combat the growing shortage of mental health care professionals** by expanding Michigan’s talent pool. For example, it’s time to make use of the many qualified individuals who are currently being excluded because of past mistakes unrelated to their ability to care for patients. A trio of bills (HB 5450, 5451 and 5452) would eliminate current bans on employment or clinical privileges for certain felonies or misdemeanors, as well as shorten the time period before clinical privileges can be granted to a person convicted of specific crimes.

Our final report also notes that incentives, such

Prevalence of mental health problems, substance abuse among state prison population	
Condition	% of prisoners
Serious psychological distress	14.5%
History of mental health problem	36.9%
Drug dependence	41.7%
Drug abuse	16.8%

Source: U.S. Bureau of Justice Statistics

as student loan repayment programs, could help bring more mental health professionals to underserved areas. In addition, we should look for ways to encourage more graduate medical education programs in our hospitals, especially in communities where there is a shortage of providers.

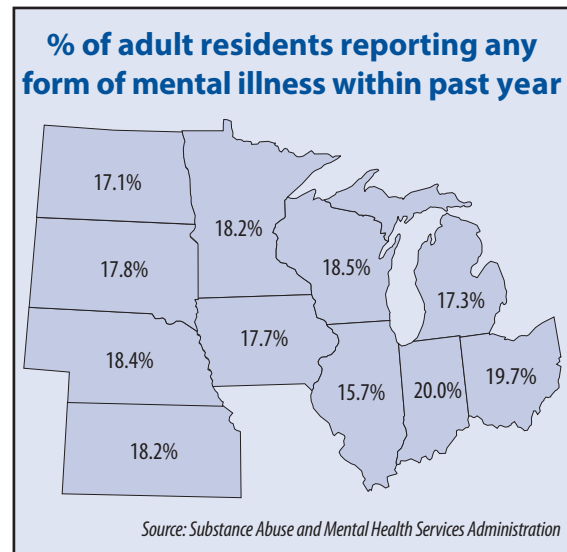
- **Help local agencies fight substance abuse in Michigan** by dedicating a portion of the revenues raised through state liquor taxes to local community mental health agencies (HB 5085). Funding could provide more than \$17 million annually to combat addiction.

- **Require drug overdose training** for peace officers, medical first-responders and paramedics to combat the exponential growth in instances of opioid overdose (HB 5460 and HB 5461). In 2014, 568 people in Michigan died from complications related to opioid overdose — a 911 percent increase since 1999, according to the Michigan Department of Health and Human Services.

- **Ensure the availability of psychiatric beds** for patients experiencing a mental health crisis. Under HB 5439, our state’s Department of Health and Human Services would develop and maintain a state database containing information about the number and location of available psychiatric beds. This database would be accessible to Michigan’s health care facilities and providers. This bill was passed by the Michigan House in February.

- **Require clinicians to complete parole psychological evaluations** within 45 days of the parole board’s request. The same requirement will be made for completion of court-ordered mental competency evaluations so that individuals may stand trial within a reasonable time.

These assessments will provide early inter-



Source: Substance Abuse and Mental Health Services Administration

vention and improved access to psychological evaluation. HB 5243, 5244 and 5246 passed the House in February.

Smart on crime, soft on taxpayers

Each of these bills was directly inspired by the stories and suggestions of people who shared their experiences with the task force.

It’s long overdue that we better care for our state’s most vulnerable people. We must improve how we deliver mental health services while at the same time being smart on crime and soft on taxpayers, and promoting public safety.

Not only will these proposed reforms help vulnerable citizens, they will strengthen care in Michigan’s criminal justice system, including improved training for first-responders, better services for victims, enhanced court and diversion programs, and additional treatment during and after incarceration.

For too long, the problems associated with mental health have been swept under the rug in Michigan. As a former assistant prosecutor, and now as chair of the House Law and Justice Committee, I’ve seen firsthand the incredible need for better programs, more resources and improved cooperation. It’s time for results on this issue.

Rep. Klint Kesto has been a member of the Michigan House since 2013. He is a graduate of CSG Midwest’s Bowhay Institute for Legislative Leadership Development. The C.A.R.E.S. Task Force’s report is available at House.MI.gov/CARES.

Submissions welcome

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