

A call to action, northern Michiganders

BY KATE DAHLSTROM

State legislators are home on recess. They need to hear from us! There are currently several very important bills that legislators will have an opportunity to vote on when they return to Lansing in January.

These bills will result in many more available treatments for persons with mental illness and/or substance use disorder:



Dahlstrom

HB4707: PARITY

House Bill 4707 will help close the gap that people with commercial insurance have in accessing mental health and substance use disorder services.

There are roughly 2 million people in Michigan impacted with mental illness/substance use disorder. The public mental health system serves roughly 300,000 to 350,000 people a year, which leaves the majority with commercial/employer-based insurance coverage.

HB4707 is a comprehensive mental health/substance use disorder parity approach that would provide comparable treatments for physical and mental health disorders for those with commercial insurance. A few important components include:

- Require coverage decisions to be consistent with “generally accepted standards of care.”
 - Prohibit limiting coverage to short-term symptom reduction for chronic conditions, which leads to cycles of relapse and costly emergency department visits and hospitalizations.
 - Close gaps in the continuum of care by ensuring parity with physical health for intermediate behavioral health levels of care (such as residential behavioral health services or intensive outpatient therapy) and emergency services.
 - Makes critical changes to the problem of out-of-network and in-network availability of services by providing parity in cost to insured.
- This important policy step will level the playing field and provide certainty for health plans while providing necessary services for individuals

and families who struggle with mental health and substance use conditions.

Other states have already acted; Michigan should follow suit.

HB5184-5185: WORKFORCE

House Bills 5184 and 5185 will link Michigan’s social work licensure to the quality and length of social work practice and remove the barrier of an exam that has been shown to not link to clinical competence and is biased against clinicians of color and poor test-takers.

The practice-driven approach of these bills will improve the ability of the state’s behavioral health care systems to recruit and retain critical social work talent while also bringing into the field a great number of Michiganders with strong higher education backgrounds, proven social work practice competence and diversity.

Some social work agencies in our area are seeing vacancies lasting more than 700 days. Multiple states have revised their social worker licensing rules to eliminate the artificial barrier that the Association of Social Work Boards test poses.

In summary, these bills would:

- Tie Michigan’s social work licensure to the variables most directly tied to the quality of social work practice: meeting rigorous national higher education standards and the completion of thousands of hours of hands-on supervised practice (5,000 hours for a Master of Social Work).
- Increase the number of experienced licensed social workers in Michigan, helping to close Michigan’s deep and prolonged behavioral health workforce gap.
- Bring Michigan’s social worker licensure requirements in line with other states with whom Michigan competes for social work talent.

Please tell your state legislator to vote “yes” on HB4707 and HB5184-5185.

Lives are depending on it.
About the author: Kate Dahlstrom is a local mental health care advocate. She is currently on the boards of National Alliance on Mental Illness – Grand Traverse; Northern Lakes Community Mental Health and Before, During and After Incarceration.